In this issue of *Pediatric Annals*, we have enlisted guest editor Dr. Jennifer A. Lowry, an expert pediatric toxicologist from Children’s Mercy Hospitals and Clinics in Kansas City, MO, to help us understand more about pediatric ingestions. During my 30 years of practice in the intensive care unit and on the pediatric floor at Evanston Hospital in Illinois, I had the opportunity of caring for many children, adolescents, and some young adults who had ingested a variety of substances, medications, and other drugs.

It is interesting that our initial management of these patients has recently changed. We still start with checking the airway, breathing, and circulation, as well as the patient’s mental status. However, we used to be more aggressive with attempting to remove the substance unless the child was not responsive, if the medical team was unable to protect the patient’s airway, or if the substance itself was corrosive. The Poison Control Center was also a valuable resource at Evanston Hospital as were the skills of medical toxicologist Dr. Jerry Leikin, who assisted with management and provided information from his toxicology textbook.¹ We no longer use home management tools like ipecac, an expectorant and emetic drug that was once widely used 15 years ago. Also, we are less aggressive with techniques such as passing a nasogastric tube and lavaging the stomach; we are more selective with activated charcoal as well.²

The clinically relevant articles in this issue delve into topics such as an overview of pediatric poisoning by ingestion, household products, over-the-counter pharmaceutical medications, and environmental toxins.

**HEALTHY BABY/HEALTHY CHILD**

In this month’s Healthy Baby/Healthy Child column, Dr. Denise Dowd presents an article about intimate partner violence in the home, and what role the pediatrician has in assessment and approach. Dr. Dowd provides several practical strategies that can be used clinically as well as follow-up recommendations if the parent is receptive.

**CHOOSING WISELY**

Finally, the American Academy of Pediatrics has provided an update on the “Choosing Wisely” program, which educates pediatric providers about being more selective in the diagnostic evaluation and management of common clinical problems; for example, the use of skin or blood testing for food allergies without a comprehensive clinical history is not warranted.³

**REFERENCES**