

INDIANA **POISON** CENTER

2004 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 80,000 calls for help. We responded to a 2.5% increase in human exposures compared to 2003 and almost 18,000 information calls. Children remain our most commonly exposed age group, although usually with benign effects. Intentional poisonings continue to contribute a continued 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 ACGME accredited Medical Toxicology Fellowship is one of only 14 in the US. Response to these services remains brisk. Reports of animal poisoning increased this year by 19% to 3,509 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. 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 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 2003. Promotion of the number began in 2004 and a steady increase in calls over this line has been seen. Funding from the "**The Poison Control Center Enhancement and Awareness Act**" was made available to the Indiana Poison Center late in 2001. These funds have continued for three years and were used to update the technology capabilities of the center, support staff salaries and greatly enhance public education and awareness activities. Reauthorization through 2009 was achieved with "**The Poison Control Center Enhancement and Awareness Act Amendments of 2003**". In 2004, the Institute of Medicine published "**Forging a Poison Prevention and Control System**", a comprehensive, in-depth analysis of poison centers in the United States. They made 12 specific recommendations including increasing collaboration and integration with public health agencies, developing an all-hazards emergency preparedness infrastructure, increasing funding by the Federal Government 5-fold to \$100 million/year for core activities, enhancing toxicosurveillance and research on poisoning epidemiology, treatment, prevention, access, delivery and cost-effectiveness.⁴ 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 continue to attempt 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 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.
4. Committee on Poison Prevention and Control. Forging a Poison Prevention and Control System. Institute of Medicine – National Academies of Science, 2004. (<http://books.nap.edu/catalog/10971.html>)

INTRODUCTION

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

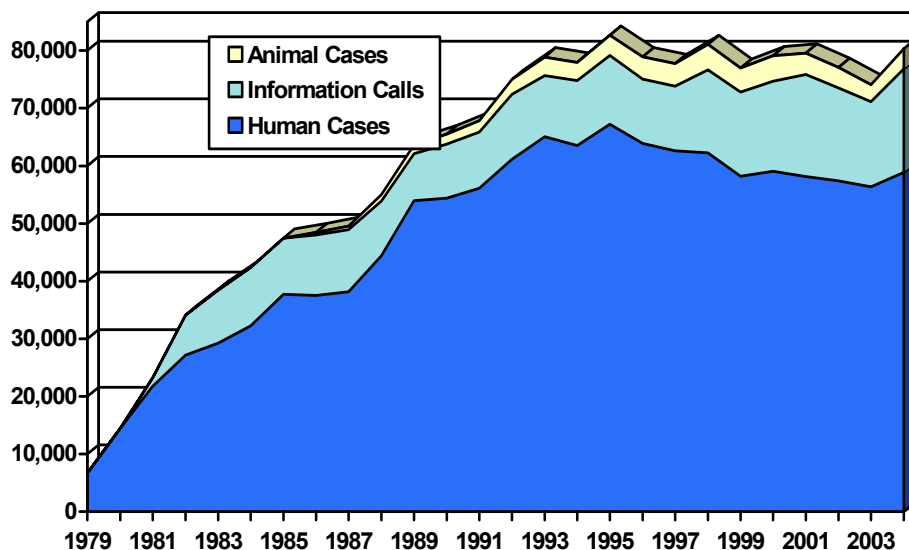
The IPC is a collaborative effort of the Indiana State Department of Health, Clarian Health Partners, Federal Maternal and Child Health Bureau and health care providers throughout the state. It is designated as the official poison information center for the state by the Indiana State Department of Health and is certified as a regional poison information center by the American Association of Poison Control Centers, one of only 54 in the nation and the only one in Indiana.

In 2004, the IPC received 80,374 requests for assistance (averaging 220 calls per day). Of these calls, 62,379 concerned exposures to poisons and 17,975 were callers seeking information without an exposure. The 62,379 poison exposure calls resulted from 58,870 human and 3,509 animal poisoning cases. The 57,419 human poison exposure cases managed represent a 2.5% increase over 2003. In addition, the staff of the Poison Center placed 69,157 calls to patients and health care professionals for follow-up (averaging 190 calls per day).

This report presents an overview of IPC poisoning data and other activities for 2004. Additional information is available upon request. Data was available to evaluate 58,687 confirmed human cases.

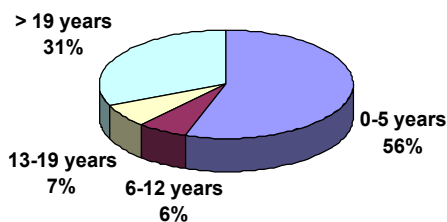
AGE

Poisonings remain a major health hazard among young children. Children under six years of age account for the majority (56%) of the poisonings managed by the IPC during



Annual Summary, 2004

2004, approximately the same as in 2003. 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 once again seen this year.



Age (Years)	Number		Total	%
	Males	Females		
<1	1,611	1,547	3,166	5.4%
1	5,132	4,841	9,978	17.0%
2	5,762	5,389	11,169	19.0%
3	2,531	2,143	4,682	8.0%
4	1,194	900	2,097	3.6%
5	630	462	1,094	1.9%
6-12	2,171	1,583	3,772	6.4%
13-19	1,787	2,249	4,038	6.9%
20-29	2,251	2,552	4,808	8.2%
30-39	1,711	2,271	3,983	6.8%
40-49	1,430	1,943	3,375	5.8%
50-59	770	1,230	2,002	3.4%
60-69	398	641	1,040	1.8%
70-99	423	963	1,386	2.3%
Unk Adult	738	1,019	1,833	3.1%
Unk Infant	9	8	10	0.0%
Unk Child	55	58	122	0.2%
Unknown	27	47	122	0.2%
Total	28,630	29,846	58,687	100%

GENDER

Examination of calls where the gender was documented shows an almost even split between males and females. Males predominate in childhood (52%), while females predominate in both the adolescent and adult ages (57%).

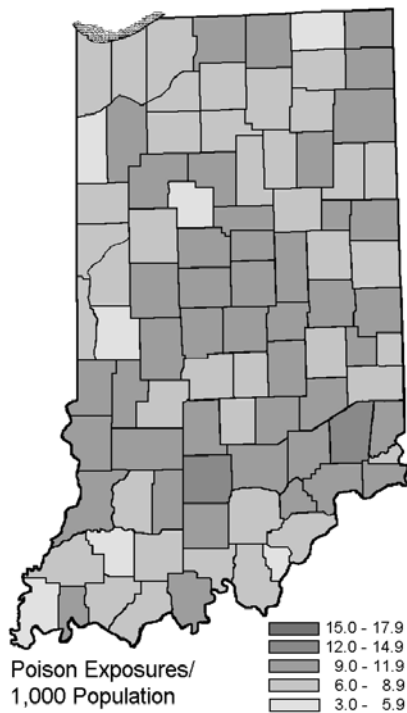
GEOGRAPHIC DISTRIBUTION

Overall, 98.6% of exposure calls originated in Indiana. In addition, the IPC received calls from 42 other states and foreign countries, with Kentucky, Illinois, Michigan, and Ohio accounting for 77% of these out-of-state calls. One out of every 78 Hoosiers utilized the Indiana Poison Center's services in 2004.

CALLER

In 2004, 58,716 calls (78%) were received from the general public. Calls were also received from 16,587 health caregivers (physicians, nurses, EMT's, paramedics, and pharmacists), with 8,724 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	50	80
	St. John's Health	38	110
Angola	Cameron Community	24	69
Auburn	DeKalb Memorial	32	47
Avon	Clarian West	0	4
Batesville	Margaret Mary	30	34
	Bedford Regional		
Bedford	Medical Center	21	40
	Dunn Memorial	14	44
Beech Grove	St. Francis Center	79	167
Bloomington	Bloomington	128	157
Bluffton	Bluffton Regional	27	58
Booneville	St. Mary's Warrick	12	7
Brazil	St. Vincent Clay	14	56
Bremen	Community	1	8
Carmel	St. Vincent Carmel	34	65
	Medical Center of Southern Indiana	5	4
Clinton	West Central	15	3
Columbia City	Parkview Whitley	17	17
Columbus	Columbus Regional	68	101
Connersville	Fayette Memorial	32	20
Corydon	Harrison County	13	7
Crawfordsville	St. Clare Med Cntr	24	57
	St. Anthony Medical Center	44	139
Danville	Hendricks Regional	88	100
Decatur	Adams County	18	10
Dyer	St. Margaret Mercy	30	131
East Chicago	St. Catherine	7	6
Elkhart	Elkhart General	85	244
Elwood	St. Vincent Mercy	7	8
Evansville	Deaconess	63	142
	St. Mary's Med Cntr	82	47
	St. Mary's Welborn	3	3
Fort Wayne	Dupont	37	17
	Lutheran	76	41
	Parkview Memorial	135	244
	Parkview North	18	22
	St. Joseph's MC	27	14
	VA Hospital	0	3
Frankfort	St. Vincent Frankfort	28	65
Franklin	Johnson Memorial	27	16

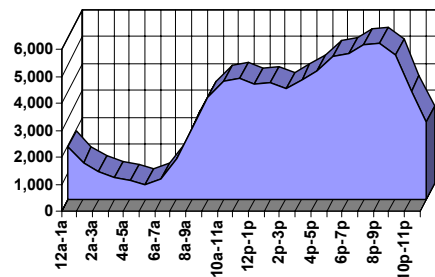


City	Hospital	Patients Referred to ED	Request or Consult
Gary	Methodist Hospital (Northlake)	28	144
Goshen	Goshen General	57	113
Greencastle	Putnam County	30	34
Greenfield	Hancock County	27	45
Greensburg	Decatur County	19	71
Hammond	St. Margaret Mercy	20	273
Hartford City	Blackford County	7	45
Hobart	St. Mary Med Cntr	18	71
Huntingburg	St. Joseph's	13	2
Huntington	Parkview Huntington	17	34
Indianapolis	Community East	69	121
	Community North	123	206
	Community South	59	157
	Indiana University	98	83
	Larue Carter	0	8
	Methodist	273	572
	St. Francis South	86	122
	St. Vincent	117	151
	St. Vincent Women's	0	0
	VA Hospital	12	27
	Westview	3	3
	Winona	1	2
	Wishard Memorial	177	450
Jasper	Memorial	35	50
Jeffersonville	Clark County	27	5
Kendallville	Parkview Noble	28	49
Knox	Starke Memorial	14	34
Kokomo	Howard Community	44	42
	St. Joseph Memorial	25	11
Lafayette	Lafayette Home	85	179
	St. Elizabeth	33	73
LaGrange	LaGrange Community	7	24
LaPorte	LaPorte	25	63
Lawrenceburg	Dearborn County	31	141
Lebanon	Witham	28	50
Linton	Greene County	16	53
Logansport	Memorial	12	117
Madison	King's Daughters'	31	7
Marion	Marion General	51	82
	VA Hospital	1	1
Martinsville	Morgan County	33	52

City	Hospital	Patients Referred to ED	Request or Consult
Merrillville	Methodist Hospital (Southlake)	33	114
Michigan City	St. Anthony	35	145
Mishawaka	St. Joseph	28	53
Monticello	White County	15	61
Mooresville	St. Francis Mooresville	1	3
Muncie	Ball Memorial	98	97
Munster	Community	48	143
New Albany	Floyd Memorial	30	6
New Castle	Henry Memorial	41	83
Noblesville	Riverview Hospital	40	74
North Vernon	St. Vincent Jennings	13	27
Paoli	Bloomington Orange County	24	57
Peru	Dukes Memorial	24	6
Plymouth	St. Joseph's	29	50
Portage	Portage Community	23	102
Portland	Jay County	13	25
Princeton	Gibson General	16	27
Rensselaer	Jasper County	6	46
Richmond	Reid Memorial	47	103
Rochester	Woodlawn Hospital	12	36
Rushville	Rush Memorial	12	18
Salem	Washington County	7	6
Scottsburg	Scott County	14	7
Seymour	Schneck Med Cntr	38	72
Shelbyville	Major	27	89
South Bend	Memorial	96	264
	St. Joseph Regional Medical Center	46	154
Sullivan	Sullivan County	22	69
Tell City	Perry County	11	28
Terre Haute	Terre Haute Regional	42	95
	Union	68	18
Tipton	Tipton County	10	22
Valparaiso	Porter Memorial	77	155
Vincennes	Good Samaritan	40	96
Wabash	Wabash County	14	34
Warsaw	Kosciusko Community	27	5
Washington	Daviess Community	28	58
	Purdue University Student Hospital	1	15
West Lafayette	St. Vincent		
Williamsport	Williamsport	14	24
Winamac	Pulaski Memorial	10	22
Winchester	St. Vincent Randolph	9	10

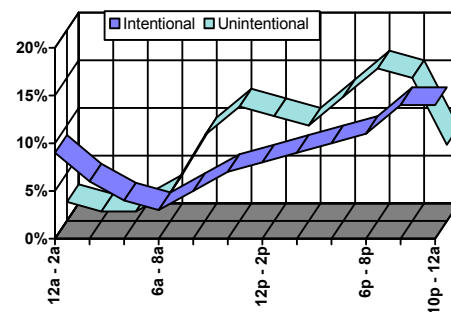
TIME OF CALLS

The total call volume to IPC shows an initial peak between 10 am and noon with a larger peak occurring between 8 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 8 pm and 10 pm.



CIRCUMSTANCE

Acute exposures account for 97.0% of the total calls, while 1.2% are chronic in nature. Occupational exposure calls have remained essentially constant from 1989 through 2004, while therapeutic errors and misuse have increased substantially. Malicious cases have remained at our background incidence after the anthrax scares of 2001. The specific reasons for exposures are:

Reason	Number	Percent
Unintentional		
General	32,706	55.7%
Environmental	1,093	1.9%
Occupational	871	1.5%
Therapeutic error	4,844	8.3%
Misuse	6,432	11.0%
Bite / sting	1,019	1.7%
Food poisoning	1,015	1.7%
Unknown	36	0.1%
Total Unintentional	48,016	81.8%
Intentional		0.0%
Suspected suicide	5,716	9.7%
Misuse	1,333	2.3%
Abuse	1,354	2.3%
Unknown	161	0.3%
Total Intentional	8,564	14.6%
Other		
Contamination / tampering	57	0.1%
Malicious	216	0.4%
Withdrawal	32	0.1%
Total Other	305	0.5%
Adverse reaction		
Drug	946	1.6%
Food	116	0.2%
Other	298	0.5%
Total Adverse reaction	1,360	2.3%
Unknown	442	0.8%

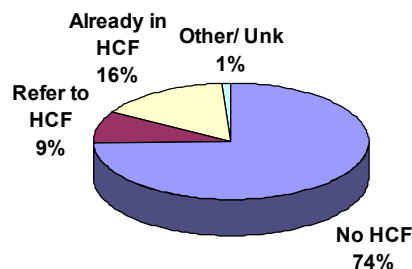
SITE OF EXPOSURE

The most frequent site of exposure is a residence, while calls for exposures in the workplace account for 2% of our calls, a small increase from last year.

<u>Site of Exposure</u>	<u>Number</u>	<u>Percent</u>
Own residence	52,986	90.3%
Other residence	1,779	3.0%
Workplace	1,164	2.0%
Health care facility	174	0.3%
School	870	1.5%
Restaurant / food service	265	0.5%
Public area	491	0.8%
Other	636	1.1%
Unknown	322	0.6%

TREATMENT LOCATION

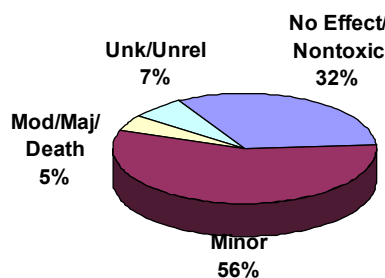
The majority of poison exposures either require no treatment or can be treated at the exposure site. The most common treatments at the exposure site include dilution and no treatment for oral exposures and flushing or irrigating the skin or eyes for dermal or ocular exposures.



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 2004, follow-up was made 67,181 times on 24,202 human cases (2.8 calls/case). An additional 54,971 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 2004 with a small increase in the percentage of cases with severe toxicity and deaths increasing by 18% compared to 2003.



<u>Location</u>	<u>Number</u>	<u>Percent</u>
NonHealth Care Facility (HCF)	43,747	74.5%
Referred to HCF by IPC		
Treated and released	2,055	3.5%
Admit to critical care	384	0.7%
Admit to noncritical care	249	0.4%
Admit to psychiatry	174	0.3%
Lost to follow-up/left AMA	662	1.1%
Refused referral	1,602	2.7%
Total Referred	5,126	8.7%
Patient Already in HCF		
Treated and released	4,529	7.7%
Admit to critical care	2,877	4.9%
Admit to noncritical care	658	1.1%
Admit to psychiatry	898	1.5%
Lost to follow-up/left AMA	269	0.5%
Total Alread in HCF	9,231	15.7%
Other	413	0.7%
Unknown	170	0.3%

Overall, the IPC referred 5,126 (8.7%) patients for medical care and was consulted on another 9,231 cases that were already in a health care facility (HCF).

FOLLOW-UP CALLS

<u>Medical Outcome</u>	<u>Number</u>	<u>Percent</u>
No effect	10,827	18.5%
Minor effect	10,149	17.3%
Moderate effect	2,401	4.1%
Major effect	394	0.7%
Death	51	0.1%
Death, indirect report	1	0.0%
No follow-up		
Judged nontoxic	8,091	13.8%
Judged Minimal Effects	22,942	39.1%
Potentially Toxic	2,150	3.7%
Unrelated effect	1,681	2.9%

AGENTS INVOLVED

During 2004, the IPC staff managed 58,687 human poison exposures. Prescription and nonprescription drugs accounted for 51% 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 91% of the cases and two substances in 5.7% of cases, but exposures to over nine substances were seen in other cases. The new category for Weapons of Mass Destruction added in response to the anthrax incidents did not see activity this year.

<u>Agent Involved</u>	<u>Number</u>
Analgesics	6,850
Anesthetics	228
Anticholinergic drugs	119

<u>Agent Involved</u>	<u>Number</u>
Anticoagulants	128
Anticonvulsants	985
Antidepressants	2,888
Antihistamines	1,658
Antimicrobials	1,466
Antineoplastics	28
Asthma therapies	595
Cardiovascular drugs	1,856
Cold and cough preparations	2,590
Diagnostic agents	22
Dietary supplements/herbals/homeopathic	584
Diuretics	242
Electrolytes and minerals	720
Eye/ear/nose/throat preparations	403
Gastrointestinal preparations	1,186
Hormones and hormone antagonists	1,159
Muscle relaxants	592
Narcotic antagonists	2
Radiopharmaceuticals	1
Sedative/hypnotics/antipsychotics	3,574
Serums, toxoids, vaccines	32
Stimulants and street drugs	1,129
Topical preparations	2,826
Veterinary drugs	105
Vitamins	1,686
Miscellaneous drugs	669
Unknown drug	358

Total Drugs 34,681

<u>Agent Involved</u>	<u>Number</u>
Adhesives/glues	512
Alcohols	1,826
Arts/crafts/office supplies	1,114
Automotive/aircraft/boat products	425
Batteries	279
Bites and envenomations	1,169
Building and construction products	248
Chemicals	1,185
Cleaning Substances	
- Household	4,990
- Industrial	296
Cosmetics/personal care products	5,821
Deodorizers	599
Dyes	58
Essential oils	221
Fertilizers	234
Fire extinguishers	90
Food products/food poisoning	1,643
Foreign bodies/toys/miscellaneous	2,938
Fumes/gases/vapors	1,075
Heavy metals	292
Hydrocarbons	1,451
Lacrimators	184
Matches/fireworks/explosives	48
Mushrooms	173
Paints and stripping agents	495
Pesticides	
- Fungicides	33
- Fumigants	2
- Herbicides	256
- Insecticides	1,594
- Repellents	438
- Rodenticides	893
Photographic products	22
Plants	1,722

<u>Agent Involved</u>	<u>Number</u>
Polishes and waxes	225
Radioisotopes	6
Sporting equipment	13
Swimming pool/aquarium	280
Tobacco products	257
Weapons of mass destruction	2
Other/unknown nondrug substances	584

Total Non-Drugs 32,876

Total Agents 67,557

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/personal care products	4,525
Cleaning substances (household)	3,298
Topical preparations	2,428
Analgesics	2,350
Foreign bodies/toys/miscellaneous	2,264
Cold and cough preparations	1,610
Pesticides	1,398
Vitamins	1,379
Plants	1,284
Gastrointestinal preparations	817

The pediatric top ten changed this year only with the replacement of antimicrobials with pesticides. All substances on the intentional top ten remained the same with the exception of antihistamines and cough and cold preparations switching spots. The number of intentional exposures reported for most classes increased this year.

<u>Intentional Top Ten</u>	<u>Number</u>
Analgesics	3,188
Sedative/hypnotics/antipsychotics	2,651
Antidepressants	1,862
Alcohols	1,096
Stimulants and street drugs	652
Antihistamines	510
Anticonvulsants	471
Cold and cough preparations	456
Muscle relaxants	414
Cardiovascular drugs	377

The following table represents the substances seen in the most serious poisonings resulting in major symptoms or death. While the same substances were on the list this year, alcohols increased 66% replacing stimulants and street drugs as the fourth most common cause and pushing the rest of the causes down. Analgesics remained the most frequent cause of severe toxicity. Other classes with large increases included sedative hypnotics at 18% and antihistamines at 30%.

<u>Most Serious Intoxications</u>	<u>Number</u>
Analgesics	224
Sedative/hypnotics/antipsychotics	161
Antidepressants	141
Alcohols	68
Stimulants and street drugs	59
Cardiovascular drugs	43
Anticonvulsants	34
Muscle relaxants	29
Antihistamines	26
Chemicals	17
Fumes/gases/vapors	17

THERAPY

Supportive care is the single most critical component in the care of the poisoned patient. In 4,403 (7.1%) patients no therapy was needed and observation alone was used in an additional 6,838 (11.0%). IPC advice was refused in 1,169 cases (1.9%). Specific therapeutic methods utilized in poisonings included decontamination, antidotal therapy, and enhancing elimination. Decontamination alone was utilized in 37,744 (60.5%) cases, other therapies alone in 3,369 cases (5.4%) and a combination of the two in 2,214 (3.6%). The most common antidotal treatments were oxygen, n-acetylcysteine, benzodiazepines, naloxone, alkalinization and antihistamines. The following table summarizes some specific therapies follows:

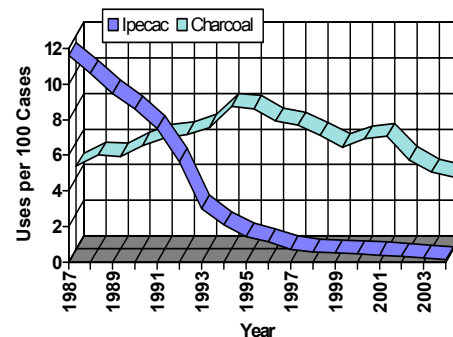
<u>Decontamination</u>	<u>Number</u>
Ipecac	66
Charcoal, single dose	2,345
Charcoal, multiple doses	21
Lavage	147
Cathartic	62
Whole bowel irrigation	4
Other emetic	138
Dilute/irrigate/wash	34,120
Fresh air	1,881
Food/snack	1,146
Total Decontamination	39,930
No Decontamination	18,757

Antidotal / Other Therapy

Fluids, IV	3,033
Oxygen	891
NAC (PO – 303, IV – 251)	554
Benzodiazepines	493
Intubation	456
Ventilator	408
Antibiotics	299
Naloxone	283
Alkalinization	255
Antihistamines	253
Total Antidotal / Other Therapy	8,552

Enhancement of Elimination

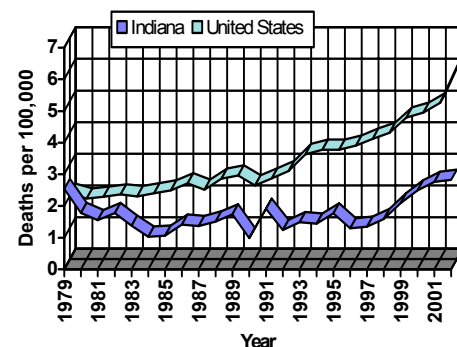
Hemodialysis	51
Hemoperfusion	0
Other	6
Total Enhancement	57



Use of activated charcoal again greatly exceeded that of syrup of ipecac. Syrup of ipecac use has dropped 99% in the past thirteen years (46% in 2004 alone), while the use of activated charcoal initially increased by 73% and decreased slightly in 2004 reflecting changes in usage in the hospital setting. Eighty-six percent of the time ipecac was used, the IPC did not recommend its use.

MORTALITY

Data from the National Center for Injury Prevention and Control showed 174 unintentional poison deaths in Indiana for 2002. The average number since the inception of the Poison Center has been 89 per year down from an average of 116 per year prior to 1979. Indiana's unintentional death rate (2.83/100,000) continues to be well below the national figure for 2002 (6.09/100,000) although it seems to be increasing although as rapidly as nationally.



The Indiana Poison Center was consulted on 51 patients who died during 2004. Most of the deaths (41) were intentional in nature (23 suspected suicide and 12 abuse). In some cases, the cause of death was eventually determined not to be related to the exposure.

<u>Age</u>	<u>Sex</u>	<u>Agent (Reason)</u>
4m	F	dextromethorphan, chlorpheniramine, phenylephrine, guaifenesin (unknown)
14y	M	morphine (abuse)
15y	M	acetaminophen, buprenorphine, guaifenesin, codeine (suicide)
19y	M	butane (abuse)
21y	M	methadone, ethanol (abuse)
21y	M	ecstasy (MDMA), methadone (abuse)

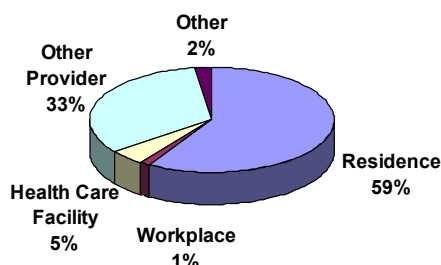
Age	Sex	Agent (Reason)
22y	F	acetaminophen (suicide)
23y	M	anhydrous ammonia (environmental)
23y	M	oxycodone, ethanol (abuse)
24y	F	ethanol, sertraline, benzodiazepines, THC, opioids (suicide)
28y	M	oxycodone, acetaminophen, carisoprodol (suicide)
29y	F	fentanyl, flurazepam (abuse)
37y	F	trazodone, zonisamide, fentanyl (suicide)
37y	M	olanzapine, fluoxetine (suicide)
39y	M	acetaminophen, ethanol, isopropanol (abuse)
40y	F	quetiapine, clonazepam, oxycodone (abuse)
40y	F	haloperidol, valproic acid, metformin, clonazepam, quetiapine, escitalopram (unknown)
41y	M	ethanol, bupropion (suicide)
42y	F	acetaminophen (intentional misuse)
42y	M	cocaine, acetaminophen, hydrocodone (intentional unknown)
43y	F	acetaminophen, amphetamine, benzodiazepines (abuse)
43y	M	ethylene glycol, alkaline drain cleaner: (intentional unknown)
43y	M	helium gas (abuse)
45y	F	acetaminophen (intentional misuse)
46y	F	oxycodone, acetaminophen, alprazolam, sumatriptan, promethazine, fluoxetine, eletriptan (suicide)
47y	F	nortriptyline, ethanol (suicide)
47y	M	marijuana, cocaine (unknown)
47y	M	propoxyphene, acetaminophen (intentional misuse)
47y	M	valproic acid (suicide)
48y	M	opiates, benzodiazepines, unknown drug (abuse)
49y	M	carbon monoxide, bupropion, acetaminophen, codeine, fluoxetine (suicide)
49y	M	oxycodone, hydrochlorothiazide, quinapril, tizanidine, sertraline, metformin, glipizide, propoxyphene, acetaminophen, amitriptyline (suicide)
49y	M	diltiazem, diazepam (suicide)
49y	M	acetaminophen, nortriptyline (unknown)
50y	F	amlodipine, hydrocodone, acetaminophen, propoxyphene, alprazolam, omeprazole, sertraline, bupropion, potassium chloride, nifedipine, compazine, methylphenidate (suicide)

Age	Sex	Agent (Reason)
51y	F	diazepam, oxycodone, propoxyphene, meperidine, hydrocodone, acetaminophen, promethazine, cyclobenzaprine, zolpidem (abuse)
51y	M	lorazepam, hydroxyzine, clonidine, amlodipine (suicide)
52y	F	propoxyphene, acetaminophen, cyclobenzaprine (suicide)
52y	M	carbon monoxide (environmental)
53y	F	risperidone, propoxyphene, acetaminophen, mirtazapine, diazepam, oxycodone (unknown)
53y	F	methylsulfonyl methane, prednisone, sumatriptan, acetaminophen, codeine, citalopram, oxycodone, garlic oil, vitamin e, escitalopram, alprazolam, primidone, venlafaxine (suicide)
55y	F	propoxyphene, acetaminophen, ethanol, (suicide)
55y	F	propoxyphene, acetaminophen, estrogens, simvastatin, cyclobenzaprine, bupropion (suicide)
56y	M	acetaminophen (intentional misuse)
62y	F	chlorpheniramine, verapamil, ethanol, amitriptyline (suicide)
74y	M	methadone (suicide)
76y	F	carbon monoxide (malicious)
77y	F	acetaminophen, hydrocodone, butalbital, aspirin, caffeine (suicide)
84y	F	hydrochloric acid (suicide)
Unk	Unk	unknown substance (unknown)
adult	F	amitriptyline, alprazolam (suicide)
adult	M	carbon monoxide (environmental)

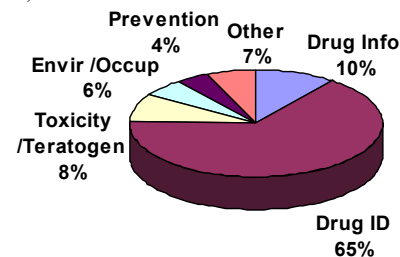
The most common substance classes involved in deaths reported to the IPC were opiates (34 cases, including 8 each of oxycodone and propoxyphene), antidepressants (22 cases), acetaminophen (22 cases) and benzodiazepines (14 cases).

INFORMATION CALLS

In 2004, the IPC staff responded to 17,975 inquiries from health professionals and the general public when no poison exposure had occurred. Fifty-nine percent of the calls were received from the general public, 57% in a residence and 1% in the workplace.

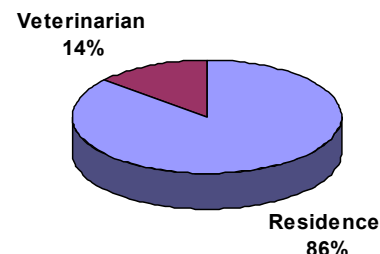


The information calls can be divided into several categories: 1) drug identification / information, 2) environmental, 3) medical, 4) occupational, 5) toxicity / symptoms, 6) prevention and safety, 7) teratogenicity and 8) other.



ANIMAL POISONINGS

In 2004, the IPC managed 3,503 poisonings to domestic animals, a 19% increase from 2003. 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 and rodenticide product exposures as compared to children.

Animal Top Ten	Number
Pesticides	817
Cleaning substances (household)	233
Plants	230
Foreign bodies/toys/miscellaneous	175
Analgesics	156
Topical preparations	119
Antimicrobials	118
Cosmetics/personal care products	108
Cardiovascular drugs	100
Hormones and hormone antagonists	98

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 (41)	6,560
Doctor of Pharmacy Students (4)	640
Doctor of Pharmacy Residents (3)	480
Family Practice Residents (11)	44
Medical Students (4)	640
Pharmacy Students (4)	16
Nursing Students (9)	27

Academic and Continuing Education Lectures Presented

32

The IPC sponsored its 20th Annual Toxicology Seminar: *Occupational and Environmental Emergencies* in May that was attended by over 115 health care professionals from throughout Indiana and surrounding states. Featured presentations centered on an historical overview of major environmental and occupational disasters, heavy metals, inhalations, pesticides, “perceived poisons”, “drop dead” toxins and invited cases from poison centers throughout the Midwest. In addition, staff from the center participated in the Midwest Regional Toxicology Conference held in November in Cincinnati, OH.

Under the guidance of Daniel Rusyniak, 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, Missouri and Michigan. Our second year fellow, Dr. Ayrn O’Connor was joined in July by Dr. Danyal Ibrahim from the Washington University in St. Louis, Missouri.

The staff of IPC also contributed to the medical toxicology literature in 2004 with eight journal articles and three abstracts presented (two at the North American Congress of Clinical Toxicology and one at the Society for Academic Emergency Medicine).

Journal Articles

- Kao LW, Nanagas KA. Carbon Monoxide Poisoning. *Emerg Med Clin North Am* 2004; 22:985-1018
- Mills EM, Rusyniak DE, Sprague JE. Role of uncoupling proteins in sympathomimetic-induced hyperthermia: a focus on 3,4-methylenedioxymethamphetamine (MDMA, Ecstasy). *J Molecular Med*, 2004; 82(12):787-99.

- Rusyniak DE, Nanagas KA. Organophosphate Poisoning. *Sem Neurol*, 2004; 24 (2):197-204.
- Rusyniak DE, Scruggs SL, Kamendulis LM, Sprague JE, Klauinig JE. The effects of Ecstasy (MDMA) on rat liver bioenergetics. *Acad Emerg Med*, 2004; 11(7):723-729.
- Rusyniak DE, Sprague JE, Mills E. Dantrolene use in 3,4-Methylenedioxymethamphetamine (Ecstasy) mediated hyperthermia (RE: Fiege M, et al. 2003;99:1132-6) *Anesth* 2004; 101 (1):163.
- Spiller HA, Mowry JB. Evaluation of the effect of a public educator on calls and poisonings reported to a regional poison center. *Vet Hum Toxicol* 2004;46:206-8.
- Sprague JE, Brucher JE, Mills EM, Caden D, Rusyniak DE. Attenuation of 3,4-methylenedioxymethamphetamine (MDMA, Ecstasy) induced rhabdomyolysis with α 1- plus β 3-adrenoreceptor antagonists. *British Journal of Pharmacology*. 2004; 142:667-670.
- Sprague JE, Mallett NM, Rusyniak DE, Mills E. UCP3 and thyroid hormone involvement in methamphetamine-induced hyperthermia. *Biochem Pharmacol* 2004; 68/7:1339-43.

Abstracts

- Gordon SM, Nanagas K, Mowry JB. Caffeine Elimination Half-Life During Peritoneal Dialysis in a Pediatric Overdose. *J Toxicol Clin Toxicol* 2004;42:742.
- Murphy PM, Wermuth ME. Prolonged and Recurrent Cardiotoxicity from Desipramine Ingestion. *J Toxicol Clin Toxicol* 2004;42:737.
- Rusyniak DE, Scruggs SL, Sprague JE. Ecstasy’s effects on in-vitro and ex-vivo oxidative phosphorylation in rodent skeletal muscle. *Society for Academic Emergency Medicine*, May 2004.

Public Education

IPC continues to promote the message that children should always check with an adult before touching anything they are not sure of. Education for children and their caregivers is focused on teaching the concept that poison is not restricted to particular products but can be anything if it is used the wrong way. Educational materials for children consist of activity sheets for preschool through elementary ages as well as a preschool curriculum. All of the materials can be duplicated.

IPC added some new education materials to its inventory in 2004. A poison prevention and First Aid module was developed for elementary students. Temporary tattoos bearing a cartoon and the poison emergency number were also developed for young children. A handout entitled, “How to Create

Poison Prevention Displays” was developed to assist community agencies with resources for local health fairs. Prevention materials targeted to the Hispanic population were also increased with the addition of a magnet displaying the emergency number and relevant information in Spanish. In an effort to increase outreach to populations currently underutilizing the poison center, IPC wrote and received a grant from the Clarian Health Values Fund to conduct a two year outreach program to Hispanic residents of Indiana.

“Making the Right Call” is an instructor training workshop with the goal of recruiting volunteers interested in injury prevention. This program is intended to expand public education efforts and establish a consistent poison prevention message throughout the state. Participants attend a free three-hour workshop and learn how to conduct a simple program for poison prevention in their community. The IPC Coordinator for Poison Prevention is available to conduct this workshop in any Indiana county upon request. The program has a strong evaluation component to determine its success. As of December 31, 2004 one hundred and eighty instructors from eleven Indiana counties had been trained to deliver this public education program.

IPC has continued to network with other agencies in the state. Safe Kids, member hospitals, Improving Kids Environment (IKE) and member physicians have continued to be partners with the poison center. Additionally, IPC has made efforts to forge links with parish nurses, fire and law enforcement professionals, obstetric and pediatric physicians, EMS agencies and Head Start programs. IPC continues to look for partnerships with other agencies that have an interest in injury prevention.

Public Education Activities

Pieces of Poison Prevention Material Distributed	187,410
TV & Radio appearances	16
Newspaper interviews	9
News Releases Distributed	12
<u>TOXIC TRIVIAS Published</u>	
Here’s to New Opportunities	
Have a Safe and Happy Spring	
Summer Safety	
Cold Weather Safety	

National Poison Prevention Week activities included distributing press packets to all print and broadcast news organizations in the state. Resource packets including ideas to promote the week and promotional items were sent to a wide variety of organizations throughout the state. A poster competition was held for elementary students and was promoted

through school nurses and Brownie and Scout leaders. Nurses and troop leaders received a poison prevention and first aid teaching curriculum along with contest rules and instructions.

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. The quarterly newsletter, "Toxic Trivia" was published four times in 2004. The list of people subscribing to this free newsletter continues to grow with the addition of state legislators, trained instructors and other community members who are interested in receiving useful news from the world of poison prevention.

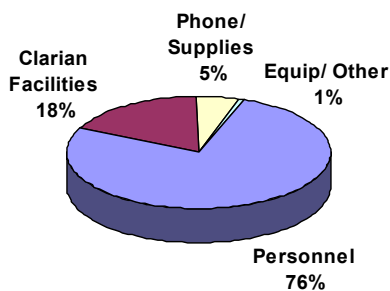
Cooperative long-term efforts such as these maintain a coordinated statewide poison prevention education program and bolster the efforts of the IPC to increase awareness of poison safety measures and reduce death and injury from poisoning.

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 25 years, this represents savings of over **\$155 million** in Indiana.

Total direct expenses have risen from \$117,369 in 1979 to \$1,456,662 in 2004 with a total cost per human poison case of \$32 which is below the national average of \$47 (from 2003) and a cost per productive call of \$24.



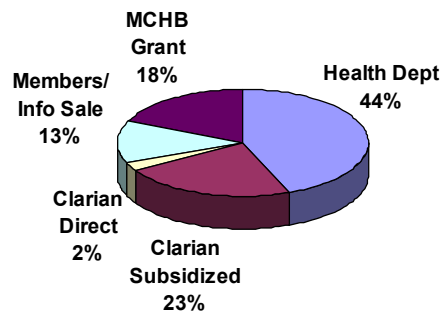
Personnel	\$1,443,299
Clarian Health Facilities	\$331,996
Telephone	\$33,813
Supplies (w/information resources)	\$60,500
Equipment/Other	\$12,892

Total Expenses \$1,882,500

Revenues

Annual Summary, 2004

Direct state funding through the Indiana State Department of Health has increased this year to \$825,000. This was due to start up costs and deliverables concerning syndromic toxicosurveillance efforts on behalf of the ISDH's Bioterrorism monitoring program. However, the proportion of direct state funding increasing from a low of 38% in 2002 to 44% of expenses compared to 90% in 1996. This decrease in percentage of state funding led to the re-designed Member Hospital Program in 1996. Membership fee were increased to \$3,000 per year and non-member hospitals are charged \$150 per consultation that they generate. Clarian Health provides up to \$100,000 in direct support as needed and also contributes space and other subsidized expense for the operation of the IPC. The second full year of Federal support of the poison center was in 2004 and contributes about 18% of the operating budget.



Indiana State Department of Health	\$825,006
Clarian Health – Subsidized	\$425,838
Clarian Health – Direct	\$44,795
Members / Information Sales	\$241,398
Federal MCHB Grant	\$345,463
Total Revenues	\$1,882,500

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 and pharmacists 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 26 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 24 years of experience in emergency medicine and medical toxicology. Dr. Furbee is also acting director of the medical toxicology fellowship.

Mary Wermuth, MD, Louise Kao, MD, Kristine Nanagas, MD and Daniel Rusyniak, MD, all graduates of our medical toxicology fellowship, act as Associate Medical Directors with primary emergency medicine practices at Methodist and Wishard Memorial Hospitals respectively. Dr. Rusyniak assumed the position as director of the medical toxicology fellowship program in July 2004.

Gwenn Christianson, RN, MSN, CSPI, though funding provided by the Federal Maternal and Child Health Bureau grant, began a position as Team Leader for the Indiana Poison Center in 2003. Gwenn's responsibilities include special projects, quality assurance and additional administrative support for the center. Gwenn has been a Specialist in poison information since 1988 and is actively involved a number of committees on the national level in the American Association of Poison Control Centers.

Barbara Cole, BS, also joined the Indiana Poison Center in 2003 as Coordinator – Poison Prevention. Mrs. Cole brings a vast experience in public health education to the poison center and is responsible for coordinating our state wide poison prevention program including evaluation, re-assessment, design and production.

Maggie Showalter serves as Administrative Secretary for the Indiana Poison Center and Medical Toxicology of Indiana. In addition to her secretarial duties she acts as liaison with Member Hospitals, coordinates patient appointments for the occupational toxicology clinic and coordinates medical toxicology rotations for the medical residents from Indiana University School of Medicine and the administrative aspects of the medical toxicology fellowship.

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. Carfagna, 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.

Indiana Poison Center Staff	
<p>Director James B. Mowry, PharmD</p> <p>Medical Director R. Brent Furbee, MD</p> <p>Associate Medical Directors Louise Kao, MD Kristine Nanagas, MD Daniel Rusyniak, MD</p> <p>Associate Medical Director/ HBO Coordinator Mary Wermuth, MD</p> <p>Administrative Secretary Maggie Showalter</p> <p>Corrdinator – Poison Prevention Barbara Cole, BS</p> <p>Medical Toxicology Fellowship Daniel Rusyniak, MD, Director Aym O’Connor, MD, Fellow Danyal Ibrahim, MD, Fellow</p>	<p>Team Leader Gwenn Christianson, RN, MSN, CSPI*</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* Brad Gray, RN Susan Jackson, RN, CSPI* Jo Johnson, RN, CSPI* Karen Lytle, BSN, CSPI* Tonya Mains, BSN, MS Susie McKnight, RN, CSPI* Laura Miller, Pharm.D., 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>

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 HOSPITALS FOR 2004

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

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 78 members in 2004, an increase from 76 members in 2003.

Ball Memorial Hospital, Muncie	Methodist Hospital, Indianapolis
Bedford Regional Medical Center, Bedford	Methodist Hospital (Northlake), Gary
Blackford County Hospital, Hartford City	Methodist Hospital (Southlake), Merrillville
Bloomington Hospital, Bloomington	Morgan County Memorial Hospital, Martinsville
Bluffton Regional Medical Center, Bluffton	Parkview Huntington Hospital, Huntington
Cameron Memorial Community Hospital, Angola	Parkview Memorial Hospital, Fort Wayne
Columbus Regional Hospital, Columbus	Parkview Noble Hospital, Kendallville
Community Hospital, Munster	Parkview Whitley Memorial Hospital, Columbia City
Community Hospital Anderson, Anderson	Perry County Memorial Hospital, Tell City
Community Hospital East, Indianapolis	Porter Memorial Hospital, Valparaiso
Community Hospital North, Indianapolis	Pulaski Memorial Hospital, Winamac
Community Hospital South, Indianapolis	Putnam County Hospital, Greencastle
Daviess Community Hospital, Washington	Reid Memorial Hospital, Richmond
Deaconess Hospital, Evansville	Riverview Hospital, Noblesville
Dearborn County Hospital, Lawrenceburg	Schneck Medical Center, Seymour
Decatur County Memorial Hospital, Greensburg	St. Anthony Medical Center, Crown Point
DeKalb Memorial Hospital, Auburn	St. Anthony Memorial Hospital, Michigan City
Dukes Memorial Hospital, Peru	St. Clare Medical Center, Crawfordsville
Dunn Memorial Hospital, Bedford	St. Elizabeth Medical Center, Lafayette
Elkhart General Hospital, Elkhart	St. Francis Hospital Center, Beech Grove
Fayette Memorial Hospital, Connersville	St. John's Health System, Anderson
Good Samaritan Hospital, Vincennes	St. Joseph Community Hospital, Mishawaka
Goshen General Hospital, Goshen	St. Joseph Regional Medical Center, South Bend
Greene County General Hospital, Linton	St. Joseph's Hospital of Marshall Co., Plymouth
Hancock County Memorial Hospital, Greenfield	St. Margaret Mercy Hospital, Dyer
Hendricks Regional Health, Danville	St. Margaret Mercy Hospital, Hammond
Henry Memorial Hospital, New Castle	St. Mary Medical Center, Hobart
Indiana University Hospitals, Indianapolis	St. Vincent Clay Hospital, Brazil
Jasper County Hospital, Rensselaer	St. Vincent Frankfort Hospital, Frankfort
Jay County Hospital, Portland	St. Vincent Hospital, Indianapolis
Lafayette Home Hospital, Lafayette	St. Vincent Hospital - Carmel, Carmel
LaGrange Community Hospital, LaGrange	St. Vincent Williamsport Hospital, Williamsport
LaPorte Hospital, LaPorte	Sullivan County Community Hospital, Sullivan
Major Hospital, Shelbyville	Terre Haute Regional Hospital, Terre Haute
Margaret Mary Community Hospital, Batesville	Tipton Co. Memorial Hospital, Tipton
Marion General Hospital, Marion	White County Memorial Hospital, Monticello
Memorial Hospital, Jasper	Wishard Memorial Hospital, Indianapolis
Memorial Hospital, Logansport	Witham Health Services, Lebanon
Memorial Hospital of South Bend, South Bend	Woodlawn Hospital, Rochester

The following hospitals, while not members, supported the Indiana Poison Center through use of the poison center on the fee per call schedule.

Adams County Memorial Hospital, Decatur
 Community Hospital, Bremen
 Dupont Hospital, Fort Wayne
 Floyd Memorial Hospital, New Albany
 Gibson General Hospital, Princeton
 Howard Community Hospital, Kokomo
 Johnson Memorial Hospital, Franklin
 Kosciusko Community Hospital, Warsaw
 Rush Memorial Hospital, Rushville
 St. Catherine Hospital, East Chicago

St. Joseph Memorial Hospital, Kokomo
 St. Mary's Medical Center, Evansville
 St. Mary's of Warrick County Hospital, Booneville
 St. Vincent Jennings Hospital, North Vernon
 St. Vincent Mercy Hospital, Elwood
 St. Vincent Randolph Hospital, Winchester
 Starke Memorial Hospital, Knox
 Veterans Administration Hospital, Indianapolis
 Wabash County Hospital, Wabash
 Westview Hospital, Indianapolis

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.

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