# 1,3-Dichlorobenzene Patient Information Sheet

This handout provides information and follow-up instructions for persons who have been exposed to 1,3-dichlorobenzene.

#### What is 1,3-dichlorobenzene?

At room temperature, 1,3-dichlorobenzene is a colorless volatile non-flammable liquid without apparent distinctive odor. 1,3-Dichlorobenzene is used to make other chemicals. 1,3-Dichlorobenzene has been used in the production of herbicides, insecticides, pharmaceuticals, and dyes; however, its uses in registered pesticides have been cancelled.

### What immediate health effects can be caused by exposure to 1,3-dichlorobenzene?

Breathing 1,3-dichlorobenzene may cause irritation of the eyes and respiratory passages similar to that observed from exposure to other dichlorobenzenes. Breathing or swallowing very large amounts can cause liver damage. Generally, the more serious the exposure, the more severe the symptoms.

#### Can 1,3-dichlorobenzene poisoning be treated?

There is no antidote for 1,3-dichlorobenzene, but its acute effects can be treated and most exposed persons recover completely. Persons who have swallowed or inhaled large amounts of 1,3-dichlorobenzene might need to be hospitalized.

#### Are any future health effects likely to occur?

Delayed or long-term effects generally do not occur from single exposures to 1,3-dichlorobenzene. A high-dose exposure, or an exposure over many years, can affect the liver.

#### What tests can be done if a person has been exposed to 1,3-dichlorobenzene?

Blood and urine can be tested for the presence of 1,3-dichlorobenzene breakdown products. However, these tests are generally not available to your doctor and have limited usefulness in treatment. If a severe exposure has occurred, blood and other tests might show whether the liver has been damaged. Testing is not needed in every case.

#### Where can more information about 1,3-dichlorobenzene be found?

More information about 1,3-dichlorobenzene can be obtained from your regional poison control center; the 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:

- irritation of eyes
- irritation of respiratory passages

[] 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.

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.

| Signature of patient   | _ Date |
|------------------------|--------|
| Signature of physician | _ Date |