As pediatric providers, it is of utmost importance that we continue to increase our awareness of the magnitude of the opioid epidemic in this country, and around the world.

My 2-year-old grandson, Logan, who lives with my wife and me along with my son and his wife, is walking and has become more inquisitive with every area of our house; he is a master drawer, cabinet, and closet opener. We have done our best to child proof our home. However, like many households, we have had our share of injuries and surgical procedures over the years for which opioids were prescribed for pain management. As a result, we still have some of those medications in the medicine cabinet. Because everyone has been so busy, unfortunately we have missed opportunities to safely dispose of these medications. Therefore, when my grandson is roaming around the house, I pay close attention to be sure that anything potentially harmful is out of his reach, including medications with child-proof lids, which toddlers sometimes still find their way into.

There have been a number of articles that highlight the local, regional, and national poison control databases that demonstrate the numbers of children younger than age 5 years who have presented to the emergency department with unintentional, unsupervised opioid ingestions, which resulted in hospital and, in some cases, pediatric intensive care unit admission.\(^1\) Most common medications ingested have been methadone and buprenorphine, which are mostly prescribed for patients on treatment plans for opioid use disorder.\(^1\)

As pediatric providers, it is our responsibility to safely store and/or dispose of opioid medications in our homes, as well as to make all caretakers (parents, grandparents, friends, family) of our patients aware as well. Most of these unintentional, unsupervised ingestions are potentially preventable.\(^1\)

**REFERENCES**