

INDIANA POISON CENTER	1999 Annual Statistical Summary
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Designated as the Regional Poison Information Center for Indiana by the Indiana State Department of Health and Certified by the American Association of Poison Control Centers



*A state-wide community health initiative of
the Indiana State Department of Health and
Clarian Health Partners, Inc.*



*This year, the Indiana Poison Center received almost 77,000 calls for help. While we experienced a 29% increase in information calls to more than 14,400, the vast majority of calls involved specific poison exposures, in which human exposures decreased by 0.6% compared to 1998. Information calls were boosted this year by the scares over potential asbestos contamination of Hostess snack products, which produced over 800 calls alone and many calls concerning the anthrax-letter terrorism incidents. Children remain our most commonly exposed age group, although usually with benign effects. Intentional poisonings continue to contribute to a more severe case mix. We are very pleased that our contacts in the health care community remain strong. Your input is always welcome to help develop our program to better serve the needs of health care providers throughout the state. Examples of this are continuation of the state's only inpatient medical toxicology treatment center at our host hospital to help manage the care of poisoned patients and of our Medical Toxicology Fellowship program to train physicians in medical toxicology. Response to these services remains brisk. Reports of animal poisoning increased significantly again this year by 12% to almost 4,400 cases. The strength of our personnel continues to be the backbone of the Center, and we have been able to retain all our staff in the past year. Nationally, many poison centers remain in shaky financial condition as host institutions and government agencies attempt to reduce medical care costs. The Indiana Poison Center has not been immune to this. The full impact of the Indiana State Department of Health cutting our funding by \$200,000 per fiscal year is now being seen. To answer this shortfall, our Member Hospital Network was reworked by substantially increasing the yearly membership and initiating charges to non-member hospitals for consultations they initiated on poisoned patients. This strategy, while financially successful and possibly capable of providing the Poison Center with adequate funds to operate until the end of our next contract period with the Indiana State Department of Health, also resulted in a 44% decrease in calls from non-member hospitals, which is concerning. This decrease far outpaces the small general decrease in poison calls we saw last year. Poison centers, such as the Indiana Poison Center, have been at the forefront of managed care and medical care cost containment since their inception. The cost effectiveness of poison centers has been documented by the U.S. House of Representatives, two recent publications and the Department of Health and Human Services.^{1, 2, 3} The CDC and HRSA Final Report of the Poison Control Center Advisory Work Group urges Federal ongoing "fair share" support of poison centers including interim support of poison center until permanent funding can be found and recommends six projects to improve poison center function, including a national toll-free number.³ The CDC is now moving forward on developing a national toll-free number, and the **Poison Center Enhancement and Awareness Act** (S.632, H.R..1221) has been introduced in both houses of Congress. This bill, which would provide assistance for poison prevention and to stabilize funding of poison centers, is garnering wide support among both parties. Your letters in support of this legislation would be welcome. Development of stable, adequate, ongoing, and dedicated sources of funding for the Indiana Poison Center remains crucial for it's survival in this era of medical care cost cutting. We look forward to the coming year as an opportunity for our services to you to further evolve, in order to meet the ever-growing toxicologic needs of Indiana.*



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1. Harrison DL et al. Cost-effectiveness of regional poison control centers. Arch Intern Med 1996; 156:2601.
2. Miller TR. Cost of poisoning in the United States and savings from poison control centers: a benefit cost analysis. Ann Emerg Med 1998; 29:239.
3. The Poison Control Center Advisory Work Group. Final Report. Centers for Disease Control and Health Resources and Services Administration, December 1996.

INTRODUCTION

The Indiana Poison Center (IPC) was established to provide toll-free access to emergency poison exposure information for all Hoosiers. In its twentieth year of operation, the center is a round-the-clock information and treatment resource for all citizens of Indiana.

The IPC is a collaborative effort of the Indiana State Department of Health, Clarian Health Partners, and health care providers throughout the state. It is designated as the official poison information center for the state by the Indiana State Department of Health and is certified as a regional poison information center by the American Association of Poison Control Centers, one of only 52 in the nation and the only one in Indiana.

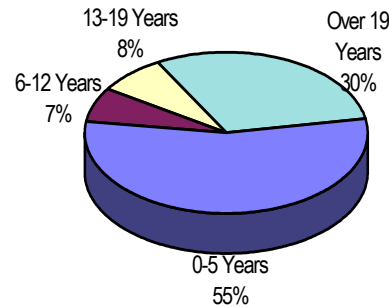
In 1999, the IPC received 76,936 requests for assistance (averaging 211 calls per day). Of these calls, 62,362 concerned exposures to poisons and 14,574 were callers seeking information without an exposure. The 62,362 poison exposure calls resulted from 58,215 human and 4,147 animal poisoning cases. The 58,215 human poison exposure cases managed represents a 6.4% decrease over 1998. In addition, the staff of the Poison Center placed 55,412 calls to patients and health care professionals for patient care follow-up (averaging 152 calls per day).

This report presents an overview of IPC poisoning data and other activities for 1999. Additional information is available upon request. Data was available to evaluate 58,082 confirmed human cases.

AGE

Poisonings remain a major health hazard among young children. Children under six years of age account for the majority (55%) of the poisonings managed by the IPC during 1999, approximately the same as in 1998. Although the incidence of poisoning is still greater in children, most severe poisonings

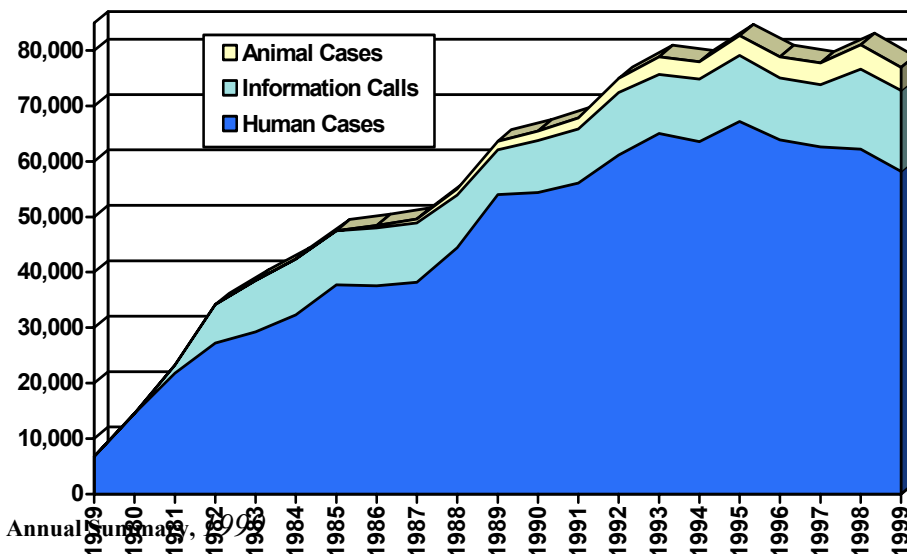
and poisoning deaths occur in adolescents and adults (38% of cases) due to their being intentional in nature. The trend for increasing age as compared to historical averages was not seen this year except in the 50-69 year old range, which posted a 10% increase.



Age (Years)	Number		Total	%
	Males	Females		
<1	1,879	1,703	3,584	6.2%
1	4,859	4,389	9,251	15.9%
2	5,771	5,229	11,004	19.0%
3	2,498	2,182	4,681	8.1%
4	1,150	968	2,118	3.7%
5	636	522	1,159	2.0%
6 - 12	2,331	1,730	4,063	7.0%
13 - 19	2,065	2,346	4,414	7.6%
20 - 29	2,334	2,844	5,181	8.9%
30 - 49	3,306	4,478	7,791	13.4%
50 - 69	943	1,603	2,546	4.4%
70 - 99	329	726	1,056	1.8%
Unk Adult	417	515	973	1.7%
Unk Infant	18	12	38	0.1%
Unk Child	17	9	30	0.1%
Unknown	53	105	193	0.3%
Total	28,606	29,361	58,082	100%

GENDER

Examination of calls where the gender was documented shows an almost even split between males and females. Males predominate in childhood (52%), while females predominate in both the adolescent and adult ages (58%).



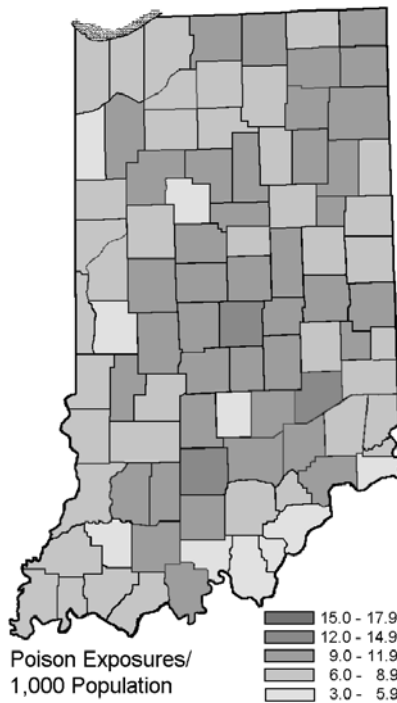
GEOGRAPHIC DISTRIBUTION

Overall, 99.8% of exposure calls originated in Indiana. In addition, the IPC received calls from 28 other states and foreign countries, with Kentucky, Illinois, Michigan, and Ohio accounting for 76% of these out-of-state calls. One out of every 102 Hoosiers utilized the Indiana Poison Center's services in 1999.

CALLER

In 1999, 63,210 calls (82%) were received from the general public. Calls were also received from 11,839 health caregivers (physicians, nurses, EMT's, paramedics, and pharmacists), with 7,426 of these coming from hospitals throughout the state. Daily contacts were made consisting of IPC referral of patients to emergency departments for treatment or hospital initiated requests for information and/or consultation on cases managed either in-house or by telephone.

City	Hospital	Patients Referred to ED	Request or Consult
Anderson	Community St. John's Health System	22	89
Angola	Cameron Community Hospital	10	54
Auburn	DeKalb Memorial	21	39
Batesville	Margaret Mary	10	29
Bedford	Bedford Regional Medical Center	22	38
	Dunn Memorial	17	52
Beech Grove	St. Francis	60	156
Bloomington	Bloomington	86	110
Bluffton	Caylor-Nickel Wells Community	13	45
	St. Mary's Warrick	4	15
Booneville	St. Mary's Warrick	5	9
Brazil	Clay County	18	48
Bremen	Community of German Township	6	2
Carmel	St. Vincent - Carmel	31	44
Charleston	Medical Center of Southern Indiana	3	0
Clinton	West Central Community	7	3
Columbia City	Whitley Memorial	23	23
Columbus	Columbus Regional	64	86
Connorsville	Fayette Memorial	16	27
Corydon	Harrison County	5	6
Crawfordsville	St. Claire	26	78
Crown Point	St. Anthony Medical Center	22	87
Danville	Hendricks County	59	86
Decatur	Adams County	7	15
Dyer	St. Margaret Mercy	13	108
East Chicago	St. Catherine	7	2
Elkhart	Elkhart General	81	201
Elwood	St. Vincent Mercy	6	12
Evansville	Deaconess St. Mary's Medical Center	49	67
	Welborn Memorial Baptist Hospital	16	8
Fort Wayne	Lutheran	45	10
	Parkview Memorial	146	196
	St. Joseph's	18	12
	Ft. Wayne State	0	1
	VA Medical Center	0	3

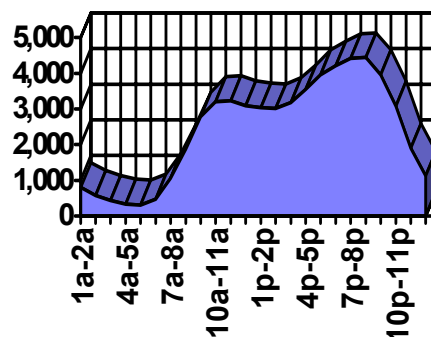


City	Hospital	Patients Referred to ED	Request or Consult
Frankfort	Clinton County	19	44
Franklin	Johnson County	13	16
Gary	Methodist (Northlake)	27	154
Gary	Northwest Family	0	1
Goshen	Goshen General	45	100
Greencastle	Putnam County	21	42
Greenfield	Hancock County	24	18
Greensburg	Decatur County	21	54
Hammond	St. Margaret Mercy	33	186
Hartford City	Blackford County	9	21
Hobart	St. Mary Medical Center	21	78
Huntingburg	St. Joseph's	7	22
Huntington	Huntington Memorial	16	38
Indianapolis	Community East	75	143
	Community North	84	164
	Community South	47	110
	Fairbanks	0	0
	Indiana University	76	55
	Larue Carter	0	2
	Methodist	219	382
	St. Francis South	46	65
	St. Vincent	92	174
	VA Medical Center	5	23
	Westview Hospital	8	3
	Winona Memorial	4	4
	Wishard Memorial	148	773
Jasper	Memorial	12	35
Jeffersonville	Clark County	16	4
Kendallville	Community Noble County	24	45
Knox	Starke Memorial	7	25
Kokomo	Howard Community	23	44
	St. Joseph Memorial	39	15
Lafayette	Lafayette Home	70	107
	St. Elizabeth Medical Center	29	25
LaGrange	LaGrange County	12	30
LaPorte	LaPorte Hospital	29	54
Lawrenceburg	Dearborn County	32	105
Lebanon	Witham Memorial	12	67
Linton	Greene County	12	47
Logansport	Memorial Hospital	20	84

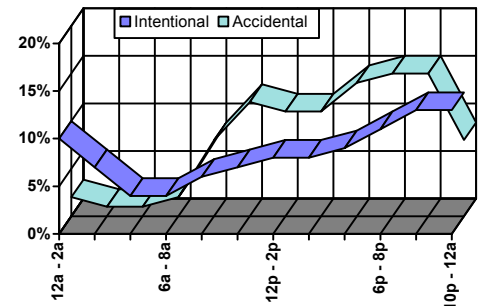
City	Hospital	to ED	Consult
Madison	King's Daughters'	28	11
Marion	Marion General	36	97
	VA Medical Center	1	4
Martinsville	Morgan County	22	70
Merrillville	Methodist (Southlake)	14	88
Michigan City	Memorial	1	9
	St. Anthony	41	111
Mishawaka	St. Joseph	35	55
Monticello	White County	9	65
Mooreville	St. Francis	0	0
Muncie	Ball Memorial	71	21
Munster	Community	37	153
New Albany	Floyd Memorial	15	6
New Castle	Henry County	33	58
Noblesville	Riverview	23	6
North Vernon	Jennings Community	7	2
Oakland City	Wirth Regional	2	3
Paoli	Bloomington Hosp		
	Orange County	12	37
Peru	Dukes Memorial	16	52
Plymouth	St. Joseph's	15	52
Portage	Portage Community	15	68
Portland	Jay County	11	15
Princeton	Gibson General	7	26
Rensselaer	Jasper County	12	34
Richmond	Reid Memorial	42	84
Rochester	Woodlawn	18	28
Rushville	Rush Memorial	7	21
Salem	Washington County	7	0
Scottsburg	Scott County	6	4
Seymour	Jackson County	34	95
Shelbyville	Major Hospital	18	65
South Bend	Memorial	56	189
	St. Joseph's Medical Center	49	95
	St. Mary Community	0	2
Sullivan	Sullivan County	13	36
Tell City	Perry County	6	50
Terre Haute	Terre Haute Regional	19	57
	Union	39	8
Tipton	Tipton County	10	11
Valparaiso	Porter Memorial	44	104
Vincennes	Good Samaritan	21	71
Wabash	Wabash County	18	29
Warsaw	Kosciusko Community	28	8
Washington	Daviess County	16	33
West Lafayette	Purdue University	0	6
West Lafayette	Wabash Valley Center	0	0
Williamsport	St. Vincent - Williamsport	3	19
Winamac	Pulaski County	7	17
Winchester	Randolph County	8	15

TIME OF CALLS

The total call volume to IPC shows an initial peak between 10 am and noon with a larger peak occurring between 7 pm and 9 pm.



This is primarily accounted for by the distribution of accidental poisonings peaking around mealtimes. Intentional poisonings, on the other hand, show a higher incidence than unintentional poisonings from midnight to 6 am and then steadily increase throughout the day, finally peaking at between 10 pm and midnight.



CIRCUMSTANCE

Acute exposures account for 97.9% of the total calls, while the remaining 1.7% are chronic in nature. Occupational exposure calls have remained constant from 1989 through 1999, while environmental exposures have almost doubled since 1990. The specific reasons for exposures are:

Reason	Number	Percent
Unintentional		
General	40,806	70.3%
Environmental	919	1.6%
Occupational	1,489	2.6%
Therapeutic Error	3,553	6.1%
Misuse	1,598	2.8%
Bite/Sting	824	1.4%
Food Poisoning	1,067	1.8%
Unknown	124	0.2%
Total Unintentional	50,380	86.7%
Intentional		
Suicidal	4,692	8.1%
Misuse	687	1.2%
Abuse	969	1.7%
Unknown	106	0.2%
Total Intentional	6,454	11.1%
Other		
Contaminant/Tampering	47	0.1%
Malicious	161	0.3%
Total Other	207	0.4%
Adverse Reaction		
Drug	721	1.2%
Food	83	0.1%
Other	87	0.2%
Total Adverse Reaction	891	1.5%
Unknown		
	150	0.3%

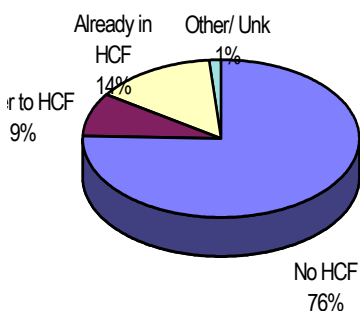
SITE OF EXPOSURE

The most frequent site of exposure is a residence, although calls for exposures in the workplace account for 3% of our calls.

<u>Site of Exposure</u>	<u>Number</u>	<u>Percent</u>
Own Residence	52,822	90.9%
Other Residence	1,103	1.9%
Workplace	1,730	3.0%
Health Care Facility	180	0.3%
School	775	1.3%
Restaurant/Food Service	251	0.4%
Public Area	445	0.8%
Other	629	1.1%
Unknown	147	0.3%

TREATMENT LOCATION

The majority of poison exposures either require no treatment or can be treated at the exposure site. The most common treatments at the exposure site include dilution and no treatment for oral exposures and flushing or irrigating the skin or eyes for dermal or ocular exposures.



<u>Location</u>	<u>Number</u>	<u>Percent</u>
Non Health Care Facility (HCF)	43,880	75.6%
Referred to HCF by IPC		
Treated & Released	1,822	3.1%
Adm to Critical Care	310	0.5%
Adm to Noncritical Care	185	0.3%
Adm to Psychiatry	140	0.2%
Refused Referral	1,038	1.8%
Lost to Follow Up	1,605	2.8%
Total Referred	5,100	8.8%
Patient Already in HCF		
Treated & Released	4,746	8.2%
Adm to Critical Care	1,903	3.3%
Adm to Noncritical Care	536	0.9%
Adm to Psychiatry	750	1.3%
Lost to Follow Up	367	0.6%
Total Already in HCF	8,302	14.3%
Other	453	0.8%
Unknown	347	0.6%

Overall, the IPC referred 5,100 (8.8%) patients for medical care and was consulted on another 8,302 cases that were already in a health care facility (HCF).

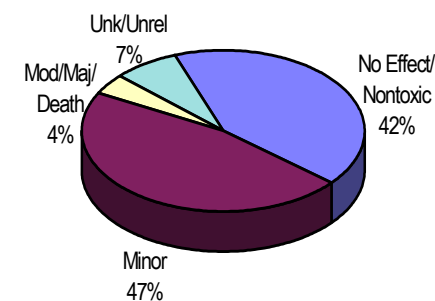
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FOLLOW-UP CALLS

The IPC attempts to make follow-up calls on all cases with the potential for toxicity to the patient to ensure patient compliance with treatment recommendations, direct the management of the case and verify the medical outcome. In 1999, follow-up was made 55,412 times on 20,540 human cases (2.4 calls/case). An additional 60,508 cases or information calls did not require or refused follow-up.

MEDICAL OUTCOME

The medical outcome is assessed based upon the inherent toxicity of the agent, and the severity of the clinical effects noted during case management. The increased severity in case mix seen since 1990 has been continued in 1999 with a 75% increase in the percentage of cases with severe toxicity compared to 1998.



<u>Medical Outcome</u>	<u>Number</u>	<u>Percent</u>
No Effect	10,886	18.7%
Minor Effect	10,021	17.3%
Moderate Effect	2,071	3.6%
Major Effect	381	0.7%
Death	31	0.1%
No Follow-up		
Judged Nontoxic	13,282	22.9%
Judged Minimal Effects	17,078	29.4%
Potentially Toxic	2,419	4.2%
Unrelated Effect	1,913	3.3%

AGENTS INVOLVED

During 1999, the IPC staff managed 58,082 human poison exposures. Prescription and nonprescription drugs accounted for 44% of these exposures, with an additional 36% were to household products. Plants, animals, industrial and agricultural products were also commonly reported. A single substance was involved in 92% of the cases and two substances in 6% of cases, but exposures to over nine substances were seen in other cases.

<u>Agent Involved</u>	<u>Number</u>
Analgesics	7,925
Anesthetics	214
Anticholinergics	152
Anticoagulants	52
Anticonvulsants	572
Antidepressants	1,960
Antihistamines	1,312
Antimicrobials	1,501
Antineoplastics	33
Asthma Therapies	473
Cardiovascular Drugs	1,140
Cold and Cough Preparations	2,869
Diagnostic Agents	8
Diuretics	157
Electrolytes/Minerals	464
Eye, Ear, Nose, and Throat Preparations	338
Gastrointestinal Preparations	1,311
Hormone Products	941
Muscle Relaxants	360
Narcotic Antagonists	4
Radiopharmaceuticals	1
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	2,073
Serums, Toxoids, Vaccines	46
Stimulants/Street Drugs	936
Topicals	2,332
Veterinary Drugs	82
Vitamins	1,253
Miscellaneous	623
Unknown Drugs	261

Total Drugs 29,393

<u>Agent Involved</u>	<u>Number</u>
Adhesives, Glues, Cements	525
Alcohols	1,410
Arts, Crafts, Writing Products, Office Supplies	1,255
Automotive Products	450
Batteries	192
Bites and Envenomations	1,258
Building and Construction Products	285
Chemicals	1,677
Cleaning Substances	
- Household	5,811
- Industrial	255
Cosmetics and Personal Care Products	7,035
Deodorizers	526
Dyes	56
Essential Oils	112
Fertilizers	286
Fire Extinguishers	74
Food Products/Food Poisoning	1,692
Foreign Bodies	2,984
Fumes, Gases, Vapors	1,172
Fungicides	23
Heavy Metals (excluding iron)	358
Herbicides	208
Hydrocarbons	1,771
Insecticides	1,428
Lacrimators	101
Matches/Fireworks/Explosives	52
Moth Repellants	89
Mushrooms	189
Paints, Varnishes, Lacquers	703
Photographic Products	32
Plants	2,938
Polishes and Waxes	227

Radioisotopes	3	Antidepressants	89
Rodenticides	657	Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	86
Sporting Equipment	19	Cardiovascular Drugs	34
Swimming Pool/Aquarium Products	189	Alcohols	32
Tobacco Products	190	Anticonvulsants	32
Unknown Substance (Non-Drug)	388	Stimulants/Street Drugs	32
Total Non-Drugs	37,017	Muscle Relaxants	26
Total Agents	66,410	Fumes, Gases, Vapors	21
		Antihistamines	18

Additional information that is useful to note are the most common poisonings in the pediatric age group and intentional exposures.

Pediatric Top Ten **Number**

Cosmetics and Personal Care Products	5,307
Cleaning Substances - Household	3,500
Analgesics	3,366
Foreign Bodies	2,190
Plants	2,051
Cold and Cough Preparations	1,782
Topicals	1,882
Gastrointestinal Preparations	1,043
Vitamins	1,001
Antimicrobials	925

The pediatric top ten remained the same this year compared to last year, with gastrointestinal preparations and vitamins swapping 8th and 9th place. Cardiovascular drugs dropped two spots on the intentional top ten to 10th with the remaining substances staying the same. The number of intentional exposures reported for most classes decreased this year in concert with the overall decrease in intentional cases except for analgesics, cough/cold preparations, anticonvulsants and muscle relaxants which actually increased.

Intentional Top Ten **Number**

Analgesics	2,773
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	1,360
Antidepressants	1,184
Alcohols	642
Stimulants/Street Drugs	482
Antihistamines	373
Cold and Cough Preparations	359
Anticonvulsants	257
Muscle Relaxants	236
Cardiovascular Drugs	195

The following table represents the substances seen in the most serious poisonings resulting in major symptoms or death. Almost all classes increased in absolute number of cases with percentage changes from -4% for stimulants to +350% for antihistamines with a median increase for all top ten serious exposures of 62%. As a result, antihistamines replaced chemicals in the list and analgesics replaced antidepressants in the top spot.

Most Serious Intoxications **Number**

Analgesics	129
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THERAPY

Supportive care is the single most critical component in the care of the poisoned patient. In 7,874 (13.6%) patients no therapy was needed and observation alone was used in an additional 5,362 (9.2%). IPC advice was refused in 1,383 cases (2.4%). Specific therapeutic methods utilized in poisonings included decontamination, antidotal therapy, and enhancing elimination. Decontamination alone was utilized in 36,100 (62.2%) of cases, other therapies alone in 1,568 cases (2.7%) and a combination of the two in 2,108 (3.63%). The most common antidotal treatments were oxygen, n-acetylcysteine, antihistamines, alkalization and naloxone. A summary of some specific therapies follows:

Decontamination **Number**

Ipecac	298
Activated Charcoal, Single Dose	3,325
Activated Charcoal, Multiple Dose	73
Cathartic	78
Lavage	407
Whole Bowel Irrigation	4
Dilute/Irrigate/Wash	32,619
Fresh Air	2,450
Food Snack	1,386
Other Emetic	4

Total Decontamination 40,784

Antidotal / Other Therapy 5,718

IV Fluids	1,016
Oxygen	574
N-acetylcysteine	322
Intubation	277
Ventilator	233
Antihistamines	232
Naloxone	205
Alkalinization	173
Bronchodilators	171
Anticonvulsants	112

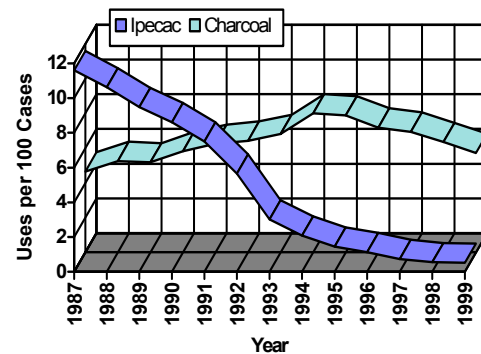
Enhancement of Elimination

Hemodialysis	32
Hemoperfusion	0
Other	0

Total Enhancement 32

Use of activated charcoal again greatly exceeded that of syrup of ipecac. Syrup of ipecac use has dropped 96% in the past twelve years (7% in 1999 alone), while the

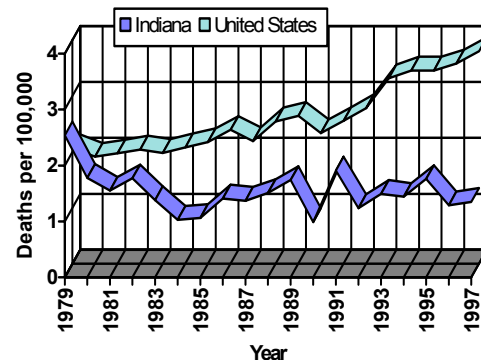
use of activated charcoal initially increased by 73% and is also now decreasing



somewhat reflecting changes in usage in the hospital setting.

MORTALITY

Eighty unintentional poisoning deaths were reported to the Indiana State Department of Health during 1997. The average number since the inception of the Poison Center has been 77 per year down from an average of 116 per year prior to 1979. Data from the National Center for Injury Prevention and Control showed 79 unintentional poison deaths in Indiana for 1997. Indiana's unintentional death rate continues to be well below the national average showing a slight



downward trend since 1979 as shown in the following graph.

The Indiana Poison Center was consulted on 31 patients who died during 1999. Most of the deaths (24) were intentional in nature. In some cases, the cause of death was not determined to be related to the exposure such as one cocaine case being a small bowel strangulation, the alproazolam blunt head trauma, and the child with the unknown ingestion with negative toxicology screening. Suspected mushroom being alcoholic liver disease, the mothball being a skull fracture and the potpourri being too thick to drink.

Age Sex Agent (Reason)

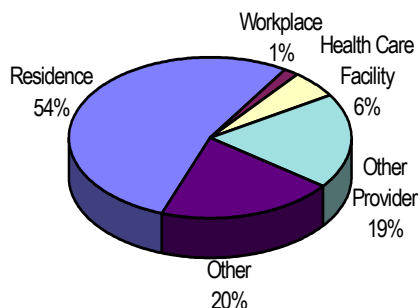
2m	M	cocaine (malicious)
2	M	hydrocodone (intentional unknown)
7	M	unknown substance (Unknown)
17	M	ethylene glycol, flurazepam (suicide)

- 17 M acetaminophen, multiple vitamins with iron (suicide)
- 18 M cocaine (abuse)
- 18 F ethanol, gamma hydroxybutyrate (malicious)
- 22 M cocaine (abuse)
- 23 F acetaminophen, diphenhydramine (intentional misuse)
- 24 M sodium valproate, levothyroxine (adverse reaction)
- 24 M cocaine, ethanol (abuse)
- 26 M acetaminophen (suicide)
- 26 M cocaine (abuse)
- 27 F oxycodone, acetaminophen, carisprodol, aspirin, alprazolam (abuse)
- 28 M lithium, quetiapine (unknown)
- 32 M amitriptyline, thioridazine, celecoxib (suicide)
- 36 F bupropion, olanzapine, fluoxetine (suicide)
- 36 M fentanyl (therapeutic error)
- 38 F oxycodone (abuse)
- 40 F amitriptyline (suicide)
- 40 M ethanol, alprazolam (suicide)
- 42 F carbon monoxide (environmental)
- 43 F cocaine (intentional misuse)
- 44 M heroin (abuse)
- 46 F diphenhydramine, phencyclidine, marijuana (suicide)
- 48 F acetaminophen, hydrocodone (suicide)
- 50 M acetaminophen (intentional misuse)
- 54 F lithium (suicide)
- 57 F bupropion, olanzepine, gabapentin (suicide)
- 69 M procainamide, ethanol (suicide)
- 74 F theophylline, acetaminophen, propoxyphene (unknown)

The most common classes of substances involved in deaths reported to the IPC were analgesics, cocaine/stimulants, antidepressants, and sedative/hypnotics.

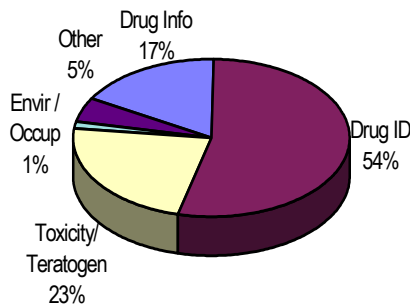
INFORMATION CALLS

In 1999, the IPC staff responded to 14,574 inquiries from health professionals and the general public when no poison exposure had occurred. Seventy-five percent of the calls were received from the general public, 54% in a residence and 1% in the workplace.



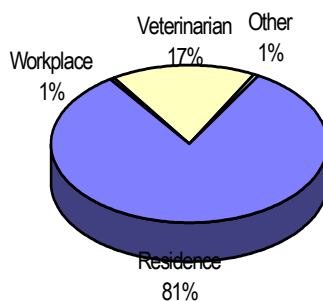
The information calls can be divided into several categories: 1) drug identification / information, 2) environmental, 3) medical, 4)

occupational, 5) toxicity / symptoms, 6) prevention and safety, 7) teratogenicity and 8) other.



ANIMAL POISONINGS

In 1999, the IPC managed 4,140 poisonings to domestic animals, a 6% increase over 1998. Calls were received primarily from the pet's owners although veterinarians generated a significant proportion.



Seven out of the top ten animal exposures were also seen in children. Significant differences included a very large percentage of insecticide, rodenticide and hydrocarbon exposures as compared to children.

<u>Animal Top Ten</u>	<u>Number</u>
Insecticides	568
Plants	379
Cleaning Substances - Household	370
Rodenticides	329
Analgesics	266
Foreign Bodies	181
Topicals	140
Antimicrobials	135
Cosmetics and Personal Care Products	161
Hydrocarbons	125

EDUCATION PROGRAMS

Personnel from the IPC teach health care professionals basic and advanced techniques in the management of poison emergencies and provide assistance, consultation, and programs in teaching poison prevention to private citizens.

Professional Education

Professional education activities include the Annual Regional Toxicology Symposium, a

quarterly education bulletin (TOXI-GRAM), and numerous inservices and lectures.

<u>Health Professional Education</u>	
<u>Contact Hours Supervised Experience in Poison Center/Toxicology Service</u>	
Medical Residents	5,760
Doctor of Pharmacy Students	800
Pharmacy Students	68
<u>Academic and Continuing Education Lectures Presented</u>	
	62

The IPC sponsored its 15th Annual Toxicology Seminar: Nature's Poisons in April that was well attended by health care professionals from throughout Indiana and surrounding states. Featured presentations included poisonous plants and mushrooms, venomous snakebites, venomous arthropods, tick-borne diseases, marine envenomations and an interactive case study session. In addition, staff from the center presented topics and cases at the Midwest Regional Toxicology Conference held in November in Louisville, KY.

Under the guidance of Mark A. Kirk, M.D. the two-year Medical Toxicology Fellowship program started in 1994 continues to draw outstanding physicians in training. This fellowship program is one of only a few available in the United States. All our past fellows Dr. Jane Witman, Dr. Mary Wermuth and Dr. Christopher Holstege have passed their Medical Toxicology boards and are practicing in Wisconsin, Indiana and Virginia. Our graduating fellow, Dr. William Dribben, was joined in July by Drs. Daniel Rusyniak, from the Methodist Hospital Emergency Medicine Residency and Lisa Snyder from the University of Virginia Emergency Medicine Residency.

The staff of IPC also contributes to the medical toxicology literature with five book chapters and three abstracts presented at the North American Congress of Clinical Toxicology 1999.

Book Chapters

- Kerns WP, Kirk MA. Cyanide and Hydrogen Sulfide. In, Goldfrank LR, Flomenbaum NE, Lewin NA et al (eds). Goldfrank's Toxicologic Emergencies, 6th Edition. Appleton & Lange: Stamford, 1999
- Kirk MA, Anticholinergics and Antihistamines. In, Haddad LM, Shannon MW, Winchester JF (eds). Clinical Management of Poisoning and Drug Overdose, 3rd Edition. WB Saunders: Philadelphia, 1999.
- Kirk MA, Holstege CP. Smoke Inhalation. In, Goldfrank LR, Flomenbaum NE, Lewin NA et al (eds). Goldfrank's Toxicologic Emergencies, 6th Edition. Appleton & Lange: Stamford, 1999

- Kirk MA. Use of the Intensive Care Unit. In, Goldfrank LR, Flomenbaum NE, Lewin NA et al (eds). Goldfrank's Toxicologic Emergencies, 6th Edition. Appleton & Lange: Stamford, 1999
- Witman JK, Furbee BF. Class IA Antiarrhythmics: Quinidine, Procainamide, and Disopyramide. In, Haddad LM, Shannon MW, Winchester JF (eds). Clinical Management of Poisoning and Drug Overdose, 3rd Edition. WB Saunders: Philadelphia, 1999.

Abstracts

- Dribben W, Kirk M, Trippi J, Cordell W. A pilot study to assess the safety of dobutamine stress echocardiography (DSE) in the emergency department evaluation of cocaine-associated chest pain [abstract]. J Toxicol Clin Toxicol 1999;36:506.
- Holstege CP, Kirk MA, Furbee RB, Wermuth ME. Wide complex dysrhythmia in calcium channel blocker overdose responsive to sodium bicarbonate therapy [abstract]. J Toxicol Clin Toxicol 1999;36:509.
- Seifert S, Holstege CP, Furbee RB, Kirk MA. Organ procurement after brodifacoum poisoning [abstract]. J Toxicol Clin Toxicol 1999;36:463.

Public Education

The IPC has been joined by the Indiana Safe Kids Coalition, 80 member hospitals, and 124 member physicians in teaching poison prevention to Hoosiers through educational programs, brochures, a quarterly newsletter (TOXIC TRIVIA), and promotions for children and adults.

Public Education Activities

Pieces of Poison Prevention Material Distributed	341,295
Annual Poster Contest Contestants (for 1999 NPPW)	4,400
Schools represented	49
TV & Radio appearances	21
Newspaper interviews	8
News Releases Distributed	13
Newspaper articles published	38
Number of different newspapers publishing articles	28
TOXIC TRIVIAS Published	
Spring into Spring Safety	
Sail into Summer Safety	
Avoid autumn accidents	
Home Safe Home for the Holidays	

National Poison Prevention Week activities included an awards ceremony for the

thirteenth annual poison prevention week poster contest, press packets distributed to all print and broadcast news organizations in the state and too numerous to mention public education programs by the IPC and our Member Hospitals. Our winning poster was honored to be selected as the 1999 National Poison Prevention Week poster.

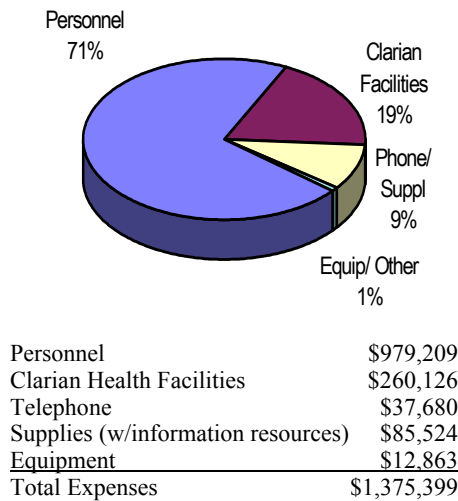
The news release distribution program in conjunction with the Indianapolis FDA Office continued to reach all print and broadcast media in the State as well as county health organizations. And through our new relationship with the Indiana Safe Kids Coalition, we began giving poison safety talks to children at Safetyville in Indianapolis.

Cooperative long-term efforts such as these maintain a coordinated statewide poison prevention education program and bolsters the efforts of the IPC to reduce death and injury from poisoning.

FINANCIAL REVIEW

Expenses

Recent studies have shown that *every dollar* spent on poison centers returned **\$6.50** in medical care cost savings in 1993 through the prevention of unnecessary hospital visits for poison exposures. Factoring in medical inflation rates, over the past 20 years, this represents savings of over **\$102 million** in Indiana.



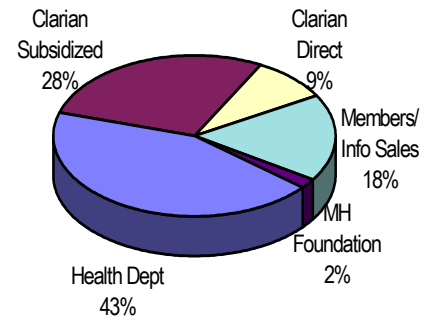
Personnel	\$979,209
Clarian Health Facilities	\$260,126
Telephone	\$37,680
Supplies (w/information resources)	\$85,524
<u>Equipment</u>	<u>\$12,863</u>
Total Expenses	\$1,375,399

Total direct expenses have risen from \$117,369 in 1979 to \$990,637 in 1999 with a cost per human poison case of \$23 well below the national average of \$33 and a cost per productive call of \$18.

Revenues

Direct state funding through the Indiana State Department of Health remains at the decreased level of \$600,000 per year (down from approximately \$800,000 per year) resulting in the proportion of direct state funding remaining at 55% from 90% in 1996.

This decrease in state funding compelled the Center to re-design its Member Hospital Program by increasing the membership fee to \$3,000 per year and charging non-member hospitals for consultations that they generate. Clarian Health, in addition to providing up to \$100,000 in direct support as needed, also contributes space and other in-kind services for the operation of the IPC listed as Clarian Health - Subsidized.



Indiana State Department of Health	\$600,000
Clarian Health - Subsidized	\$384,762
Clarian Health - Direct	\$121,450
Members / Information Sales	\$241,227
Methodist Health Foundation	\$27,960
Total Revenues	\$1,375,399

STAFF MEMBERS

Our Specialists in Poison Information

The backbone of the Indiana Poison Center is its highly trained and dedicated Specialists in Poison Information: registered nurses who handle the emergency calls 24 hours a day.

The Specialists in Poison Information provide precise, immediate information in situations where seconds could make the difference between life and death. The Center's poison information staff are required to be certified by the American Association of Poison Control Centers. Currently, all staff that are eligible have either fulfilled the requirements or are currently working toward certification.

Additional responsibilities expected of the Specialists include presenting public and professional education programs and maintaining committees on Public Education, Professional Education and Protocols.

Our Administrative Team

James B. Mowry, Pharm.D., Director of the IPC since August 1981 is a Diplomat of the American Board of Applied Toxicology, a Fellow of the American Academy of Clinical Toxicology and has more than 21 years of experience in pharmacology and clinical toxicology.

Serving as the Center's Medical Director is Brent Furbee, M.D. Dr. Furbee is board certified in medical toxicology and

Indiana Poison Center Staff	
<p>Director James B. Mowry, PharmD</p> <p>Medical Director R. Brent Furbee, MD</p> <p>Associate Medical Director Mark A. Kirk, MD</p> <p>Toxicologist/HBO Coordinator Mary Wermuth, MD</p> <p>Administrative Secretary Maggie Showalter</p> <p>Medical Toxicology Fellowship Mark A. Kirk, MD, Director William Dribben, MD, Fellow Daniel Rusyniak, MD, Fellow Lisa Snyder, MD, Fellow</p>	<p>Specialists in Poison Information Lynn Ballentine, BSN, CSPI* (Chair, Public Education) Jo Beckerich, BSN, MS, CSPI* Susan Boots, RN, CSPI* David Burns, BSN Gwenn Christianson, RN, MSN, CSPI* Diane Ely, RN, CSPI* Laura Genduso, Pharm.D., CSPI* Georgia Impicciche, BSN, CSPI* Susan Jackson, RN, CSPI* Karen Lytle, BSN, CSPI* Susie McKnight, RN, CSPI* Warren Patitz, BA, RN, CSPI* Jayne Santfleben, BSN, CSPI* Joanne Smith, BA, RN, CSPI* Laura Smith, BSN, CSPI* Phil Tanasovich, RN, CSPI* Elliott Taylor, BSN, CSPI* * AAPCC Certified Specialist in Poison Information</p>

emergency medicine with more than 19 years of experience in emergency medicine and medical toxicology. Mark A. Kirk, M.D. joined the staff in 1996 as Director of the Medical Toxicology Fellowship Program and Associate Medical Director. He is board certified in medical toxicology and emergency medicine and has more than 10 years experience in emergency medicine and medical toxicology.

Maggie Showalter serves as Administrative Secretary for the Indiana Poison Center and

Medical Toxicology of Indiana. In addition to her secretarial duties she distributes poison prevention education materials, schedules all education programs and acts as liaison with Member Hospitals and the Safe Kids Coalition.

CONSULTANTS

The IPC maintains a relationship with a number of expert consultants in many areas related to toxicology should a question be found that our usual and customary resources cannot handle. We would like to acknowledge their contributions to the program.

Robert J. Alonso, M.D.
Robert T. Anger, M.S.
Rita E. Banes
Waqar Bhatti, Ph.D.
James A. Brenneman, Ph.D.
Michael Buran, M.D.
Mark A. Carfagra, Ph.D.
Charles B. Carter, M.D.
R. Lyle Christensen, PhD
Lola Cook MS
Peg Davee, MS
Peter A. Dillman
Quentin B. Emerson, M.D.
Michael Evans, Ph.D.
William E. Fields, Ph.D.
Charlene Graves, M.D.
Alan R. Hanks, Ph.D.
Steven Hooser, DVM. Ph.D.
Daniel McCoy, Ph.D.
John W. Mead
John Pless, M.D.
James E. Robbers, Ph.D.
Charles Sinclair, DVM, MSPH
Sam S. Slosman
Kenneth Sun, Ph.D.
Walter Sundberg, Ph.D.
Michael R. Tansey, Ph.D.
David Weaver, M.D.

MEMBER ORGANIZATIONS FOR 1999

It is with great appreciation that we recognize the support and contributions made by the following people and institutions to the Indiana Poison Center.

MEMBER HOSPITALS

The Indiana Poison Center Member Hospital Network was significantly revised in 1996 in response to decreasing state funding. The membership fee, which had been \$1,000 for many years, was increased to \$3,000 per year. In addition, hospitals that chose not to join the network, are now charged \$150 per poison consultation that is generated by their hospital. Full or partial year membership in the network has increased by almost 100%, from 42 in 1995 to 83 members in 1999.

Ball Memorial Hospital, Muncie
Bedford Regional Medical Center, Bedford
Blackford County Hospital, Hartford City
Bloomington Hospital, Bloomington
Bloomington Hospital Orange County, Paoli
Cameron Memorial Community Hospital, Angola
Caylor-Nickel Medical Center, Bluffton
Clay County Hospital, Brazil
Clinton County Hospital, Frankfort
Columbus Regional Hospital, Columbus
Community Hospital, Munster
Community Hospital Anderson, Anderson
Community Hospital East, Indianapolis
Community Hospital North, Indianapolis
Community Hospital South, Indianapolis
Community Hospital of Noble County, Kendallville
Daviess County Hospital, Washington
Deaconess Hospital, Evansville
Dearborn County Hospital, Lawrenceburg
Decatur County Hospital, Greensburg
DeKalb Memorial Hospital, Auburn
Dukes Memorial Hospital, Peru
Dunn Memorial Hospital, Bedford
Elkhart General Hospital, Elkhart
Fayette Memorial Hospital, Connersville
Good Samaritan Hospital, Vincennes
Goshen General Hospital, Goshen
Greene County General Hospital, Linton
Hendricks County Hospital, Danville
Henry County Hospital, New Castle
Huntington Memorial Hospital, Huntington
Indiana University Hospitals, Indianapolis
Jasper County Hospital, Rensselaer
Jay County Hospital, Portland
Lafayette Home Hospital, Lafayette
LaGrange County Hospital, LaGrange
LaPorte Hospital, LaPorte
Major Hospital, Shelbyville
Margaret Mary Community Hospital, Batesville
Marion General Hospital, Marion
Memorial Hospital, Jasper
Memorial Hospital, Logansport

Memorial Hospital Seymour, Seymour
Memorial Hospital South Bend, South Bend
Methodist Hospital, Indianapolis
Methodist Hospital (Northlake), Gary
Methodist Hospital (Southlake), Merrillville
Morgan County Memorial Hospital, Martinsville
Parkview Memorial Hospital, Fort Wayne
Perry County Memorial Hospital, Tell City
Portage Community Hospital, Portage
Porter Memorial Hospital, Valparaiso
Pulaski Memorial Hospital, Winamac
Putnam County Hospital, Greencastle
Reid Memorial Hospital, Richmond
Rush Memorial Hospital, Rushville
St. Anthony Hospital, Michigan City
St. Anthony Medical Center, Inc., Crown Point
St. Claire Hospital, Crawfordsville
St. Elizabeth Medical Center, Lafayette
St. Francis Hospital Center, Beech Grove
St. Francis Hospital South, Indianapolis
St. John's Health System, Anderson
St. Joseph Hospital, Mishawaka
St. Joseph's Hospital, Huntingburg
St. Joseph's Hospital of Marshall Co., Plymouth
St. Joseph's Medical Center, South Bend
St. Margaret Mercy Hospital, Dyer
St. Margaret Mercy Hospital, Hammond
St. Mary Medical Center, Hobart
St. Vincent Hospital, Indianapolis
St. Vincent Hospital Carmel, Carmel
St. Vincent Mercy Hospital, Elwood
St. Vincent Williamsport Hospital, Williamsport
Sullivan County Community Hospital, Sullivan
Terre Haute Regional Hospital, Terre Haute
Tipton County Memorial Hospital, Tipton
Veterans Administration Hospital, Indianapolis
White County Memorial Hospital, Monticello
Whitley Memorial Hospital, Columbia City
Wishard Memorial Hospital, Indianapolis
Witham Memorial Hospital, Lebanon
Woodlawn Hospital, Rochester

MEMBER PHYSICIANS

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 Merrill Wesemann, MD, Franklin
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 Elkhart

OTHER INDIANA POISON CENTER DATA SETS

The annual Indiana Poison Center statistical data also includes other frequency distributions and cross-tabulations of selected data items. Copies of these reports are available upon request.

1. Month by Call Type	All Calls	28. Clinical Effects by Reason	Human
2. Patient Type by Multiple	Human	29. Medical Outcome by Reason Group	Human
3. Months by Patient Type	Human	30. Medical Outcome by Reasons	Human
4. Acute/Chronic	Human	31. Medical Outcome by Management Site	Human
5. Callsite by Call Type	All Calls	32. Ipecac by Age by Management Site	Human
6. Exposure to Multiple Substances	Human	33. Charcoal Administered by Age/Mgmt Site	Human
7. Route of Exposure	Human	34. Reason by Exposure Chronicity	Human
8. Frequency of Clinical Effects	Human	35. Route of Exposure by Age	Human
9. Distribution of Clinical Effects	Human	36. Route of Exposure by Reason	Human
10. Management Site by Referral Pattern	Human	37. Management Site by Age	Human
11. HCF2 Codes by Referral Pattern	Human	38. Treatment by Management Site	Human
12. HCF3 Codes by Referral Pattern	Human	39. Decontamination by Management Site	Human
13. Decontamination and Therapeutic Intervention	Human	40. Treatment by Management Site	Human
14. Duration of Effects by Medical Outcome	Human	41. Medical Outcome by Age/Adults Lumped	Human
15. Day of Week by Hour for Human	Human	42. Medical Outcome by Age/Adults Decades	Human
16. Call Site by Call Type	All Calls	43. Log by Generic Categories	Human
17. Age by Gender	Human	44. Log by Specific Products	Human
18. Age (Year/Month/Day by Gender)	Human	45. Generic Codes by Category by Call Type	All Calls
19. Age by Trimester of Pregnancy	Human	46. Generic Codes by Category by Age	Human
20. Pregnancy Duration	Human	47. Generic Codes by Category by Reason	Human
21. HCF2 Codes by Age	Human	48. Generic Codes by Category by Outcome	Human
22. Reason by Age (Adults lumped)	Human	49. Generic Codes by Category by Mgmt Site	Human
23. Reason by Age (Adults in decades)	Human	50. Caller Location by Call Type	Human
24. Reason by Gender	Human	51. Animal Species	Animal
25. Reason by Term of Pregnancy	Human	52. Medical Outcome by Route of Exposure	Human
26. Route by Management Site	Human	53. Age, Reason, HCF, Outcome Summary Data by Generic Code	Human
27. Clinical Effects by Age	Human		