

INDIANA **POISON** CENTER

2001 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



This year, the Indiana Poison Center received over 79,000 calls for help. While human exposures remain our most common call, we experienced a 1.5% decrease in human exposures compared to 2000 and a 7% increase in information calls to more than 17,700. 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 decreased this year by 17% to a little over 3,690 cases.

*The strength of our personnel continues to be the backbone of the Center. 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 patients, has proved sufficient in providing the center with adequate funds in the past, but not this year, and it 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 centers until permanent funding can be found and recommended six projects to improve poison center function, including a national toll-free number.³ This number was activated in Indiana early in 2001. Promotion of that number will start in 2002. Funding from the "**The Poison Center Enhancement and Awareness Act**" was made available to the Indiana Poison Center late in 2001. These funds will continue for three years and be used to update the technology capabilities of the center, support staff salaries and greatly enhance public education activities. Development of stable, adequate, ongoing, and dedicated sources of funding for the Indiana Poison Center still remains crucial for its survival in this era of medical care cost cutting. Toward that end, we need 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.*



R. Brent Furbee, M.D., FACEP, ABMT
Medical Director
Indiana Poison Center



James B. Mowry, Pharm.D., DABAT, FAACT
Program Director
Indiana Poison Center

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.

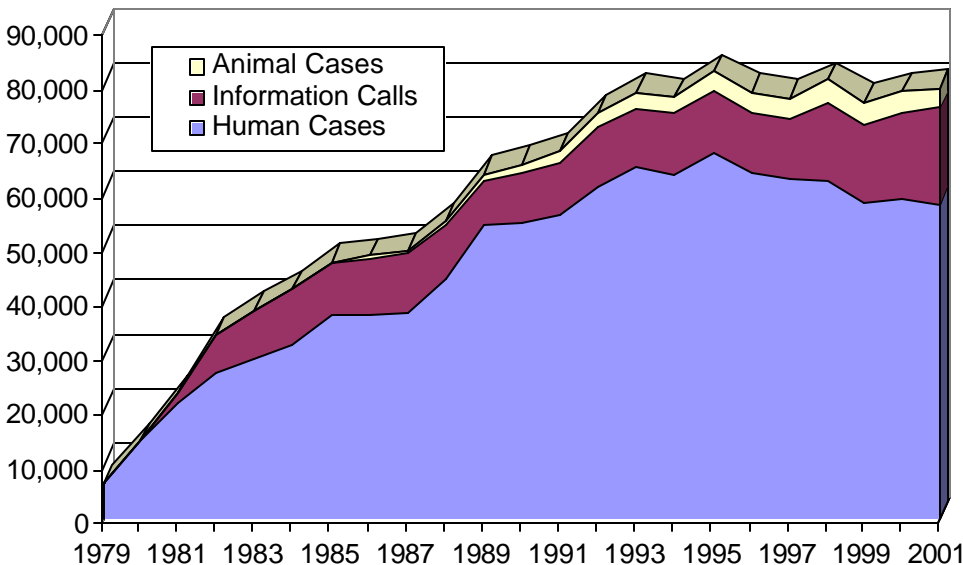
The IPC is a collaborative effort of the Indiana State Department of Health, Clarian Health Partners, and health care providers throughout the state. It is designated as the official poison information center for the state by the Indiana State Department of Health and is certified as a regional poison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

In 2001, the IPC received 79,559 requests for assistance (averaging 218 calls per day). Of these calls, 61,848 concerned exposures to poisons and 17,711 were callers seeking information without an exposure. The 61,848 poison exposure calls resulted from 58,155 human and 3,693 animal poisoning cases. The 58,155 human poison exposure cases managed represent a 1.5% decrease over 2000. In addition, the staff of the Poison Center placed 54,379 calls to patients and health care professionals for follow-up (averaging 149 calls per day).

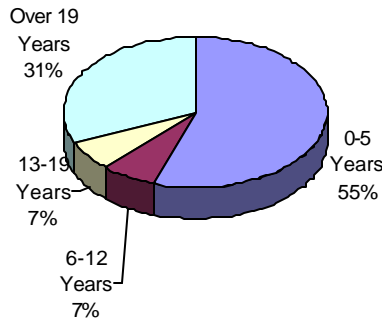
This report presents an overview of IPC poisoning data and other activities for 2001. Additional information is available upon request. Data was available to evaluate 58,003 confirmed human cases.

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 2001, approximately the same as in 2000.



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.



Age (Years)	Number		Total	%
	Males	Females		
<1	1,850	1,673	3,523	6.1%
1	5,012	4,561	9,573	16.5%
2	5,796	5,167	10,963	18.9%
3	2,520	1,957	4,477	7.7%
4	1,197	839	2,036	3.5%
5	658	469	1,127	2.0%
6 - 12	2,303	1,580	3,883	6.7%
13 - 19	1,834	2,155	3,989	6.9%
20 - 29	2,237	2,613	4,850	8.4%
30 - 49	3,367	4,383	7,750	13.3%
50 - 69	1,006	1,708	2,714	4.7%
70 - 99	411	850	1,261	2.2%
Unk Adult	635	874	1,509	2.7%
Unk Infant	23	15	38	0.1%
Unk Child	58	47	105	0.2%
Unknown	45	52	97	0.3%
Total	28,887	28,943	58,003	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%).

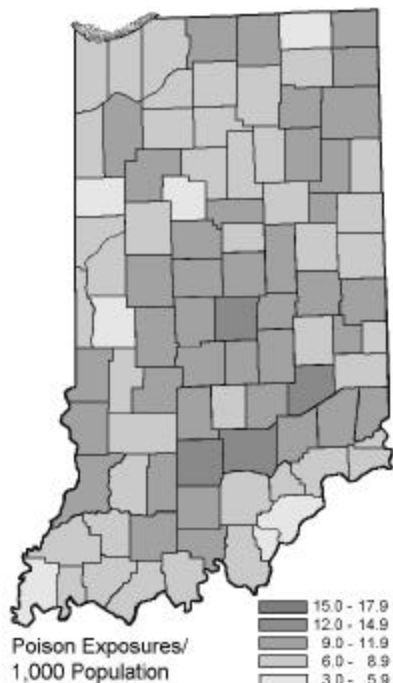
GEOGRAPHIC DISTRIBUTION

Overall, 99.2% 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 83% of these out-of-state calls. One out of every 76 Hoosiers utilized the Indiana Poison Center's services in 2001.

CALLER

In 2001, 63,666 calls (80%) were received from the general public. Calls were also received from 14,251 health caregivers (physicians, nurses, EMT's, paramedics, and pharmacists), with 8,338 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	47	70
	St. John's Health System	57	181
Angola	Cameron	19	34
Auburn	DeKalb Memorial	32	57
Batesville	Margaret Mary	24	29
Bedford	Bedford Regional	18	28
	Dunn Memorial	33	42
Beech Grove	St. Francis	66	148
Bloomington	Bloomington	123	130
Bluffton	Bluffton Regional	19	75
Booneville	St. Mary's Warrick	15	5
Brazil	St. Vincent - Clay County	10	31
Bremen	Community of German Township	5	7
Carmel	St. Vincent - Carmel	35	60
Charleston	Medical Center of Southern Indiana	9	3
Clinton	West Central Community	19	4
Columbia City	Whitley Memorial	29	46
Columbus	Columbus Regional	69	74
Connorsville	Fayette Memorial	22	53
Corydon	Harrison County	13	4
Crawfordsville	St. Clare	20	66
Crown Point	St. Anthony Medical Center	50	116
Danville	Hendricks County	71	132
Decatur	Adams County	16	6
Dyer	St. Margaret Mercy	25	92
East Chicago	St. Catherine	7	3
Elkhart	Elkhart General	83	186
Elwood	St. Vincent Mercy	10	14
Evansville	Deaconess	67	101
	St. Mary's Medical Center	56	26
	St. Mary's (Welborn)	9	2
Fort Wayne	Dupont	4	14
	Lutheran	53	8

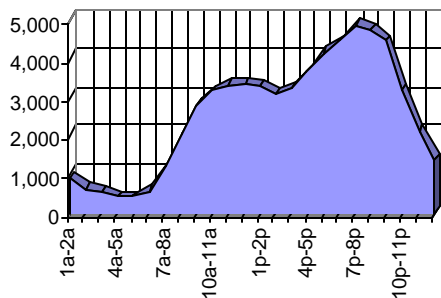


City	Hospital	Patients Referred	Request or Consult
Ft. Wayne	Parkview Memorial	165	250
	St. Joseph's	26	10
	Ft. Wayne State	0	0
	VA Medical Center	0	1
Frankfort	Clinton County	22	60
Franklin	Johnson County	23	9
Gary	Methodist (Northlake)	32	148
	Northwest Family	0	0
Goshen	Goshen General	47	109
Greencastle	Putnam County	24	49
Greenfield	Hancock County	26	23
Greensburg	Decatur County	21	63
Hammond	St. Margaret Mercy	54	197
Hartford City	Blackford County	3	20
Hobart	St. Mary Medical Center	33	85
	Deaconess St. Joseph's	14	14
Huntingburg	Huntington Memorial	22	52
Indianapolis	Community East	73	142
	Community North	92	196
	Community South	52	122
	Fairbanks	0	0
	Indiana University	64	56
	Larue Carter	0	0
	Methodist	253	465
	St. Francis South	60	83
	St. Vincent	117	194
	VA Medical Center	8	22
	Westview Hospital	5	2
	Winona Memorial	0	4
	Wishard Memorial	176	538
	Jasper	Memorial	27
Jeffersonville	Clark County	28	3
Kendallville	Parkview Noble Cnty	26	78
Knox	Starke Memorial	15	23
Kokomo	Howard Community	35	40
	St. Joseph Memorial	40	9
Lafayette	Lafayette Home	90	136
	St. Elizabeth Medical Center	24	40
LaGrange	LaGrange County	10	24
LaPorte	LaPorte Hospital	32	52
Lawrenceburg	Dearborn County	41	107
Lebanon	Witham Memorial	25	41

City	Hospital	Patients Referred	Request or Consult
Linton	Greene County	17	49
Logansport	Memorial Hospital	28	85
Madison	King's Daughters'	27	11
Marion	Marion General	61	108
	VA Medical Center	2	0
Martinsville	Morgan County	48	49
Merrillville	Methodist (Southlake)	31	94
Michigan City	Memorial	0	4
	St. Anthony	27	136
Mishawaka	St. Joseph	50	66
Monticello	White County	18	53
Moosville	St. Francis	1	1
Muncie	Ball Memorial	98	59
Munster	Community	29	146
New Albany	Floyd Memorial	25	3
New Castle	Henry County	25	89
Noblesville	Riverview	37	5
North Vernon	Jennings Community	31	17
Oakland City	Wirth Regional	3	2
	Bloomington Hosp		
Peru	Orange County	22	55
	Dukes Memorial	24	42
Plymouth	St. Joseph's	26	57
Portage	Portage Community	20	103
Portland	Jay County	13	29
Princeton	Gibson General	8	29
Rensselaer	Jasper County	16	32
Richmond	Reid Memorial	60	99
Rochester	Woodlawn	13	30
Rushville	Rush Memorial	7	32
Salem	Washington County	4	3
Scottsburg	Scott County	9	2
Seymour	Jackson County	34	102
Shelbyville	Major Hospital	32	65
South Bend	Memorial	85	213
	St. Joseph's Medical Center	46	145
Sullivan	St. Mary Community	1	0
	Sullivan County	19	57
Tell City	Perry County	7	35
Terre Haute	Terre Haute Regional	28	115
	Union	49	16
Tipton	Tipton County	8	14
Valparaiso	Porter Memorial	74	126
Vincennes	Good Samaritan	37	73
Wabash	Wabash County	19	35
Warsaw	Kosciusko Community	44	8
	Daviess County	25	28
Washington	Purdue University	0	6
W. Lafayette	Wabash Valley Center	0	1
	St. Vincent - Williamsport	4	27
Winamac	Pulaski County	6	14
Winchester	Randolph County	9	12

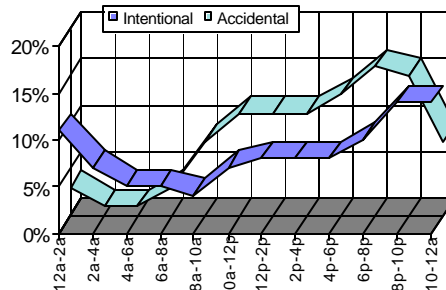
TIME OF CALLS

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 97.6% of the total calls, while 1.1% are chronic in nature. Occupational exposure calls have remained constant from 1989 through 2001, while therapeutic errors and misuse have increased. Malicious cases increased by 53% primarily due to the calls about potential anthrax exposures. The specific reasons for exposures are:

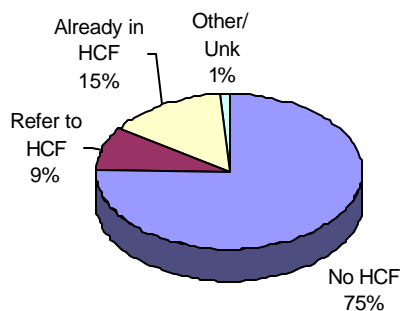
Reason	Number	Percent
Unintentional		
General	38,925	67.1%
Environmental	833	1.4%
Occupational	1,009	1.7%
Therapeutic Error	4,085	7.0%
Misuse	2,006	3.5%
Bite/Sting	920	1.6%
Food Poisoning	911	1.6%
Unknown	89	0.2%
Total Unintentional	48,778	84.1%
Intentional		
Suicidal	5,402	9.3%
Misuse	859	1.5%
Abuse	1,182	2.0%
Unknown	173	0.3%
Total Intentional	7,616	13.1%
Other		
Contaminant/Tampering	54	0.1%
Malicious	248	0.4%
Total Other	302	0.5%
Adverse Reaction		
Drug	821	1.4%
Food	83	0.1%
Other	168	0.3%
Total Adverse Reaction	1,072	1.9%
Unknown	235	0.4%

SITE OF EXPOSURE

The most frequent site of exposure is a residence, while calls for exposures in the workplace account for only 2% of our calls.

Site of Exposure	Number	Percent
Own Residence	53,310	91.9%
Other Residence	1,179	2.0%
Workplace	1,316	2.3%
Health Care Facility	128	0.2%
School	725	1.3%
Restaurant/Food Service	283	0.5%
Public Area	416	0.7%
Other	519	0.9%
Unknown	127	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)	43,606	75.2%
Referred to HCF by IPC		
Treated & Released	2,013	3.5%
Adm to Critical Care	384	0.7%
Adm to Noncritical Care	255	0.4%
Adm to Psychiatry	185	0.3%
Refused Referral	1,741	3.0%
Lost to Follow Up	745	1.3%
Total Referred	5,323	9.2%
Patient Already in HCF		
Treated & Released	4,409	7.6%
Adm to Critical Care	2,321	4.0%
Adm to Noncritical Care	584	1.0%
Adm to Psychiatry	856	1.5%
Lost to Follow Up	270	0.5%
Total Already in HCF	8,440	14.6%
Other	359	0.6%
Unknown	275	0.5%

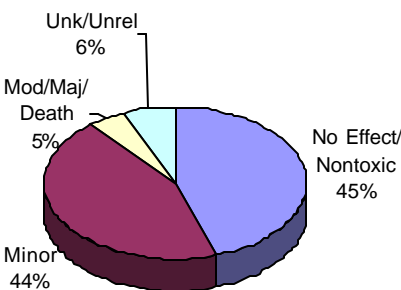
Overall, the IPC referred 5,323 (9.2%) patients for medical care and was consulted on another 8,440 cases that were already in a health care facility (HCF).

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 2001, follow-up was made 54,379 times on 22,739 human cases (2.4 calls/case). An additional 56,820 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 2001 with a 38% increase in the percentage of cases with severe toxicity, a 7% increase in the number of deaths reported, although moderate cases decreased by 16% compared to 2000.



Medical Outcome	Number	Percent
No Effect	13,680	23.6%
Minor Effect	9,856	17.0%
Moderate Effect	2,283	3.9%
Major Effect	349	0.6%
Death	43	0.1%
No Follow-up		
Judged Nontoxic	12,386	21.4%
Judged Minimal Effects	15,680	27.0%
Potentially Toxic	2,197	3.8%
Unrelated Effect	1,529	2.6%

AGENTS INVOLVED

During 2001, the IPC staff managed 58,003 human poison exposures. Prescription and nonprescription drugs accounted for 48% of these exposures, with an additional 40% 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. A new category for Weapons of Mass Destruction was added in response to the anthrax incidents.

Agent Involved	Number
Analgesics	6,471
Anesthetics	228
Anticholinergics	166
Anticoagulants	84

Anticonvulsants	819
Antidepressants	2,638
Antihistamines	1,589
Antimicrobials	1,562
Antineoplastics	41
Asthma Therapies	586
Cardiovascular Drugs	1,515
Cold and Cough Preparations	2,662
Diagnostic Agents	10
Dietary Supplements/herbals/ homeopathic	493
Diuretics	184
Electrolytes/Minerals	400
Eye, Ear, Nose, and Throat Preparations	387
Gastrointestinal Preparations	1,398
Hormone Products	1,190
Muscle Relaxants	515
Narcotic Antagonists	9
Radiopharmaceuticals	0
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	2,985
Serums, Toxoids, Vaccines	32
Stimulants/Street Drugs	1,074
Topicals	2,480
Veterinary Drugs	80
Vitamins	1,399
Miscellaneous	517
Unknown Drugs	351

Total Drugs 31,865

Agent Involved Number

Adhesives, Glues, Cements	551
Alcohols	1,781
Arts, Crafts, Writing Products, Office Supplies	1,300
Automotive Products	412
Batteries	227
Bites and Envenomations	1,112
Building and Construction Products	274
Chemicals	1,445
Cleaning Substances	
- Household	5,446
- Industrial	400
Cosmetics and Personal Care Products	5,506
Deodorizers	591
Dyes	60
Essential Oils	163
Fertilizers	269
Fire Extinguishers	80
Food Products/Food Poisoning	1,496
Foreign Bodies	2,803
Fumes, Gases, Vapors	999
Heavy Metals (excluding iron)	296
Hydrocarbons	1,715
Lacrimators	48
Matches/Fireworks/Explosives	40
Mushrooms	180
Paints, Varnishes, Lacquers	561
Pesticides	
- Fungicides	22
- Fumigants	2
- Herbicides	189
- Insecticides	1,101
- Repellents	235
- Rodenticides	660
Photographic Products	29
Plants	2,509
Polishes and Waxes	214
Radioisotopes	7
Sporting Equipment	22
Swimming Pool/Aquarium Products	225

Tobacco Products	302
Weapons of Mass Destruction	103
Unknown Substance (Non-Drug)	495
Total Non-Drugs	33,870
Total Agents	65,735

Alcohols	46
Cardiovascular Drugs	43
Anticonvulsants	32
Antihistamines	21
Muscle Relaxants	21
Chemicals	15

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

<u>Pediatric Top Ten</u>	<u>Number</u>
Cosmetics and Personal Care Products	4,214
Cleaning Substances - Household	3,338
Analgesics	2,208
Foreign Bodies	2,126
Topicals	2,097
Plants	1,761
Cold and Cough Preparations	1,614
Vitamins	1,116
Gastrointestinal Preparations	1,006
Antimicrobials	840

The pediatric top ten remained the same this year compared to last year, with only vitamins and gastrointestinal preparations switching spots. All substances on the intentional top ten remained the same. The number of intentional exposures reported for most classes stayed the same this year although increases in Sedative/Hypnotics (11%) antidepressants (9%), alcohols (5%), and Anticonvulsants (23%) were seen.

<u>Intentional Top Ten</u>	<u>Number</u>
Analgesics	2,892
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	2,081
Antidepressants	1,678
Alcohols	976
Stimulants/Street Drugs	598
Antihistamines	499
Cold and Cough Preparations	431
Anticonvulsants	406
Muscle Relaxants	355
Cardiovascular Drugs	289

The following table represents the substances seen in the most serious poisonings resulting in major symptoms or death. Analgesics increased by 48% in number of cases remaining the most frequent cause of severe toxicity. Sedative/Hypnotic drug toxicity increased 95% to replace Antidepressants as the second most common serious overdose noted. Anticonvulsant drugs came back to the list knocking off Dietary Supplements / Herbs / Homeopathics, Fumes and Gases and Hormone products. Stimulants / Street Drugs increased by 84% moved up to 4th from 6th place and Alcohols moved from 7th to 6th on the list.

<u>Most Serious Intoxications</u>	<u>Number</u>
Analgesics	157
Sedative/Hypnotics/Anti-Anxiety/ Anti-Psychotics	146
Antidepressants	110
Stimulants/Street Drugs	68

THERAPY

Supportive care is the single most critical component in the care of the poisoned patient. In 5,767 (9.9%) patients no therapy was needed and observation alone was used in an additional 6,523 (11.3%). IPC advice was refused in 1,367 cases (2.4%). Specific therapeutic methods utilized in poisonings included decontamination, antidotal therapy, and enhancing elimination. Decontamination alone was utilized in 32,310 (55.7%) of cases, other therapies alone in 2,045 cases (3.5%) and a combination of the two in 1,975 (3.4%). The most common antidotal treatments were oxygen, benzodiazepines, n-acetylcysteine, antihistamines, alkalization, and naloxone. A summary of some specific therapies follows:

<u>Decontamination</u>	<u>Number</u>
Ipecac	228
Activated Charcoal, Single Dose	3,599
Activated Charcoal, Multiple Dose	72
Cathartic	81
Lavage	270
Whole Bowel Irrigation	4
Dilute/Irrigate/Wash	35,467
Fresh Air	1,998
Food Snack	997
Other Emetic	150

Total Decontamination 42,866

<u>Antidotal / Other Therapy</u>	<u>Number</u>
IV Fluids	1,817
Oxygen	819
Benzodiazepines	468
N-acetylcysteine	438
Intubation	391
Ventilator	344
Antihistamines	287
Alkalization	283
Naloxone	259
Antiemetics	196

Enhancement of Elimination

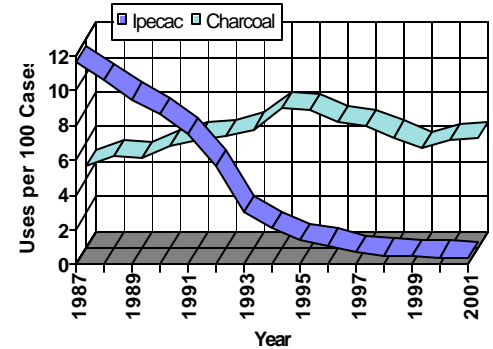
Hemodialysis	34
Hemoperfusion	0
Other	0

Total Enhancement 34

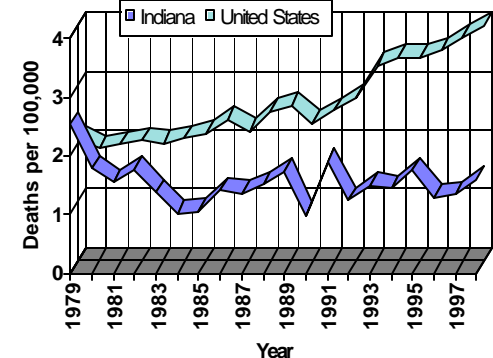
Use of activated charcoal again greatly exceeded that of syrup of ipecac. Syrup of ipecac use has dropped 96% in the past thirteen years (13% in 2001 alone), while the use of activated charcoal initially increased by 73% and has now plateaued somewhat reflecting changes in usage in the hospital setting. Sixty-five percent of the time ipecac was used, the IPC did not recommend its use.

MORTALITY

One hundred eighteen unintentional poisoning deaths were reported to the Indiana State Department of Health during 1999. 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 124 unintentional poison deaths in Indiana for 1999. Indiana's unintentional death rate (2.09/100,000) continues to be well below the national figure for 1999 (4.47/100,000). (Note: death figures from 1999 on cannot be directly compared to prior years as they are based on ICD-10 coding as compared to ICD-9 in prior years.)

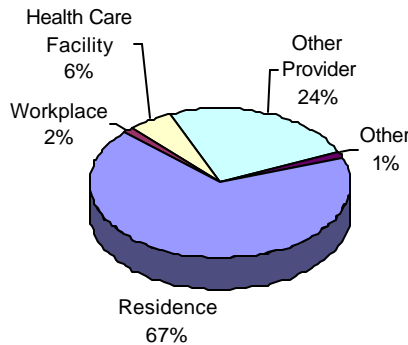


The Indiana Poison Center was consulted on 43 patients who died during 2001. Most of the deaths (32) were intentional in nature. In some cases, the cause of death was not determined to be related to the exposure.

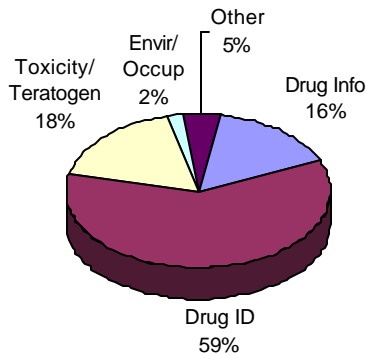
Age Sex Agent (Reason)

child	M	fentanyl (intentional unknown)
9	F	oxycodone (unknown)
17	M	methadone, diazepam, marijuana, phencyclidine, amphetamine (abuse)
18	F	thioridazine (adverse reaction)
19	M	lorazepam (suicide)
23	M	propranolol (suicide)
25	F	cocaine, fentanyl, marijuana, alprazolam (intentional unknown)
26	M	sodium hydroxide (unintentional general)
26	M	Phencyclidine, marijuana (abuse)
26	F	unknown (unknown reason)
28	M	diphenhydramine (suicide)
28	F	ketamine (abuse)
28	M	cocaine (abuse)

- 30 M opium (abuse)
- 30 F acetaminophen (abuse)
- 30 F acetaminophen, codeine, dihydrocodeine, caffeine, promethazine (adverse reaction)
- 30 F acetaminophen (suicide)
- 31 M ecstasy (abuse)
- 32 M glycols (unintentional misuse)
- 33 M cocaine, methamphetamine (intentional misuse)
- 34 M cocaine, beer (abuse)
- 34 M cocaine (abuse)
- 38 M acetaminophen, hydrocodone, ethanol (abuse)
- 40 M alprazolam, oxycodone, ethanol (abuse)
- 40 M oxycodone, cyclobenzaprine (suicide)
- 40 F carbon monoxide (environmental)
- 40 F mirtazapine (suicide)
- 41 M diazepam, haloperidol, benzotropine, diphenhydramine (adverse reaction)
- 42 M acetaminophen, hydrocodone, tramadol, alprazolam (suicide)
- 43 F acetaminophen (suicide)
- 44 F imipramine (suicide)
- 44 F cyclobenzaprine, temazepam, acetaminophen, propoxyphene, doxepin (suicide)
- 44 F amitriptyline, methadone, oxycodone, quetiapine (suicide)
- 45 M quetiapine (suicide)
- 45 F diltiazem (suicide)
- 49 F methanol (intentional unknown)
- 49 F diazepam, acetaminophen, oxycodone (suicide)
- 50 M colchicine, ethanol (suicide)
- 59 F nefazodone, aspirin, levothyroxine, montelukast, bupirone, valproic acid, guaifenesin, codeine, hydrocodone, fexofenadine (suicide)
- 60 M hydrochloric acid (suicide)
- 62 M sulfuric acid (suicide)
- 64 M ethylene glycol (unknown)
- 75 M morphine (suicide)

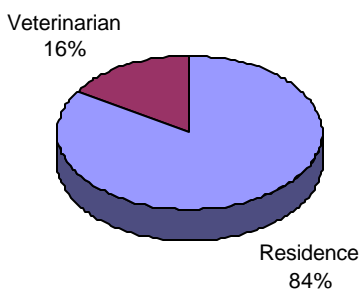


The information calls can be divided into several categories: 1) drug identification / information, 2) environmental, 3) medical, 4) occupational, 5) toxicity / symptoms, 6) prevention and safety, 7) teratogenicity and 8) other.



ANIMAL POISONINGS

In 2001, the IPC managed 3,693 poisonings to domestic animals, a 17% decrease over 2000. Calls were received primarily from the pet's owners although veterinarians generated a significant proportion.



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

Animal Top Ten	Number
Insecticides	474
Plants	308
Rodenticides	267
Cleaning Substances - Household	242
Analgesics	217
Foreign Bodies	145
Topicals	129
Antimicrobials	122
Antidepressants	105
Hormone Products	102

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 (48)	7,680
Doctor of Pharmacy Students (4)	640
Doctor of Pharmacy Fellows (1)	160
Pharmacy Students (19)	66
Nursing Students (19)	62
Academic and Continuing Education Lectures Presented	85

The IPC sponsored its 17th Annual Toxicology Seminar: *Recognizing Toxic Syndromes: Clues to Diagnosis and Treatment* in June that was attended by over 110 health care professionals from throughout Indiana and surrounding states. Featured presentations center on adrenergic, anticholinergic, cholinergic, cardiac channel blockade, gastrointestinal and opioid 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 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 14 accredited by the American Council for Graduate Medical Education in the United States. All our past fellows have passed their Medical Toxicology boards and are practicing in Wisconsin, Indiana, Virginia and Missouri. Our second year fellow was joined in July by Dr. Brian Judge from the Michigan State University Emergency Medicine Residency in Grand Rapids, MI.

The staff of IPC also contributed to the medical toxicology literature in 2001 with four book chapters, six journal articles, four abstracts presented at the North American Congress of Clinical Toxicology and one abstract presented at the European Association of Poisons Centres and Clinical Toxicologists XXI International Congress.

The most common classes of substances involved in deaths reported to the IPC were opioids (including 5 cases with oxycodone), sedative/hypnotics, sympathomimetics (primarily cocaine), acetaminophen, and antidepressants.

INFORMATION CALLS

In 2001, the IPC staff responded to 17,711 inquiries from health professionals and the general public when no poison exposure had occurred. Seventy percent of the calls were received from the general public, 66% in a residence and 2% in the workplace.

Book Chapters

- Kirk MA: Care of the chemically contaminated patient. In Ford, Delaney, Ling and Rose (eds): Clinical Toxicology, 1st Edition, W. B. Saunders Co:Philadelphia, 2001.
- Dribben W, Furbee RB; Opioid Poisoning (Chap 360). In: Harwood-Nuss, Linden, and Wolfson (eds); The Clinical Practice of Emergency Medicine, 3rd Edition; Lippincott Williams & Wilkins Publishers: Philadelphia, 2001.
- Rusyniak DE, Furbee RB: Antihistamines. In: Diagnosis and Management of the Critically Poisoned Patient. Brent J, Burkhart K, Donovan W, et al (eds). Mosby, 2001.
- Snyder L, Kao LW, Furbee BR: Podophyllin, Vincristine, Vinblastine, and Colchicine. In: Diagnosis and Management of the Critically Poisoned Patient. Brent J, Burkhart K, Donovan W, et al (eds). Mosby, 2001.

Journal Articles

- Dribben W, Kirk MA, Trippi J, Cordell WC: A pilot study to assess the safety of dobutamine stress echocardiography in the emergency department evaluation of cocaine-associated chest pain. *Ann Emerg Med* 2001; 38:42-48.
- Brent J, McMartin K, Phillips S, Phillips S, Aaron C, Kulig K, Burkhart KK, Donovan JW, Bogdan G, Dart R, Heard K, Wells M, Curry S, Wallace K, Burns M, Gaudins C, Hartigan S, Hantsch C, Seger D, Berlin R, Douglas D, White S, Kirk M, Hollander J, Ford M, Kerns W, Tomaszewski C, Mckay C, Wax P: Fomepizole for the treatment of methanol poisoning. *N Engl J Med* 2001; 344: 424-429.
- ACEP Nuclear Biological Chemical (NBC) Task Force, Representative for SAEM and ACMT, 1998 – 2001, Final Report Published April 23, 2001. Executive summary published in *Ann Emerg Med* June 2001; 37:587-601.
- Dribben WH, Kirk MA: Organ procurement and successful transplantation after malathion poisoning. *Journal of Toxicology – Clinical Toxicology* 2001;39:633-6.
- Rusyniak DE. Pearls and pitfalls in the approach to patients with neurotoxic syndromes. *Seminars Neurol* 2001;21: 407-16.
- Rusyniak DE. Case presentation and conclusion. *Internet Journal of Medical Toxicology*, 2001;4 (1):6,8.

Abstracts

- Christianson, GS, Mowry JB, Furbee RB. Death associated with massive valproic acid ingestion. *J Toxicol Clin Toxicol* 2001;39: 498.
- Dribben WH, Kirk MA. A case of atrial fibrillation associated with GHB ingestion. *J Toxicol Clin Toxicol* 2001;39: 315.
- Jackson SB, Rusyniak DE, Mowry JB, Dribben WH. Troubles with bubbles: Air gas embolism from concentrated hydrogen

- peroxide ingestion. *J Toxicol Clin Toxicol* 2001;39: 521.
- Kirk MA, Mowry JB, Snyder LK, Burns DW. Communication during chaos: A poison center’s role in mass chemical exposure. *J Toxicol Clin Toxicol* 2001;39: 538.
- Snyder LK, Sint T, Kirk MA. Metaxalone induced muscular rigidity. *J Toxicol Clin Toxicol* 2001;39: 503.

Public Education

The IPC has been joined by the Indiana Safe Kids Coalition, Improving Kids Environment, 76 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	338,693+
Annual Poster Contest Contestants (for 2001 NPPW)	1,900
Schools represented	29
TV & Radio appearances	21
Newspaper interviews	9
News Releases Distributed	12
Newspaper articles published	10
Number of different newspapers publishing articles	10
<u>TOXIC TRIVIA's Published</u>	
Out of Reach, Out of Danger	
Summer Survivor	
Be a Holiday Survivor	

National Poison Prevention Week activities included an awards ceremony for the sixteenth 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 a project to address outstanding poisoning problems in Indiana. The poison center also collaborated with the Purdue University Pesticide Programs in publishing a monograph entitled **Children and Poisoning** that is available through the Purdue Cooperative Extension agency

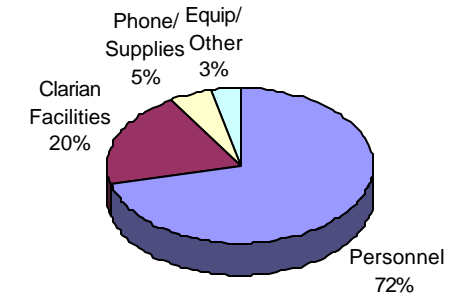
Cooperative long-term efforts such as these maintain a coordinated statewide poison

prevention education program and bolster 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 22 years, this represents savings of over **\$129 million** in Indiana.

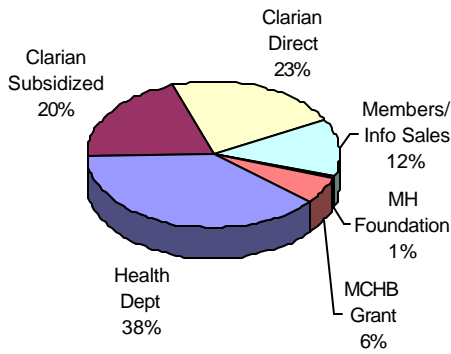


Personnel	\$1,105,894
Clarian Health Facilities	\$307,144
Telephone	\$28,025
Supplies (w/information resources)	\$56,323
<u>Equipment</u>	<u>\$53,959</u>
Total Expenses	\$1,551,345

Total direct expenses have risen from \$117,369 in 1979 to \$1,244,201 in 2001 with a cost per human poison case of \$22 well below the national average of \$33 and a cost per productive call of \$20.

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. Federal support of the poison center began in 2001.



Indiana State Department of Health	\$600,000
Clarian Health - Subsidized	\$307,144
Clarian Health - Direct	\$352,741
Members / Information Sales	\$194,831
Federal MCHB Grant	\$89,704
Methodist Health Foundation	\$7,925
Total Revenues	\$1,551,345

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 23 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 emergency medicine with more than 21 years of

Indiana Poison Center Staff	
<p>Director James B. Mowry, PharmD</p> <p>Medical Director R. Brent Furbee, MD</p> <p>Associate Medical Directors Mark A. Kirk, MD Daniel Rusyniak, MD</p> <p>Associate Medical Director/ HBO Coordinator Mary Wermuth, MD</p> <p>Administrative Secretary Maggie Showalter</p> <p>Medical Toxicology Fellowship Mark A. Kirk, MD, Director Louise Kao, MD, Fellow Bryan Judge, 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, CSPI* Gwenn Christianson, RN, MSN, CSPI* Diane Ely, RN, CSPI* Laura Miller, Pharm.D., CSPI* Georgia Impicciche, BSN, CSPI* Susan Jackson, RN, CSPI* Jo Johnson, RN Karen Lytle, BSN, CSPI* Tonya Mains, BSN, MS 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* * AAPCC Certified Specialist in Poison Information</p>

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 12 years experience in emergency medicine and medical toxicology.

Mary Wermuth, MD and Daniel Rusyniak, MD, both graduates of our medical toxicology fellowship, act as Associate Medical Directors with primary emergency medicine practices at Methodist and Wishard Memorial Hospitals respectively.

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, Ph.D.
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 2001

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 80%, from 42 in 1995 to 76 members in 2001, although this was decreased from 80 members in 2000.

Ball Memorial Hospital, Muncie	Memorial Hospital, Logansport
Bedford Regional Medical Center, Bedford	Memorial Hospital of South Bend, South Bend
Blackford County Hospital, Hartford City	Memorial Hospital Seymour, Seymour
Bloomington Hospital, Bloomington	Methodist Hospital, Indianapolis
Bloomington Hospital Orange Co., Paoli	Methodist Hospital (Northlake), Gary
Bluffton Regional Medical Center, Bluffton	Methodist Hospital (Southlake), Merrillville
Cameron Memorial Community Hospital, Angola	Morgan County Memorial Hospital, Martinsville
Columbus Regional Hospital, Columbus	Parkview Memorial Hospital, Fort Wayne
Community Hospital, Munster	Parkview Noble Hospital, Kendallville
Community Hospital Anderson, Anderson	Parkview Whitley Memorial Hospital, Columbia City
Community Hospital East, Indianapolis	Perry County Memorial Hospital, Tell City
Community Hospital North, Indianapolis	Porter Memorial Hospital, Valparaiso
Community Hospital South, Indianapolis	Pulaski Memorial Hospital, Winamac
Daviess Community Hospital, Washington	Putnam County Hospital, Greencastle
Deaconess Hospital, Evansville	Reid Memorial Hospital, Richmond
Dearborn County Hospital, Lawrenceburg	Rush Memorial Hospital, Rushville
Decatur County Memorial Hospital, Greensburg	St. Anthony Medical Center, Inc., Crown Point
DeKalb Memorial Hospital, Auburn	St. Clare Medical Center, Crawfordsville
Dukes Memorial Hospital, Peru	St. Elizabeth Medical Center, Lafayette
Dunn Memorial Hospital, Bedford	St. Francis Hospital Center, Beech Grove
Elkhart General Hospital, Elkhart	St. John's Health System, Anderson
Fayette Memorial Hospital, Connorsville	St. Joseph Community Hospital, Mishawaka
Good Samaritan Hospital, Vincennes	St. Joseph's Medical Center, South Bend
Goshen General Hospital, Goshen	St. Margaret Mercy Hospital, Dyer
Greene County General Hospital, Linton	St. Margaret Mercy Hospital, Hammond
Hendricks Community Hospital, Danville	St. Mary Medical Center, Hobart
Henry County Hospital, New Castle	St. Vincent Clay County Hospital, Brazil
Huntington Memorial Hospital, Huntington	St. Vincent Frankfort Hospital, Frankfort
Indiana University Hospitals, Indianapolis	St. Vincent Hospital, Indianapolis
Jasper County Hospital, Rensselaer	St. Vincent Hospital - Carmel, Carmel
Jay County Hospital, Portland	St. Vincent Williamsport Hospital, Williamsport
Lafayette Home Hospital, Lafayette	Sullivan County Community Hospital, Sullivan
LaGrange Community Hospital, LaGrange	Terre Haute Regional Hospital, Terre Haute
LaPorte Hospital, LaPorte	Tipton County Memorial Hospital, Tipton
Major Hospital, Shelbyville	White County Memorial Hospital, Monticello
Margaret Mary Community Hospital, Batesville	Wishard Memorial Hospital, Indianapolis
Marion General Hospital, Marion	Witham Health Services, Lebanon
Memorial Hospital, Jasper	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
James S. Bain, MD, Wabash Physician Services, Wabash
Clay Barclay, MD, Elkhart Emergency Physicians Inc.,
Elkhart
Dave Beeson, MD, Kokomo Family Care Inc., Kokomo
William Boaz, MD, Family Physicians Associated, Wabash
Margaret Brummer, MD, Elkhart Emergency Physicians,
Elkhart
Randall Cammenga, MD, Elkhart Emergency Physicians,
Elkhart
Frank Chaten, MD, St. Vincent Hospital, Indianapolis
Diana Clark, MD, Greenwood
Cleveland Cleary, MD, Elkhart Emergency Physicians,
Elkhart
Chrissa Collings, MD, Indianapolis
Jeffrey Couture, MD, Internal Medicine & Pediatrics
Associates, Indianapolis
Jayne Croghan, MD, Indianapolis
Carolyn Cunningham, MD, Indianapolis
Thomas E. Davis, MD, Elkhart Family Physicians, Elkhart
Gregg Davis, CEO, Methodist Occupational Health Center,
Inc., Indianapolis
Michael F. Deery, MD, Lake Shore Clinic, Culver
Jama Edwards-Kaye, MD, Methodist Medical Plaza,
Zionsville
Jack Elleman, MD, Kokomo Family Care Inc., Kokomo
Stephen Fassino, MD, Wabash Physician Services, Wabash
Rex Flenar, MD, Kendallville
Roger Frazier, MD, Hartford
Jonathan S. Fried, MD, Community Hospital South, Indpls.
G. Weldon Friesen, MD, Middlebury Family Physicians,
Middlebury
Terry M. Gaff, MD, Albion
Kathleen A. Galbraith, MD, Office of Family Medicine,
Portland
Mohadgit Gill, MD, North Central Indiana Pediatrics,
Kokomo
Ronald Glas, MD, Family Physicians Associated, Wabash
Gail Goettler, MD, Greenwood Pediatrics, Indianapolis
William Goudy, DO, DeKalb Memorial Hospital, Auburn
Charlene Graves, MD, ISDH, Indianapolis
Stanley Greenberg, DO, DeKalb Memorial Hospital, Auburn
Joanne Guttman, MD, Brookville Medical Clinic, Brookville
William Haehl, MD, Shelby County Family Medicine,
Shelbyville
Mark A. Haggenjos, DO, Office of Family Medicine, Portland
David Halperin, MD, South Bend
Garnett Harris, MD, Family Health Care P.C., Danville
Joyce Heald, MD, Elkhart Emergency Physicians, Elkhart
Jack W. Higgins, MD, Kokomo
Ray D. Howell, MD, Coatesville
Ronald Jenson, DO, Elkhart Emergency Physicians, Elkhart
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
Eric Lehman, MD, Paoli
Merral B. Lewis, MD, Evansville
Chris . Loman, MD, Shelby County Family Medicine,
Shelbyville
Charles R. Lyons, MD, Family Physicians Associated,
Wabash
Ryan D. Matherly, MD, Elkhart Family Physicians, Elkhart
Ron Maus, MD, Kokomo Family Care Inc., Kokomo
James P. McCann, MD, Family Physicians Associated,
Wabash
Karen McGoff, MD, Indianapolis
Philip Merk, MD, Indianapolis
Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
Methodist Health Care Centers, Indianapolis
Duane Miller, MD, Elkhart Emergency Physicians, Elkhart
Chris Miller, MD, Fairmount
Bill Mohr, MD, Kokomo Family Care Inc., Kokomo
Charles Mok, DO, Elkhart Emergency Physicians, Elkhart
Luke Mosemann, MD, Paoli
Stephen R. Myron, MD, Office of Family Medicine, Portland
Sherri Nuss, MD, Kokomo Family Care Inc., Kokomo
Eric O'Banion, MD, North Central Indiana Pediatrics,
Kokomo
Thomas O'Connor, MD, Riley Physicians, Greenfield
Pediatric Center of Richmond, Inc., Richmond
James L Peters, MD, Shelby County Family Medicine,
Shelbyville
T. Neal Petry, MD, Battle Ground
Frank Piaskowy, DO, Elkhart Emergency Physicians, Elkhart
Gary Podhaisky, MD, North Central Indiana Pediatrics,
Kokomo
Timothy J. Porsche, MD, Elkhart Family Physicians, Elkhart
John Quakenbush, MD, Kokomo Family Care Inc., Kokomo
Jeff Quillon, MD, Richmond
William A. Rauh, MD, Wabash Physician Services, Wabash
Warren K. Reiss, MD, Lake Shore Clinic, Culver
Jeffrey Rendel, MD, Kokomo
Gordon Robbins, MD, Zionsville
Catherine Rupp, MD, Internal Medicine & Pediatrics
Associates, Indianapolis
Owen Slaughter, MD, Bloomington
Donald G. Smith, MD, Wabash Physicians Services,
Wabash
Wayne Snyder, MD, Franklin
Charles Sprague, MD, North Central Indiana Pediatrics,
Kokomo

Gary Stouder, MD, Riley Physicians, Greenfield
 Janet Streepey, MD, New Albany
 Anne J. Stump, MD, Indianapolis
 Danial Sullivan, MD, Elkhart Emergency Physicians, Elkhart
 Gary M. Sunada, MD, South Bend
 Stanley P. Taraska, MD, Evansville
 David Van Ryn, MD, Elkhart Emergency Physicians, Elkhart
 John Vandergrift, MD, Elkhart Emergency Physicians,
 Elkhart
 Usha Vyas-Major, MD FACEP, Valparaiso
 Norman S. Waggy, MD, Middlebury Family Physicians,
 Middlebury
 James L. Walters, MD, Castleton Pediatrics, Indianapolis

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