Curtis Elko RPH, CSPI

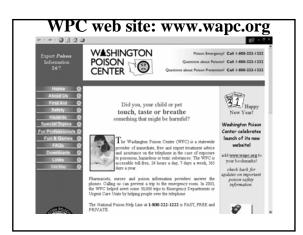
Washington Poison Center Seattle, WA



Washington Poison Center







New National 1-800 # for Poison Centers 1-800-222-1222

- Began in Jan 2002
- Help logo + Mr. Yuk
- Automatically connects callers to the closest local poison center
- Old numbers still work
- Available on flyers, phone stickers, magnets, information sheets





Happy Birthday Mr. Yuk

- Mr. Yuk turned 36 in 2007!
- Developed by Pittsburgh Poison Center in 1971.
- In WA since 1973
- Mr. Yuk stickers placed on potentially hazardous products can help teach children not to touch.



Poison Exposures in the United States

- Every 14 seconds someone reports a poisoning to a poison center
- Two million poisonings reported every year
- Most poisonings involve everyday items cleaning supplies, medicines, plants
- WPC receives about 100,000 calls annually



What is the Washington Poison Center?

- Independent
- Non-Profit
- Emergency telephone service for poisoning
- Open 24 hours a day, 365 days a year



• Serves the entire state of Washington

Our Mission

Prevent harm from poisoning through expertise, collaboration and professional and public education.

Services Provided

- Emergency Treatment Information for exposures to:
 - Household products
 - Industrial chemicals
 - Food poisoning
 - Plants and mushrooms
 - Prescriptions and over-the-counter medications
 - Substances of abuse

- · Assistance with pet poisonings
- Follow- up calls from our staff until the crisis is over.
- · General information and education materials for distribution and display:
 - Mr. Yuk stickers
 - Prevention and
 - treatment brochures
 - Lesson plans and ideas for teachers

--- Sun Feb 13, 2005 @ 22:51 By 26:Elko, Curtis ---

*History. Caller (relationship to patient: mother) states: I have a 2 month old 12lb 4 oz- my 3 year old was brushing teeth with tooth paste-- he reached over to the 2 month old and pretended to brush her teeth, so she got some in her mouth and may have swallowed a small amount- is this

exposed to: oral b stages toothpaste

calculated/justified amount: taste

Sample case

time exposed: 1 hour ago *Symptoms (beginning): none

*Treatment already provided: none

*Medical History Healthy

*Assessment: taste amount not dangerous :. not followed, minimal effects are possible

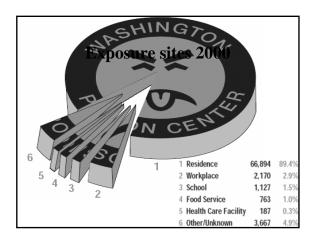
FLUORIDE TOOTHPASTE

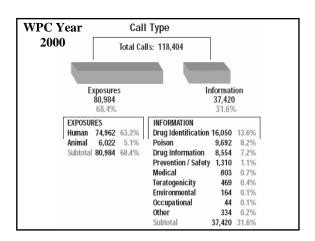
ACTIVE INGREDIENTS: FLUORIDE ION 0.15% W/V SORBITOL WATER HYDRATED SILICA GLYCERIN SODIUM LAURYL SULFATE FLAVOR XANTHAN GUM POTASSIUM ACESULFAME CARBOMER SODIUM HYDROXIDE FD&C RED NO. 3AVAILABLE CONTAINER: 120 GRAM TUBE: 4.2 OUNCE TUBE

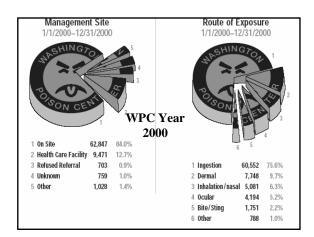
*Management plan (site: home): no treatment suggested. Call back if questions or concerns.

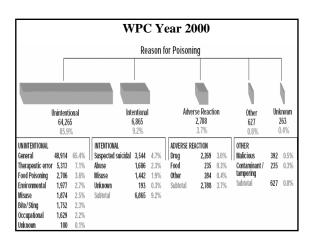
Resources used/consultants: WPC guidelines and POISINDEX Toxicologic Managements

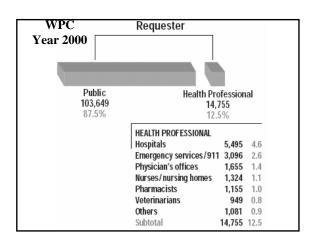
FLUORIDE













All specially trained and certified to provide poison information.

Poison Center Staff & Resources

- •Medical Toxicologists
- •Pharmacists (CSPI)
- •Registered Nurses (CSPI)
- •Poison Information Providers

Nearly 1 million substances listed in POISINDEX[©]

The **POISINDEX® System** identifies ingredients for hundreds of thousands of commercial, pharmaceutical, and biological substances. Each substance is linked to one or more management document(s) providing information on clinical effects, range of toxicity, and treatment protocols for exposures involving the substances

William O. Robertson, MD



Professor of Pediatrics at the University of Washington School of Medicine, Medical Director of a Poison Center in Washington State since 1963.

Kerri Booth, MS, CHES
Education Coordinator
155 NE 100th St. Suite 400
Seattle, Washington 98125
1-800-222-1222

Direct: 206-517-2388



Top Poisons Nationwide for



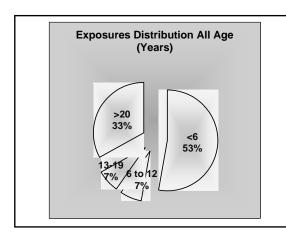
Children under 6 yrs.

- Cosmetics and personal care products
- Cleaning substances
- Analgesics
- Foreign bodies
- Topicals
- Cough and Cold preparations
- Bites/envenomations
- Vitamins
- Insecticides/pesticides/rodenticides

Poisonings in WA Children

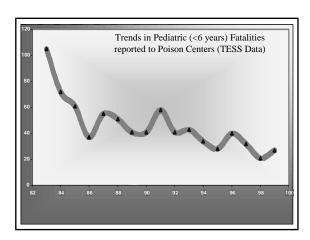
- ➤ Children under 5 account for more than 50% of all calls to the Poison Center.
- ➤ Although children under the age of six are the most likely to be exposed to poison, they represent just over two percent of poison fatalities.
- > 85% of all cases treated at home.





Burden & Success in U.S.

- Death in children under 6 years of age:
 - 1940's: 500 annually
 - 1997: 25
- Prevention Success:
 - Child resistant caps (1970)
 - Rx reformulations (safer drugs)
 - Public education
 - Legislation



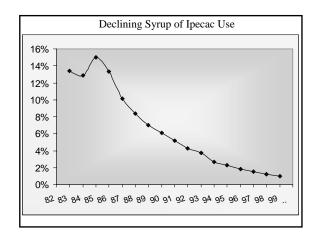
TESS Data 1999					
Reason	< 6	6-12	13-19	>19	Total
Unintentional					
General	9	0	0	1	10
Therapeutic Error	3	0	0	50	53
Bite/Sting	0	1	0	6	7
Misuse	0	0	0	11	11
Environmental	8	2	2	11	23
Food Poisoning	0	0	0	0	0
Occupational	0	0	0	11	11
Unknown	0	0	0	0	0
Total	20	3	2	90	115

Intentional	< 6	6-12	13-19	>19	Total
Suicide	0	0	23	449	472
Misuse	1	1	1	57	60
Abuse	0	1	19	117	137
Unknown	0	0	2	38	40
Total (all fatalities for any reason)	24	8	53	788	873

Syrup of Ipecac

- Obtain Syrup of Ipecac and keep it in your home.
- Use it **ONLY** <u>if and when</u> instructed to do so by the Poison Center or physician.





AAPCC TESS Data

- American Association of Poison Control Centers (AAPCC)
- Toxic Exposure Surveillance System (TESS)
- TESS data estimates that 96% of all poison exposures nationwide are reported to Poison Centers.

Available at www.aapcc.org

TESS Toxic Exposure Surveillance System

The American Association of Poison Control Centers would like to introduce you to the Toxic Exposure Surveillance System (TESS), the only comprehensive poisoning surveillance database in the United States. Developed in 1983, TESS contains detailed toxicological information on more than 24 million poison exposures reported to U.S. poison centers. That includes more than 2 million reports to poison centers for 2000 alone, an estimated 96% of all poison exposures reported to poison centers in the U.S.

<u>Annual Reports</u>. Annual reports are summaries of TESS data and are available for all years from 1983 to present

2003 TESS Annual Report This report was initially published in The American Journal of Emergency Medicine (22(5):335-404, 2004)

Main Report - Text

Table 21 - Fatalities

Table 22A, Table 22B - Exposure Cases by Generic Category - Non-Pharmaceuticals and Pharmaceuticals

References and Appendix - Abstracts of Selected Fatal Cases

Reason for Human Poison	Exposure Cases 1999 TE	ESS data	
Reason	No.	%	
Unintentional			
General	1,460,073	66.3	
Therapeutic error	154,422	7	
Bite/Sting	78,697	3.6	
Misuse	72,083	3.3	
Environmental	51,751	2.4	
Food Poisoning	46,054	2.1	
Occupational	42,088	1.9	
Unknown	2,897	0.1	
Total	1,908,065	86.7	
Intentional			
Suicidal	154,355	7	
Misuse	35,261	1.6	
Abuse	31,157	1.4	
Unknown	9.147	0.4	
Total	220,020	10.4	

Using Toxicall ® Data

National data is compiled continuously and published yearly by the AAPCC

Using Toxicall ® Data Search your local data

Research

SWOG studies (unblinding)

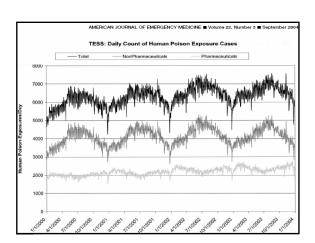
Epidemiology

Retrospective studies

Total # of calls: 84,522			Wa	shington Poison	
Total # exposure calls (human): 67,614 (80%			^{0%)} Center Treatments		
Total no treatment or unknown	: 35746	(53%)	2004	
Unknown if therapy provided:	31169	(46%)		
Patient refused any help:	263	$(0.39^{\circ}$	%)		
Observation only:	2379	(3.5%	(o)		
No therapy:	1935	(2.9%	(a)		
Any therapy:	31596	(47%)		
Any decontamination:	27707	(41%	(o)		
Dilute/irrigate/wash:	22142	(33%	(a)		
Food/snack:	3871	(5.7%	6)		
Fresh air:	1923	(2.8%	6)		
AC:	1802	(2.7%	6)		
Other emetic:	775	(1.1%	6)		
SOI:	434	(0.64	%)		
Lavage:	265	(0.39	%)		
Cathartic:	131	(0.19	%)		
Whole bowel irrigation:	11	(0.01	6%)		

Washington Poison Center 2004 Exposures: Medications versus everything else

All substances: 103354 Medications: 48398 Non-medications: 54956



Research using TOXICALL Database

MANAGEMENT OF INSULIN THERAPEUTIC ERRORS BY A POISON CENTER

Elko C, Robertson W. Washington Poison Center. Seattle, Washington.

Re	search using	TOXICALL Datab	ase	
Background. Patients with diabetes mellitus have recently had expanded choices of oral hypoglycemic drugs and new forms of insulin to pursue the benefits of tighter glycemic control. However, information theory asserts that increasing the number of medications will exponentially increase the drug errors. The purpose of this retrospective review is to describe the nature of drug errors among our insulin calls.				
Res	Research using TOXICALL Database			
Januar	y 1999 to Ma ses involving	osure calls (N=315) rch 2004 were revie a therapeutic error	wed	
	•	TOXICALL Datab		
0.05% of all at our pois	exposure calls	involving insulin (N=180 and 57% of all insulin expl documented cases (N=d here:	osure calls	
Moon dass	Mann	Chicomotor massived	Management	
Mean dose (range) units	Mean observation time (range) hours	Glucometer measured mean blood glucose (range) mg/dL	site	
45 ± SD 37 (5-270)	6.1 ± SD 5.7 (0.88-42)	Initial: 194 ± SD 102 (41-450) Lowest: 127 ± SD 76 (35-386) Highest: 233 ± SD 102 (75- 591)	Home: 85 HCF: 12 Other: 3	
SD = Standard	d deviation H	CF = Health Care Facility		
				J

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Research using TOXICALL Database	
Most cases involved short-acting insulin (N=69), the wrong insulin type (N=33), wrong dose (N=37) or a combination of these (N=26). Only 23	
cases documented any side effects, with hypoglycemia (blood glucose < 70) being the	
most common (N=19) and with food being the most frequent therapy (N = 77). No patient	
developed seizures.	
D	
Research using TOXICALL Database	
Conclusion. Therapeutic errors involving insulin are relatively common and usually can	
be managed on site by the poison center with minimal intervention and cost.	
Collaboration with industry	
SAFETEC faxback service	
Automatic Dishwashing Detergent (ADW) Study	

National Meetings North American Congress of Clinical Toxicology (NACCT) Posters at annual Toxicology meetings (see AAPCC, NACCT web sites)	
Public Health PIRT (Pesticide Incident Reporting and Tracking (PIRT) Review Panel) http://www.doh.wa.gov/ehp/ts/PIRT.HTM Involvement in EMS HAZMAT incidents	