# **Essential Oils (including Eucalyptus Oil)**



Non-intentional exposure to essential oils is common in children and can cause seizures and profound CNS depression.

# **Toxicity / Risk Assessment**

*Mixture of plant-derived complex volatile hydrocarbons.* 

Manufacturing process can lead to variability of ingredients.

There are > 500 essential oils. Toxicity depends on the essential oil and exposure dose.

Eucalyptus oil is the most common essential oil involved in poisoning and any exposure > 5 mL can lead to toxicity.

Mode of exposure: ingestion, inhalation(volatile), dermal

**High risk ingestion**: paediatric population / concentrated product

\*Clove oil and pennyroyal oil can cause hepatotoxicity

\*Oil of wintergreen: see separate 'salicylate' guideline

### **Clinical features:**

Often rapid onset of symptoms (<30 minutes)

CNS: CNS depression, seizures, ataxia, coma

Respiratory: cough, respiratory depression, wheeze

- aspiration pneumonitis may occur after ANY exposure

CVS: tachycardia, hypotension

*GIT*: dyspepsia, vomiting, diarrhoea, hepatotoxicity (clove oil and pennyroyal oil)

Other (rare): hypoglycaemia, metabolic acidosis, rhabdomyolysis,

DIC, renal failure, hypernatremia, hypokalemia

# Management

Supportive care and attention to ABC are the mainstays of management

**Decontamination:** there is no role for activated charcoal

# **CNS depression**

- Intubation and ventilation may be required if significant CNS depression occurs

#### **Seizures:**

- Diazepam 5-10 mg IV every 5 min as necessary (child 0.1 – 0.3 mg/kg, maximum 10 mg)

# **Aspiration pneumonitis**

- Management is supportive
- Oxygen and bronchodilators as required
- Severe cases may require non-invasive or mechanical ventilation
- There is no proven role for corticosteroids or antibiotics

#### **Hepatotoxicity**: (clove oil, pennyroyal oil)

- Discuss with clinical toxicologist if patients are symptomatic following exposure to these oils
- In some cases, N-acetylcysteine (NAC) may be indicated to reduce the risk of hepatotoxicity

# **Disposition**

Patients can be discharged pending mental health assessment if asymptomatic six hours post exposure

AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE

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