

Parathion Patient Information Sheet

This handout provides information and follow-up instructions for persons who have been exposed to parathion.

What is parathion?

Parathion is a potent organophosphate pesticide. It is a pale yellow-to-brown liquid with an odor like garlic. It is used by farmers as a pesticide on fruits, vegetables, nuts, and grains. Commercial pesticides often contain a hydrocarbon solvent, which itself can cause illness.

What immediate health effects can be caused by exposure to parathion?

Parathion can cause nausea, vomiting, stomach cramps, and diarrhea, as well as confusion, blurred vision, sweating, muscle twitching, irregular heartbeat, convulsions, and death. Symptoms occur when parathion is inhaled, swallowed or absorbed through the skin. Breathing the solvent used to dissolve the pesticide may cause dizziness, headache, and nausea. Generally, the more serious the exposure, the more severe the symptoms.

Can parathion poisoning be treated?

For minor exposures (for example, breathing the pesticide solvent), the only treatment needed is fresh air. For serious parathion poisoning, thorough washing of all exposed skin, removal and burning of exposed clothing, and hospitalization and administration of an antidote may be needed.

Are any future health effects likely to occur?

A single small exposure from which a person recovers quickly is not likely to cause delayed or long-term effects. After a serious exposure, a patient may feel ill for several weeks.

What tests can be done if a person has been exposed to parathion?

Specific tests for the presence of parathion or its breakdown product in blood and urine generally are not useful to the doctor. If a severe exposure has occurred, blood and urine analyses and other tests may show whether damage has been done to the brain, heart, lungs, and nerves. Testing is not needed in every case.

Where can more information about parathion be found?

More information about parathion can be obtained from your regional poison control center; your state, county, or local health department; the Agency for Toxic Substances and Disease Registry (ATSDR); your doctor; or a clinic in your area that specializes in occupational and environmental health. If the exposure happened at work, you may wish to discuss it with your employer, the Occupational Safety and Health Administration (OSHA), or the National Institute for Occupational Safety and Health (NIOSH). Ask the person who gave you this form for help in locating these telephone numbers.

Follow-up Instructions

Keep this page and take it with you to your next appointment. Follow *only* the instructions checked below.

- Call your doctor or the Emergency Department if you develop any unusual signs or symptoms within the next 24 hours, especially:
- irritability, confusion, or fatigue
 - coughing, wheezing, or shortness of breath
 - nausea, vomiting, cramps, or diarrhea
 - muscle weakness or twitching
 - blurred vision
- No follow-up appointment is necessary unless you develop any of the symptoms listed above.
- Call for an appointment with Dr. _____ in the practice of _____.
When you call for your appointment, please say that you were treated in the Emergency Department at _____ Hospital by _____ and were advised to be seen again in _____ days.
- Return to the Emergency Department/ _____ Clinic on (date) _____ at _____ AM/PM for a follow-up examination.
- Do not perform vigorous physical activities for 1 to 2 days.
- You may resume everyday activities including driving and operating machinery.
- Do not return to work for _____ days.
- You may return to work on a limited basis. See instructions below.
- Avoid exposure to cigarette smoke for 72 hours; smoke may worsen the condition of your lungs.
- Avoid drinking alcoholic beverages for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.
- Avoid taking the following medications: _____
- You may continue taking the following medication(s) that your doctor(s) prescribed for you: _____

- Other instructions: _____

- Provide the Emergency Department with the name and the number of your primary care physician so that the ED can send him or her a record of your emergency department visit.
- You or your physician can get more information on the chemical by contacting: _____ or _____, or by checking out the following Internet Web sites: _____; _____.

Signature of patient _____ Date _____

Signature of physician _____ Date _____