INDIANA POISON CENTER

2000 Annual Statistical Summary

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

Indiana State Department of Health

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

Clarian Health
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*This year, the Indiana Poison Center received over 79,000 calls for help. While we experienced a 7% increase in information calls to more than 15,600, the vast majority of calls involved specific poison exposures, in which human exposures increased by 1.4% compared to 1999. Children remain our most commonly exposed age group, although usually with benign effects. Intentional poisonings continue to contribute 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. The Medical Toxicology Fellowship recently was accredited by the ACGME, one of only 14 in the US to receive this honor. Response to these services remains brisk. Reports of animal poisoning increased again this year by 72% to over 4,400 cases. The strength of our personnel continues to be the backbone of the Center. We lost two staff, one to illness and one to a new job, and were able to recruit one new part-time staff from our ED and, just recently, one full-time staff from our CVCC Unit. 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 funding by $200,000 per fiscal year continues to be felt. Our reworked Member Hospital Network, with substantially increased yearly membership fees and charges to non-member hospitals for consultations they initiate on poisoned patienst, has proved sufficient in providing the center with adequate funds this year, but is not anticipated to do so in the future. This strategy has also resulted in a sustained decrease in calls from non-member hospitals, which is concerning. Poison centers, such as the Indiana Poison Center, have been at the forefront of managed care and medical care cost containment since their inception and their cost effectiveness is well documented.[1,2,3] The CDC and HRSA Final Report of the Poison Control Center Advisory Work Group urged Federal ongoing "fair share" support of poison centers including interim support of poison center until permanent funding can be found and recommended six projects to improve poison center function, including a national toll-free number.[3] The CDC is now moving forward on developing this national toll-free number and we anticipate activation of the number in Indiana during the first six months of 2001. Of major import to poison centers throughout the country was the passage of PL 106-74, "**The Poison Center Enhancement and Awareness Act"** in February 2000 by Congress. This bill, signed into law by President Clinton, will stabilize funding of poison centers for four years and provide assistance for poison prevention activities. Twenty million dollars was appropriated for this purpose for the 2001 year. The funds are anticipated to be available late in 2001. Development of stable, adequate, ongoing, and dedicated sources of funding for the Indiana Poison Center still remains crucial for it's survival in this era of medical care cost cutting. Toward that end, we would like to develop stable state sources for primary funding of this critical public health service. 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.

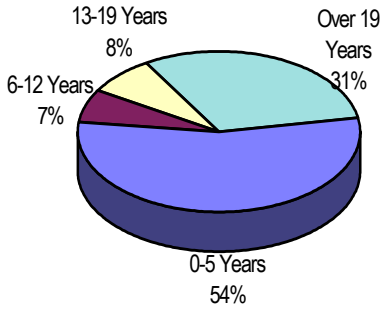
In 2000, the IPC received 79,112 requests for assistance (averaging 217 calls per day). Of these calls, 63,485 concerned exposures to poisons and 15,627 were callers seeking information without an exposure. The 63,485 poison exposure calls resulted from 59,058 human and 4,427 animal poisoning cases. The 58,215 human poison exposure cases managed represents a 1.5% increase over 1999. In addition, the staff of the Poison Center placed 54,725 calls to patients and health care professionals for follow-up (averaging 149 calls per day).

This report presents an overview of IPC poisoning data and other activities for 2000. Additional information is available upon request. Data was available to evaluate 58,894 confirmed human cases.

AGE

Poisonings remain a major health hazard among young children. Children under six years of age account for the majority (54%) of the poisonings managed by the IPC during 2000, approximately the same as in 1999.

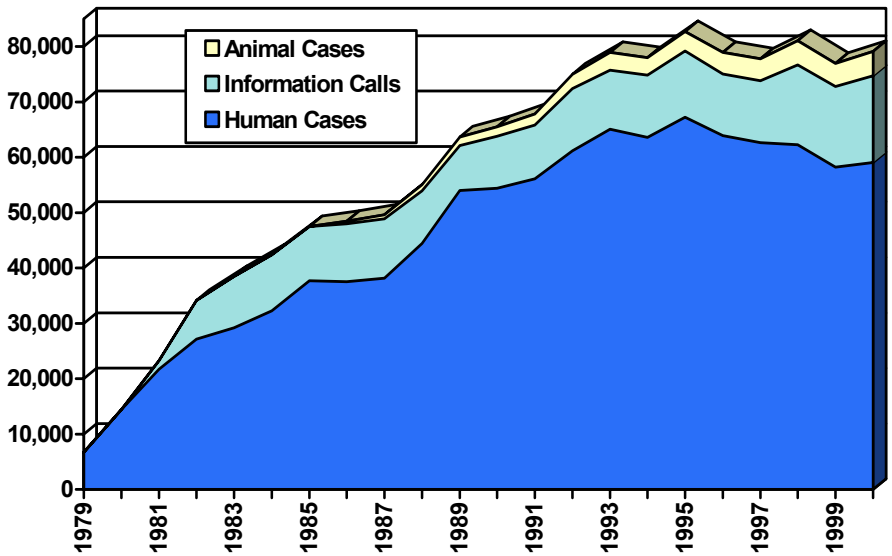
Although the incidence of poisoning is still greater in children, most severe poisonings and poisoning deaths occur in adolescents and adults (39% of cases) due to their being intentional in nature. The trend for increasing age as compared to historical averages was not seen this year except in the 70-99 year old range, which posted a 16% increase.



Age (Years)	Number Males	Females	Total	%
<1	1,793	1,815	3,613	6.1%
1	5,061	4,815	9,881	16.8%
2	5,864	4,999	10,867	18.5%
3	2,411	1,950	4,361	7.4%
4	1,155	847	2,003	3.4%
5	689	519	1,208	2.1%
6 - 12	2,268	1,709	3,983	6.8%
13 - 19	2,013	2,400	4,414	7.5%
20 - 29	2,386	2,953	5,391	9.1%
30 - 49	3,279	4,751	8,037	13.7%
50 - 69	986	1,705	2,692	4.6%
70 - 99	388	835	1,223	2.1%
Unk Adult	367	412	809	1.4%
Unk Infant	33	19	57	0.1%
Unk Child	15	8	29	0.1%
Unknown	151	185	378	0.6%
Total	28,859	29,931	58,894	100%

GENDER

Examination of calls where the gender was documented shows an almost even split between males and females. Males predominate in childhood (53%), while females predominate in both the adolescent and adult ages (58%).



GEOGRAPHIC DISTRIBUTION

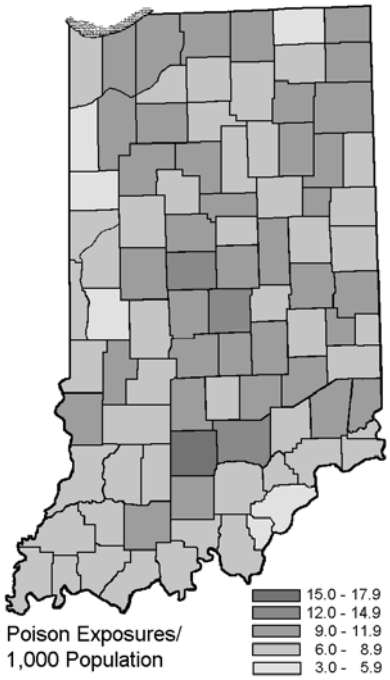
Overall, 99.5% of exposure calls originated in Indiana. In addition, the IPC received calls from 37 other states and foreign countries, with Kentucky, Illinois, Michigan, and Ohio accounting for 77% of these out-of-state calls. One out of every 77 Hoosiers utilized the Indiana Poison Center's services in 2000.

CALLER

In 2000, 63,475 calls (81%) were received from the general public. Calls were also received from 12,030 health caregivers (physicians, nurses, EMT's, paramedics, and pharmacists), with 7,339 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	40	61
	St. John's Health System	53	161
Angola	Cameron Community Hospital	22	46
Auburn	DeKalb Memorial	23	54
Batesville	Margaret Mary	17	34
Bedford	Bedford Regional Medical Center	25	46
	Dunn Memorial	23	71
Beech Grove	St. Francis	59	162
Bloomington	Bloomington	136	107
Bluffton	Caylor-Nickel	14	31
	Wells Community	9	4
Booneville	St. Mary's Warrick	9	11
Brazil	St. Vincent – Clay County	20	39
Bremen	Community of German Township	4	6
Carmel	St. Vincent - Carmel	26	62
Charleston	Medical Center of Southern Indiana	3	2
Clinton	West Central Community	11	4
Columbia City	Whitley Memorial	13	31
Columbus	Columbus Regional	69	98
Connersville	Fayette Memorial	26	37
Corydon	Harrison County	18	4
Crawfordsville	St. Clare	34	75
Crown Point	St. Anthony Medical Center	38	118
Danville	Hendricks County	53	99
Decatur	Adams County	13	10
Dyer	St. Margaret Mercy	27	108
East Chicago	St. Catherine	18	9
Elkhart	Elkhart General	82	212
Elwood	St. Vincent Mercy	10	18
Evansville	Deaconess	40	87
	St. Mary's Medical Center	57	14
	Welborn Memorial Baptist Hospital	5	6
Fort Wayne	Lutheran	59	19

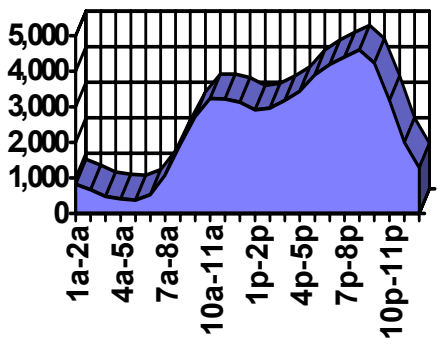
	Parkview Memorial	177	217



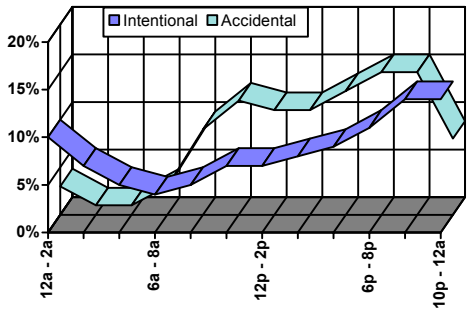
City	Hospital	Patients Referred to ED	Request or Consult
Ft. Wayne	St. Joseph's	20	11
	Ft. Wayne State	0	0
	VA Medical Center	0	0
Frankfort	Clinton County	29	55
Franklin	Johnson County	29	18
Gary	Methodist (Northlake)	27	172
Gary	Northwest Family	0	0
Goshen	Goshen General	56	122
Greencastle	Putnam County	18	49
Greenfield	Hancock County	34	15
Greensburg	Decatur County	19	73
Hammond	St. Margaret Mercy	47	199
Hartford City	Blackford County	5	22
Hobart	St. Mary Medical Center	33	84
Huntingburg	Deaconess St. Joseph's	9	22
Huntington	Huntington Memorial	15	43
Indianapolis	Community East	78	144
	Community North	102	132
	Community South	52	128
	Fairbanks	0	0
	Indiana University	70	60
	Larue Carter	0	4
	Methodist	254	446
	St. Francis South	53	75
	St. Vincent	138	194
	VA Medical Center	10	16
	Westview Hospital	6	7
	Winona Memorial	1	2
	Wishard Memorial	214	705
Jasper	Memorial	33	58
Jeffersonville	Clark County	20	1
Kendallville	Parkvie Noble County	24	62
Knox	Starke Memorial	8	39
Kokomo	Howard Community	34	39
	St. Joseph Memorial	45	20
Lafayette	Lafayette Home	74	129
	St. Elizabeth Medical Center	21	31
LaGrange	LaGrange County	17	16
LaPorte	LaPorte Hospital	37	73
Lawrenceburg	Dearborn County	39	121
Lebanon	Witham Memorial	18	43
Linton	Greene County	16	36
Logansport	Memorial Hospital	23	89
Madison	King's Daughters'	23	8
Marion	Marion General	42	122
	VA Medical Center	1	1
Martinsville	Morgan County	55	62
Merrillville	Methodist (Southlake)	41	92
Michigan City	Memorial	0	1
	St. Anthony	42	139
Mishawaka	St. Joseph	40	62
Monticello	White County	12	67
Mooresville	St. Francis	2	1
Muncie	Ball Memorial	90	49
Munster	Community	45	151
New Albany	Floyd Memorial	32	6
New Castle	Henry County	52	59
Noblesville	Riverview	31	6
North Vernon	Jennings Community	9	7
Oakland City	Wirth Regional	0	1
Paoli	Bloomington Hosp Orange County	27	54
Peru	Dukes Memorial	20	45
Plymouth	St. Joseph's	30	69
Portage	Portage Community	34	113
Portland	Jay County	7	21
Princeton	Gibson General	14	35
Rensselaer	Jasper County	11	23
Richmond	Reid Memorial	45	109
Rochester	Woodlawn	11	27
Rushville	Rush Memorial	10	16
Salem	Washington County	9	1
Scottsburg	Scott County	11	2
Seymour	Jackson County	36	101
Shelbyville	Major Hospital	42	74
South Bend	Memorial	96	226
	St. Joseph's Medical Center	49	135
	St. Mary Community	1	0
Sullivan	Sullivan County	21	58
Tell City	Perry County	12	46
Terre Haute	Terre Haute Regional	37	100
	Union	41	12
Tipton	Tipton County	5	24
Valparaiso	Porter Memorial	85	150
Vincennes	Good Samaritan	36	78
Wabash	Wabash County	12	32
Warsaw	Kosciusko Community	39	9
Washington	Daviess County	15	36
West Lafayette	Purdue University	0	5
West Lafayette	Wabash Valley Center	1	3
Williamsport	St. Vincent - Williamsport	5	22
Winamac	Pulaski County	8	29
Winchester	Randolph County	7	19

TIME OF CALLS

The total call volume to IPC shows an initial peak between 10 am and noon with a larger peak occurring between 6 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 97.5% of the total calls, while 1.8% are chronic in nature. Occupational exposure calls have remained constant from 1989 through 2000, while environmental exposures have doubled since 1990. Cases involving suicide attempts increased by 14% and those related to abuse increased by 41% over 1999. The specific reasons for exposures are:

Reason	Number	Percent
Unintentional		
General	39,833	67.6%
Environmental	1,043	1.8%
Occupational	1,383	2.4%
Therapeutic Error	3,811	6.5%
Misuse	1,562	2.7%
Bite/Sting	1,138	1.9%
Food Poisoning	982	1.7%
Unknown	85	0.1%
Total Unintentional	49,837	84.6%
Intentional		
Suicidal	5,348	9.1%
Misuse	785	1.3%
Abuse	1,363	2.3%
Unknown	189	0.3%
Total Intentional	7,685	13.1%
Other		
Contaminant/Tampering	59	0.1%
Malicious	162	0.3%
Total Other	221	0.4%
Adverse Reaction		
Drug	762	1.3%
Food	55	0.1%
Other	125	0.2%
Total Adverse Reaction	942	1.6%
Unknown	209	0.4%

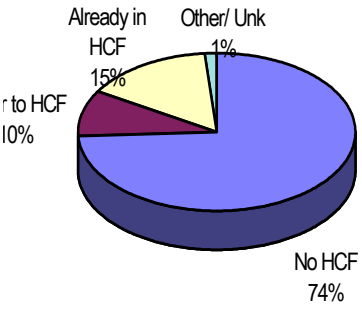
SITE OF EXPOSURE

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

Site of Exposure	Number	Percent
Own Residence	53,751	91.3%
Other Residence	1,165	2.0%
Workplace	1,620	2.8%
Health Care Facility	160	0.3%
School	837	1.4%
Restaurant/Food Service	221	0.4%
Public Area	465	0.8%
Other	576	1.0%
Unknown	99	0.2%

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.



Location	Number	Percent
Non Health Care Facility (HCF)	43,646	74.1%
Referred to HCF by IPC		
Treated & Released	2,090	3.5%
Adm to Critical Care	300	0.5%
Adm to Noncritical Care	280	0.5%
Adm to Psychiatry	177	0.3%
Refused Referral	1,003	1.7%
Lost to Follow Up	1,778	3.0%
Total Referred	5,628	9.6%
Patient Already in HCF		
Treated & Released	4,866	8.3%
Adm to Critical Care	2,158	3.7%
Adm to Noncritical Care	693	1.2%
Adm to Psychiatry	802	1.4%
Lost to Follow Up	341	0.6%
Total Already in HCF	8,860	15.0%
Other	436	0.7%
Unknown	347	0.6%

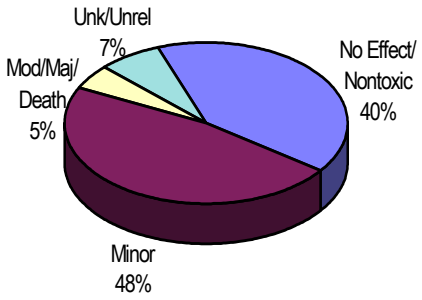
Overall, the IPC referred 5,628 (9.6%) patients for medical care and was consulted on another 8,860 cases that were already in a health care facility (HCF).

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 2000, follow-up was made 53,009 times on 22,743 human cases (2.3 calls/case). An additional 56,142 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 2000 with a 31% increase in the percentage of cases with moderate toxicity, a 29% increase in the number of deaths reported, although severe cases decreased by 33% compared to 1999.



Medical Outcome	Number	Percent
No Effect	11,314	19.2%
Minor Effect	9,818	16.7%
Moderate Effect	2,706	4.6%
Major Effect	257	0.4%
Death	39	0.1%
No Follow-up		
Judged Nontoxic	12,531	21.3%
Judged Minimal Effects	17,969	30.5%
Potentially Toxic	2,515	4.3%
Unrelated Effect	1,744	3.0%

AGENTS INVOLVED

During 2000, the IPC staff managed 58,894 human poison exposures. Prescription and nonprescription drugs accounted for 47% of these exposures, with an additional 38% 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.

Agent Involved	Number
Analgesics	6,643
Anesthetics	246
Anticholinergics	175
Anticoagulants	97
Anticonvulsants	722
Antidepressants	2,440
Antihistamines	1,501
Antimicrobials	1,561
Antineoplastics	46
Asthma Therapies	574
Cardiovascular Drugs	1,411
Cold and Cough Preparations	2,770
Diagnostic Agents	8
Dietary Supplements/herbals/ homeopathic	431
Diuretics	255
Electrolytes/Minerals	513
Eye, Ear, Nose, and Throat Preparations	354
Gastrointestinal Preparations	1,437
Hormone Products	1,115
Muscle Relaxants	473
Narcotic Antagonists	6
Radiopharmaceuticals	0
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	2,645
Serums, Toxoids, Vaccines	48
Stimulants/Street Drugs	1,144
Topicals	2,541
Veterinary Drugs	101
Vitamins	1,295
Miscellaneous	446
Unknown Drugs	303
Total Drugs	**31,301**

Agent Involved	Number
Adhesives, Glues, Cements	544
Alcohols	1,788
Arts, Crafts, Writing Products, Office Supplies	1,292
Automotive Products	479
Batteries	228
Bites and Envenomations	1,342
Building and Construction Products	285
Chemicals	1,529
Cleaning Substances	
- Household	5,572
- Industrial	292
Cosmetics and Personal Care Products	5,435
Deodorizers	534
Dyes	68
Essential Oils	128
Fertilizers	306
Fire Extinguishers	110
Food Products/Food Poisoning	1,553
Foreign Bodies	2,907
Fumes, Gases, Vapors	1,202
Heavy Metals (excluding iron)	386
Hydrocarbons	1,762
Lacrimators	93
Matches/Fireworks/Explosives	52
Mushrooms	323
Paints, Varnishes, Lacquers	575
Pesticides	
- Fungicides	28
- Herbicides	217
- Insecticides	1,143
- Repellents	265

- Rodenticides	698
Photographic Products	22
Plants	2,705
Polishes and Waxes	200
Radioisotopes	2
Sporting Equipment	28
Swimming Pool/Aquarium Products	190
Tobacco Products	330
Unknown Substance (Non-Drug)	354
Total Non-Drugs	**34,996**
Total Agents	**66,268**

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	4,147
Cleaning Substances - Household	3,442
Analgesics	2,312
Foreign Bodies	2,192
Topicals	2,133
Plants	1,961
Cold and Cough Preparations	1,749
Gastrointestinal Preparations	1,082
Vitamins	996
Antimicrobials	892

The pediatric top ten remained the same this year compared to last year, with topicals jumping two spots to 5th place. All substances on the intentional top ten remained the same. The number of intentional exposures reported for most classes increased this year with major increases in Sedative/Hypnotics (38%) antidepressants (30%), alcohols (59%), and Stimulants/Street Drugs (36%).

Intentional Top Ten	**Number**
Analgesics	2,968
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	1,880
Antidepressants	1,544
Alcohols	1,024
Stimulants/Street Drugs	654
Antihistamines	455
Cold and Cough Preparations	390
Anticonvulsants	331
Muscle Relaxants	342
Cardiovascular Drugs	305

The following table represents the substances seen in the most serious poisonings resulting in major symptoms or death. Analgesics decreased in number of cases although still remaining as the most frequent cause of severe toxicity. Anticonvulsant drugs dropped off the list being replaced by a new category Dietary Supplements / Herbals / Homeopathics in 8th place. Stimulants / Street Drugs moved up from 6th to 5th place.

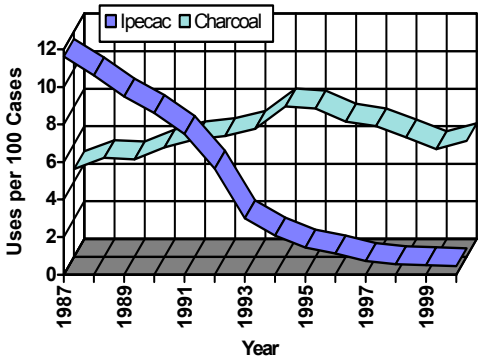
Most Serious Intoxications	**Number**
Analgesics	106
Antidepressants	97
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	75
Cardiovascular Drugs	41
Stimulants/Street Drugs	37
Alcohols	32
Muscle Relaxants	25
Dietary Supplements/Herbals/ Homeopathics	20
Antihistamines	14
Fumes, Gases, Vapors	13
Chemicals	13
Hormone Products	13

THERAPY

Supportive care is the single most critical component in the care of the poisoned patient. In 5,700 (9.7%) patients no therapy was needed and observation alone was used in an additional 6,349 (10.8%). IPC advice was refused in 1,500 cases (2.6%). Specific therapeutic methods utilized in poisonings included decontamination, antidotal therapy, and enhancing elimination. Decontamination alone was utilized in 32,205 (54.7%) of cases, other therapies alone in 1,859 cases (3.2%) and a combination of the two in 2,157 (3.7%). The most common antidotal treatments were, n-acetylcysteine, oxygen, benzodiazepines, alkalinization, antihistamines, and bronchodilators. A summary of some specific therapies follows:

Decontamination	**Number**
Ipecac	266
Activated Charcoal, Single Dose	3,511
Activated Charcoal, Multiple Dose	123
Cathartic	87
Lavage	307
Whole Bowel Irrigation	3
Dilute/Irrigate/Wash	28,544
Fresh Air	2,194
Food Snack	1,209
Other Emetic	130
Total Decontamination	36,437
Antidotal / Other Therapy	6,358
IV Fluids	1,406
Oxygen	663
N-acetylcysteine	392
Intubation	336
Ventilator	246
Antihistamines	280
Benzodiazepines	245
Alkalinization	233
Naloxone	195
Antiemetics	156
Enhancement of Elimination	
Hemodialysis	37
Hemoperfusion	2
Other	0
Total Enhancement	39

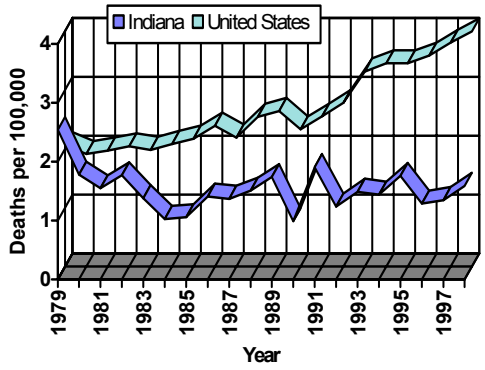
Use of activated charcoal again greatly exceeded that of syrup of ipecac. Syrup of ipecac use has dropped 96% in the past thirteen years (12% in 2000 alone), while the use of activated charcoal initially increased by 73% and has now plateaued somewhat



reflecting changes in usage in the hospital setting.

MORTALITY

Ninety-two unintentional poisoning deaths were reported to the Indiana State Department of Health during 1998. The average number since the inception of the Poison Center has been 78 per year down from an average of 116 per year prior to 1979. Data from the National Center for Injury Prevention and Control showed 94 unintentional poison deaths in Indiana for



1998. 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 39 patients who died during 2000. Most of the deaths (25) were intentional in nature. In some cases, the cause of death was not determined to be related to the exposure such as the bleach and ammonia case being SIDs, the kava kava case hemorrhagic gastritis, and the carisprodol / acetaminphen / hydrocodone case coronary artery disease.

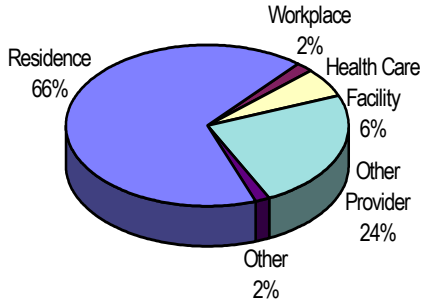
Age	**Sex**	**Agent (Reason)**
3m	Unk	bleach, ammonia (environmental)
12m	M	kerosene (unintenional general)
19	M	propane (abuse)
20's	M	acetaminophen, aspirin, caffeine, metoprolol (suicide)
20	M	methadone (unknown)
23	M	GHB, ethanol (abuse)
26	M	ethanol, morphine (abuse)

30	M	aspirin (suicide)
33	F	acetaminophen, hydocodone, diphenhydramine, sertraline (unknown)
34	F	acetaminophen (unknown)
34	F	colchicine (suicide)
35	F	ethanol, GHB (abuse)
35	F	acetaminophen, propoxyphene, zalepion (suicide)
36	F	amitriptyline, amphetamine (suicide)
37	F	amitriptyline, alprazolam, ethanol (suicide)
37	M	carbon monoxide (suicide)
38	F	aspirin (suicide)
40	F	verapamil (suicide)
40	M	acetaminophen, ethanol (adverse reaction)
42	M	carisprodol, acetaminophen, hydrocodone (suicide)
42	F	amitriptyline, ethanol, trazodone (abuse)
43	F	cyclic antidepressant, methadone (unknown)
43	M	ethylene glycol (suicide)
43	F	kava kava (adverse reaction)
43	M	amitriptyline, activated charcoal (suicide)
45	M	valproic acid (suicide)
46	F	acetaminophen (misuse)
48	M	MDMA (abuse)
49	M	acetaminophen, codeine, ethanol (therapeutic error)
51	M	amitriptyline, alprazolam (suicide)
52	M	cocaine, ethanol (abuse)
52	F	acetaminophen, hydrocodone, spironolactone (unknown)
52	M	aspirin, erythromycin, paroxetine (suicide)
55	M	fentanyl, oxycodone (unknown)
62	F	carbon monoxide (environmental)
64	F	aspirin (suicide)
74	F	procainamide (therapeutic error)
75	M	hydrochloric acid (suicide)
81	N	acetaminophen, diphenhydramine (unknown)
Unk	F	1,4-butanediol (abuse)

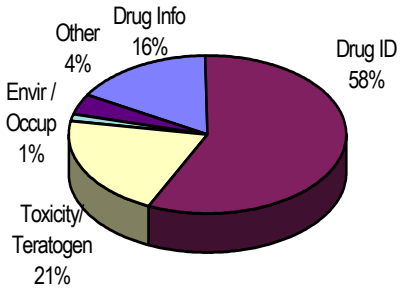
The most common classes of substances involved in deaths reported to the IPC were acetaminophen, antidepressants sedative/ hypnotics, alcohols, aspirin, opioids, and cardiovascular drugs.

INFORMATION CALLS

In 2000, the IPC staff responded to 15,627 inquiries from health professionals and the general public when no poison exposure had occurred. Seventy-one percent of the calls were received from the general public, 67% in a residence and 2% in the workplace.

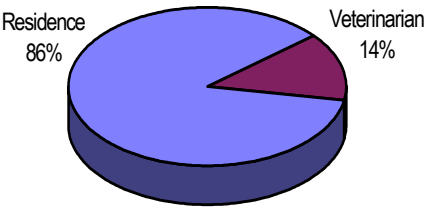


The information calls can be divided into several categories: 1) drug identification / information, 2) environmental, 3) medical, 4) occupational, 5) toxicity / symptoms, 6) prevention and safety, 7) teratogenicity and 8) other.



ANIMAL POISONINGS

In 2000, the IPC managed 4,427 poisonings to domestic animals, a 7% increase over 1999. 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 hormone product exposures as compared to children.

Animal Top Ten	Number
Insecticides	507
Plants	304
Rodenticides	329
Cleaning Substances - Household	308
Analgesics	238
Foreign Bodies	194
Antimicrobials	172
Hormone Products	152
Topicals	137
Cosmetics and Personal Care Products	136

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.

Health Professional Education

Contact Hours Supervised Experience in Poison Center/Toxicology Service	
Medical Residents (40)	6,400
Doctor of Pharmacy Students (3)	480
Pharmacy Students (10)	40
Academic and Continuing Education Lectures Presented	95

The IPC sponsored its 16th Annual Toxicology Seminar: *Tox Rocks – An Organ System Approach to the Poisoned Patient* in May that was attended by over 110 health care professionals from throughout Indiana and surrounding states. Featured presentations center on CNS, renal, hepatic, cardiac and dermal presentations of poisonings followed by an interactive case study session. In addition, staff from the center presented topics and cases at the Midwest Regional Toxicology Conference held in October in Cincinnati, OH.

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 14 accredited by the American Council for Gradutate Medical Education in the United States. All our past fellows Dr. Jane Witman, Dr. Mary Wermuth, Dr. Christopher Holstege, and Dr. William Dribben have passed their Medical Toxicology boards and are practicing in Wisconsin, Indiana, Virginia and Missouri. Our second year fellows were joined in July by Dr. Louise Kao from the Methodist Hospital Emergency Medicine Residency.

The staff of IPC also contributed to the medical toxicology literature in 2000 with one book chapter, one interent publication and five abstracts presented at the North American Congress of Clinical Toxicology.

Book Chapters

- Dribben W, Kirk M: Digitalis glycosides. In: Tintinalli JE, Krome RL, Ruiz E (Eds):

Emergency Medicine: A Comprehensive Study Guide. 5th Edition. McGraw-Hill Book Company; 2000.

Internet Publications

- Kirk MA: 2000 case presentation competition: Case 1, Case discussion. Internet J Med Toxicol. February 2000; Vol 4(1).

Abstracts

- Burns D, Snyder L, Kirk M, Mowry J. Rhabomyolysis from Buffalo Fish ingestion. J Toxicol Clin Toxical 2000;38: 513.
- Christianson G, Mowry J, Kirk M. Hyperkalemia following accidental L-arginine ingestion. J Toxicol Clin Toxical 2000;38: 523.
- Rusyniak D, Dribben W, Furbee B, Kirk M. Survival after massive ingestion of acetaminophen presenting as coma and metabolic acidosis; J Toxicol Clin Toxicol 2000 38(5):569.
- Rusyniak D, Furbee B, Kirk M. The coffee pot poisonings: A tale of thallium and arsenic poisoning in a group of automotive workers; J Toxicol Clin Toxicol 38(5) 2000, pp553-554
- Sanftleben J, Smith J, Rusyniak D, Mowry J. A cream of tartar misadventure. J Toxicol Clin Toxical 2000;38: 523.

Public Education

The IPC has been joined by the Indiana Safe Kids Coalition, Improving Kids Environment, 82 member hospitals, and 124 member physicians in teaching poison prevention to Hoosiers though educational programs, brochures, a quarterly newsletter (TOXIC TRIVIA), and promotions for children and adults.

Public Education Activities	
Pieces of Poison Prevention Material Distributed	371,410
Annual Poster Contest	
Contestants (for 2000 NPPW)	2,000
Schools represented	31
TV & Radio appearances	10
Newspaper interviews	7
News Releases Distributed	13
Newspaper articles published	48
Number of different newspapers publishing articles	35
TOXIC TRIVIAs Published	
Lock em High So Kids Don't Die	
Safe Summer Tidbits	
Autumn's Arrival	
Happy Holiday Tidbits	

National Poison Prevention Week activities included an awards ceremony for the fifteenth 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.

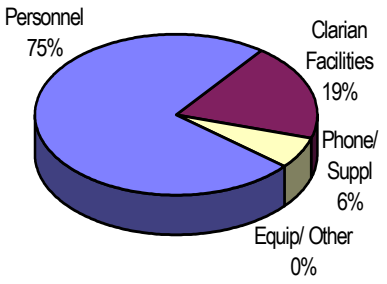
The news release distribution program in conjunction with the Indianapolis FDA Office continued to reach all print and broadcast media in the State as well as county health organizations. And through a new relationship with Improving Kids Environment, we began an project to address outstanding poisoning problems in Indiana.

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 1992 through the prevention of unnecessary hospital visits for poison exposures. Factoring in medical inflation rates, over the past 21 years, this represents savings of over **$114 million** in Indiana.

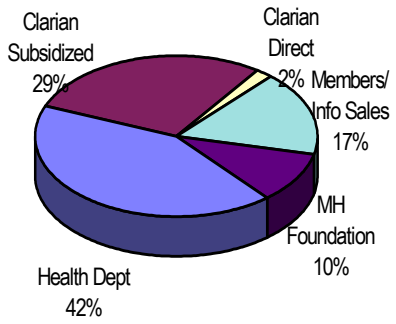


Personnel	$1,043,330
Clarian Health Facilities	$273,133
Telephone	$41,330
Supplies (w/information resources)	$48,850
Equipment	$11,398
Total Expenses	$1,418,042

Total direct expenses have risen from $117,369 in 1979 to $1,012,522 in 2000 with a cost per human poison case of $24 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 decreasing to 42% 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. A one-time grant from the Methodist Foundation in 2000 covered most of the operating expenses not covered by State or program income.



Indiana State Department of Health	$600,000
Clarian Health - Subsidized	$405,520
Clarian Health – Direct	$26,916
Members / Information Sales	$240,969
Methodist Health Foundation	$144,637
Total Revenues	$1,418,042

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 22 years of experience in pharmacology and clinical toxicology.

Indiana Poison Center Staff	
Director James B. Mowry, PharmD **Medical Director** R. Brent Furbee, MD **Associate Medical Director** Mark A. Kirk, MD **Associate Medical Director/** **HBO Coordinator** Mary Wermuth, MD **Administrative Secretary** Maggie Showalter **Medical Toxicology Fellowship** Mark A. Kirk, MD, Director Daniel Rusyniak, MD, Fellow Lisa Snyder, MD, Fellow Louise Kao, MD, Fellow	**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 Miller, Pharm.D., CSPI* Georgia Impicciche, BSN, CSPI* Susan Jackson, RN, CSPI* Karen Lytle, BSN, CSPI* Denise Martin, RN 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

Serving as the Center's Medical Director is Brent Furbee, M.D. Dr. Furbee is board certified in medical toxicology and emergency medicine with more than 20 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 11 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 2000

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 80 members in 2000.

Ball Memorial Hospital, Muncie
Bedford Regional Medical Center, Bedford
Blackford County Hospital, Hartford City
Bloomington Hospital, Bloomington
Bloomington Hospital Orange County, Paoli
Bluffton Regional Medical Center, Bluffton
Cameron Memorial Community Hospital, Angola
Columbus Regional Hospital, Columbus
Community Hospital, Munster
Community Hospital Anderson, Anderson
Community Hospital East, Indianapolis
Community Hospital North, Indianapolis
Community Hospital South, Indianapolis
Daviess Community Hospital, Washington
Deaconess Hospital, Evansville
Deaconess St. Joseph's Hospital, Huntingburg
Dearborn County Hospital, Lawrenceburg
Decatur County Memorial 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 Community 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 of South Bend, South Bend
Memorial Hospital Seymour, Seymour
Methodist Hospital, Indianapolis
Methodist Hospital (Northlake), Gary
Methodist Hospital (Southlake), Merrillville
Morgan County Memorial Hospital, Martinsville
Parkview Memorial Hospital, Fort Wayne
Parkview Noble Hospital, Kendallville
Perry County Memorial Hospital, Tell City
Porter Memorial Hospital, Valparaiso
Pulaski Memorial Hospital, Winamac
Putnam County Hospital, Greencastle
Reid Memorial Hospital, Richmond
Rush Memorial Hospital, Rushville
St. Anthony Medical Center, Crown Point
St. Anthony Memorial Hospital, Michigan City
St. Clare Medical Center, Crawfordsville
St. Elizabeth Medical Center, Lafayette
St. Francis Hospital Center, Beech Grove
St. John's Health System, Anderson
St. Joseph Hospital, Mishawaka
St. Joseph's Hospital of Marshall County, 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 Clay County Hospital, Brazil
St. Vincent Frankfort Hospital, Frankfort
St. Vincent Hospital, Indianapolis
St. Vincent Carmel Hospital, 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
White County Memorial Hospital, Monticello
Whitley Memorial Hospital, Columbia City
Wishard Memorial Hospital, Indianapolis
Witham Health Services, Lebanon
Woodlawn Hospital, Rochester

MEMBER PHYSICIANS

Alan Adler, MD, Kokomo Family Care Inc., Kokomo
Nancy Allman, MD, Allman Family Practice P.C. Inc., Winamac
American Academy of Pediatrics, Indiana Chapter, Indianapolis
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Carol Johnson, MD, Greenwood Pediatrics, Indianapolis
Jeffrey Jones, MD, St. Francis Occupational Health Center, Indianapolis
Norma Kreilein, MD, Jasper
Leanne Lake, MD, Milroy
Ronald Leach, MD, Brazil
James Leatherman, MD, Carmel
James Lebamoff, MD, DeKalb Memorial Hospital, Auburn
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Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
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Barbara Zimmerman, MD, Elkhart Emergency Physicians, 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.

Rpt #	Report Title	Database
3	Month by Call Type	All Calls
4	Patient Type by Multiple Exposures	Exposures
5	Months by Patient Type	Exposures
6	Acute/Chronic	Human
8	Callsite Codes by Call Type	All Calls
10	Exposure to Multiple Substances	Human
11	Route of Exposure	Human
12	Frequency of Clinical Effects	Human
13	Distribution of Clinical Effects	Human
15	Management Site by Referral Pattern	Human
16	Initial HCF by Referral Pattern	Human
17	Final HCF	Human
18	Initial HCF by Disposition	Human
19	Decontamination and Therapeutic Intervention	Human
23	Duration of Effects by Medical Outcome	Human
24 A	Day of Week by Hour	Human
24 B	Day of Week by Hour	All Calls
25	Call Site by Call Type	All Calls
26	Age by Gender	Human
27	Age (Year/Month/Day by Gender)	Human
28	Age by Trimester of Pregnancy	Human
29	Pregnancy Duration	Human
30	Initial HCF by Age	Human
31	Reason by Age (Adults lumped)	Human
32	Reason by Age (Adults in decades)	Human
33	Reason by Gender	Human
34	Reason by Term of Pregnancy	Human
35	Route by Management Site	Human
36	Clinical Effects by Age	Human
37	Clinical Effects by Reason	Human
38 A	Medical Outcome by Reason Group	Human
38 B	Medical Outcome by Reasons	Human
39	Medical Outcome by Mgmt Site	Human
40	Ipecac by Age by Management Site	Human
41	Charcoal by Age/Mgmt Site	Human
42	Reason by Exposure Chronicity	Human
43	Route of Exposure by Age	Human
44	Route of Exposure by Reason	Human
45	Management Site by Age	Human
46	Treatment by Management Site	Human
47	Decontamination by Management Site	Human
48	Other Therapy by Management Site	Human
51 A	Medical Outcome by Age/ Lumped	Human
51 B	Medical Outcome by Age/ Decades	Human
52	Log by Generic Categories	Human
53	Log by Specific Products	Human
54	Generic Codes by Category by Call	All Calls
55	Generic Codes by Category by Age	Human
56	Generic Codes by Category by Reason	Human
57	Generic Codes by Category by Outcome	Human
58	Generic Codes by Category by Mgmt Site	Human
59 A	Caller State, County by Call Type	All Calls
59 B	Caller State, City by Call Type	All Calls
60	Caller State by Call Type	Human
65	Patient Species	Exposures
72	Medical Outcome by Exposure Route	Human
73	Age, Reason, HCF, Outcome Summary by Generic Code	Human
77	Number of Patients Involved in Poisoning Incidents	Human
79	Scenario by Age	Human
80	Scenario by Reason	Human
81	Scenario by Outcome	Human
82	Scenario County by Age	Human
00	State, County by Age in Years (Adults in Decades)	Human