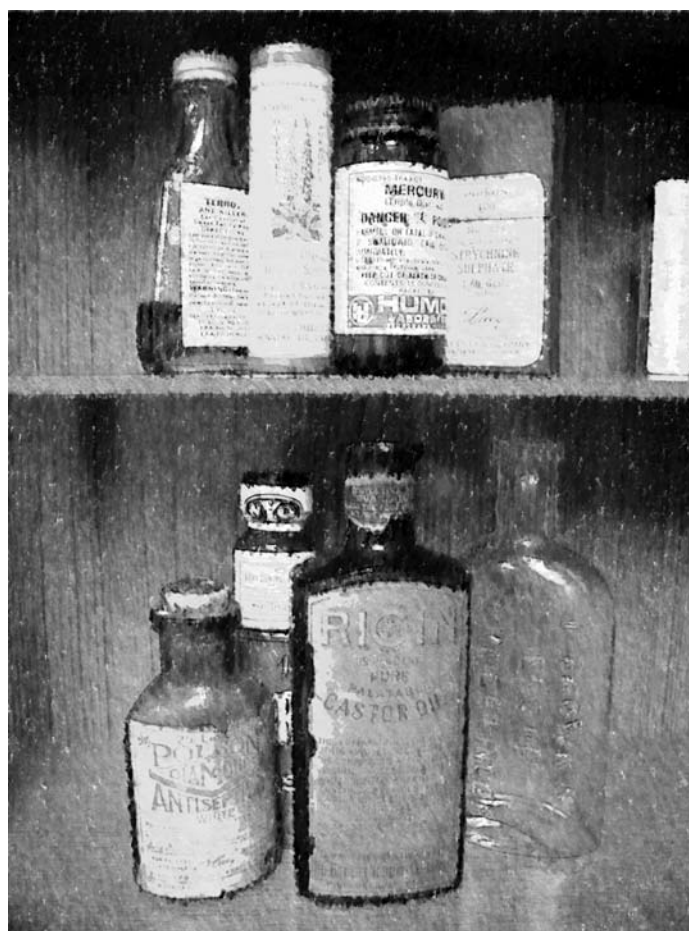


INDIANA **POISON** CENTER

2007 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.*



Clarian Health

During 2007, the Indiana Poison Center received over 85,000 calls for help. Human exposures calls increased 4.3% compared to 2006 and 20,000 information calls were fielded. 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 consult service at four Indianapolis hospitals 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 4.8% to 3,705 cases, and follow up calls back to users of our service increased by 1.1% to 78,930.

*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 is not immune to this. As a consequence, our Member Hospital Network increased its yearly membership fees and charges to non-member hospitals for consultations in 2006, as the program was no longer providing sufficient funds to cover our expenses. Calls from non-member hospitals continue to be depressed, 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 toll free number was activated in Indiana early in 2001 and a steady increase in calls through this line has been seen. We are now in the 5th full year of federal funding from the "**The Poison Control Center Enhancement and Awareness Act**" and "**The Poison Control Center Enhancement and Awareness Act Amendments of 2004**". These funds were first used to update the technology capabilities of the center, and are now supporting staff salaries and greatly enhancing public education and awareness activities. Funding is available through FY 2009 from these acts although considerable work is necessary each year to secure the yearly congressional appropriation. 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 it's 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, Federal Healthcare Services Bureau within HRSA 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 55 in the nation and the only one in Indiana.

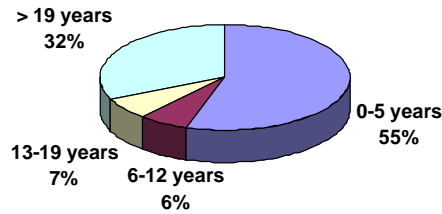
In 2007, the IPC received 85,148 requests for assistance (averaging 233 calls per day). Of these calls 65,149 concerned exposures to poisons and 19,999 were callers seeking information without an exposure. The 65,149 poison exposure calls resulted from 61,444 human and 3,705 animal poisoning cases. The 61,444 human poison exposure cases managed represent a 4.3% increase over 2006. In addition, the staff of the Poison Center placed 78,930 calls to patients and health care professionals for follow-up (averaging 216 calls per day).

This report presents an overview of IPC poisoning data and other activities for 2007. Additional information is available upon request. Data was available to evaluate 61,302 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

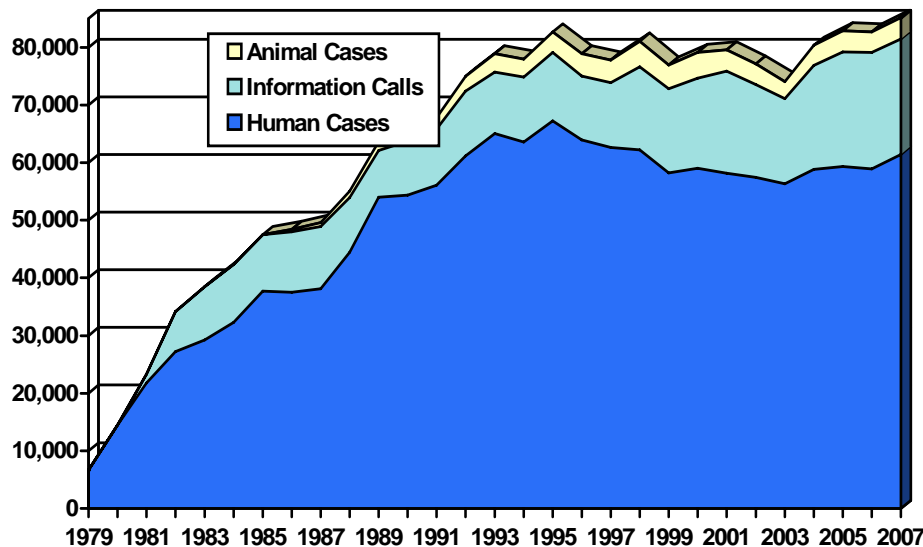
2007, slightly decreased from 2006. Although the incidence of poisoning is still greater in children, most severe poisonings and poisoning deaths occur in adolescents and adults (39% of cases) due to their exposures being intentional in nature. The trend for increasing age as compared to historical averages was once again seen this year.



Age (Years)	Number			%
	Males	Females	Total	
<1	1,602	1,494	3,112	5.1%
1	4,945	4,620	9,576	15.6%
2	6,311	5,715	12,049	19.7%
3	2,756	2,286	5,050	8.2%
4	1,254	945	2,209	3.6%
5	723	555	1,285	2.1%
6-12	2,197	1,658	3,876	6.3%
13-19	2,060	2,102	4,238	6.9%
20-29	2,158	2,591	4,750	7.8%
30-39	1,573	2,178	3,752	6.1%
40-49	1,320	1,891	3,313	5.2%
50-59	905	1,330	2,237	3.7%
60-69	520	819	1,242	2.2%
70-99	479	1,038	1,517	2.5%
Unk Adult	1,018	1,501	1,753	4.2%
Unk Infant	24	13	39	0.1%
Unk Child	157	138	324	0.5%
Unknown	59	55	177	0.3%
Total	30,061	30,929	61,302	100%

GENDER

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



adolescent and adult ages (57%).

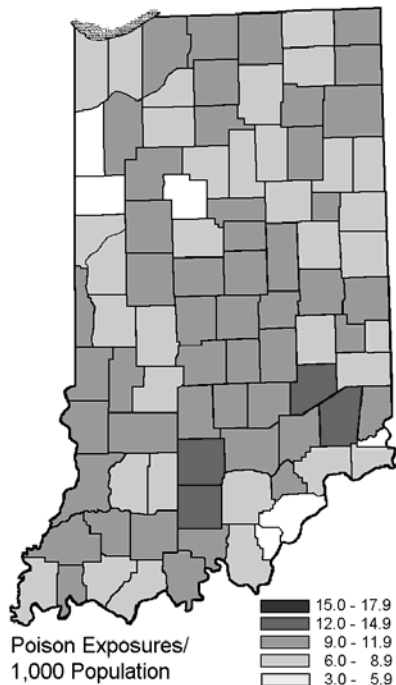
GEOGRAPHIC DISTRIBUTION

Overall, 98.6% of exposure calls originated in Indiana. In addition, the IPC received calls from 47 other states and foreign countries, with Kentucky, Illinois, Michigan, and Ohio accounting for 66% of these out-of-state calls. One out of every 75 Hoosiers utilized the Indiana Poison Center's services in 2007.

CALLER

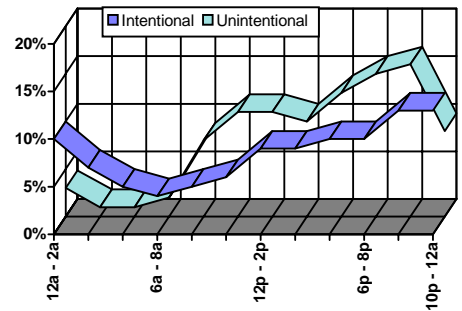
In 2007, 66,321 calls (79%) were received from the general public. Calls were also received from 18,827 health caregivers (physicians, nurses, EMT's, paramedics, and pharmacists), with 9,732 of these coming from hospitals throughout the state. Daily contacts were made consisting of IPC referral of patients 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 Request Referred or Consult	
		to ED	Consult
Anderson	Community	29	67
	St. John's	37	83
Angola	Cameron Memorial	18	67
Auburn	DeKalb Memorial	33	42
Avon	Clarian West	38	121
Batesville	Margaret Mary	30	48
Bedford	Bedford Regional	19	47
	Dunn Memorial	20	57
Beech Grove	St. Francis Center	74	135
Bloomington	Bloomington	119	189
Bloomington	Monroe	8	20
Bluffton	Bluffton Regional	14	42
Booneville	St. Mary's Warrick	4	9
Brazil	St. Vincent Clay	12	23
Bremen	Community	2	11
Carmel	Clarian North	23	28
	Medical Center		
	St. Vincent Carmel	30	44
Charlestown	Saint Catherine	2	4
Clinton	West Central	17	7
Columbia City	Parkview Whitley	18	27
Columbus	Columbus Regional	66	115
Connorsville	Fayette Memorial	16	24
Corydon	Harrison County	11	10
Crawfordsville	St. Clare	27	53
Crown Point	St. Anthony	41	155
Danville	Hendricks Regional	61	83
Decatur	Adams Memorial	23	19
Dyer	St. Margaret Mercy	20	119
East Chicago	St. Catherine	6	3
Elkhart	Elkhart General	78	230
Elwood	St. Vincent Mercy	3	12
Evansville	Deaconess	68	198
	Evansville State	0	13
	St. Mary's	72	87
	St. Mary's Welborn	2	3
Fort Wayne	Dupont	28	26
	Lutheran	56	60
	Parkview Memorial	114	240
	Parkview North	20	21
	St. Joseph's	26	35
	Veterans Admin	2	15
Frankfort	St. Vincent Frankfort	13	57
Franklin	Johnson Memorial	32	26
Gary	Methodist Northlake	15	102



<u>City</u>	<u>Hospital</u>	<u>Patients Referred to ED</u>	<u>Request or Consult</u>
Goshen	Goshen General	73	126
Greencastle	Putnam County	28	34
Greenfield	Hancock County	38	99
Greensburg	Decatur County	20	73
Hammond	St. Margaret Mercy	30	257
Hartford City	Blackford	12	10
Hobart	St. Mary	26	98
Huntingburg	St. Joseph's	2	0
Huntington	Parkview Huntington	19	52
Indianapolis	Community East	58	139
	Community North	98	202
	Community South	50	197
	Indiana Heart	0	0
	Indiana University	15	30
	Larue Carter	0	3
	Methodist	188	462
	Riley Children's	89	84
	St. Francis South	97	201
	St. Vincent	154	265
	Veterans Admin	8	23
	Westview	3	1
	Wishard Memorial	122	410
Jasper	Memorial	32	74
Jeffersonville	Clark Memorial	16	12
Kendallville	Parkview Noble	18	69
Knox	Starke Memorial	10	31
Kokomo	Howard	36	53
	St. Joseph	29	10
Lafayette	Lafayette Home	70	219
	St. Elizabeth	40	86
LaGrange	Parkview LaGrange	9	43
LaPorte	LaPorte	24	115
Lawrenceburg	Dearborn County	39	157
Lebanon	Witham	27	69
Linton	Greene County	10	60
Logansport	Memorial	12	67
Madison	King's Daughters'	15	8
Madison	Madison State	1	3
Marion	Marion General	35	62
Marion	Veterans Admin	0	0
Martinsville	Morgan County	32	67
Merrillville	Methodist Southlake	28	72
Michigan City	St. Anthony	34	148
Mishawaka	St. Joseph Regional	19	48
Monticello	White County	7	37

<u>City</u>	<u>Hospital</u>	<u>Patients Referred to ED</u>	<u>Request or Consult</u>
Mooresville	St. Francis Mooresville	1	5
Muncie	Ball Memorial	56	46
Munster	Community	26	138
New Albany	Floyd Memorial	31	12
New Castle	Henry Memorial	44	95
Newburgh	Deaconess Gateway	28	45
Noblesville	Riverview	43	73
North Vernon	St. Vincent Jennings	19	51
Paoli	Bloomington Orange Co.	16	65
Peru	Dukes Memorial	13	48
Plymouth	St. Joseph's	18	57
Portage	Portage Community	26	114
Portland	Jay County	13	4
Princeton	Gibson General	18	53
Rensselaer	Jasper County	20	64
Richmond	Reid	58	118
Rochester	Woodlawn	11	38
Rushville	Rush Memorial	8	21
Salem	Washington County	7	2
Scottsburg	Scott County	17	1
Seymour	Schneck	24	80
Shelbyville	Major	21	117
South Bend	Memorial St. Joseph Regional	84	255
	St. Mary	0	1
Sullivan	Sullivan County	14	78
Tell City	Perry County	7	55
Terre Haute	Terre Haute Regional	25	78
Terre Haute	Union	44	23
Tipton	Tipton County	9	27
Valparaiso	Porter Memorial	93	172
Vincennes	Good Samaritan	27	87
Wabash	Wabash County	10	33
Warsaw	Kosciusko	31	18
Washington	Daviess	15	67
West Lafayette	Purdue University	0	5
West Lafayette	Wabash Valley Mental Health	1	2
Williamsport	St. Vincent Williamsport	19	17
Winamac	Pulaski Memorial	8	25
Winchester	St. Vincent Randolph	9	22



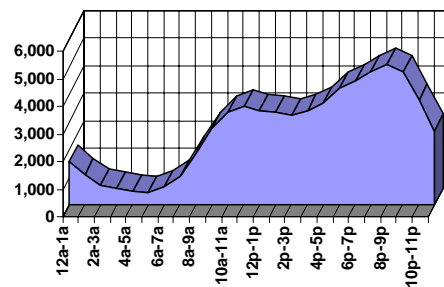
CIRCUMSTANCE

Acute exposures account for 96.2% of the total calls, while 2.0% are chronic in nature. Occupational exposure calls have remained essentially constant from 1989 through 2007, 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:

<u>Reason</u>	<u>Number</u>	<u>Percent</u>
Unintentional		
General	33,366	54.4%
Environmental	1,703	2.8%
Occupational	857	1.4%
Therapeutic error	5,671	9.3%
Misuse	6,305	10.3%
Bite / sting	673	11%
Food poisoning	1,471	2.4%
Unknown	58	0.1%
Total Unintentional	50,104	81.7%
Intentional		
Suspected suicide	5,686	9.3%
Misuse	1,516	2.5%
Abuse	1,420	2.3%
Unknown	193	0.3%
Total Intentional	8,815	14.4%
Other		
Contamination / tampering	82	0.1%
Malicious	257	0.4%
Withdrawal	42	0.1%
Total Other	381	0.6%

TIME OF CALLS

The total call volume to IPC shows an initial peak between 10 am and noon with a larger peak occurring between 7 pm and 8 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.

Adverse reaction

Drug	862	1.4%
Food	138	0.2%
Other	355	0.6%
Total Adverse reaction	1,355	2.2%
Unknown	647	1.1%

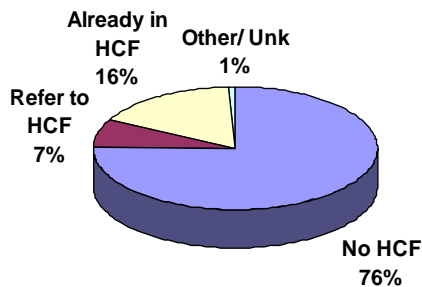
SITE OF EXPOSURE

The most frequent site of exposure is a residence, while calls for exposures in the workplace account for 1.9% of our calls, a small decrease from last year.

<u>Site of Exposure</u>	<u>Number</u>	<u>Percent</u>
Own residence	55,159	90.9%
Other residence	1,796	2.9%
Workplace	1,157	1.9%
Health care facility	148	0.2%
School	956	1.6%
Restaurant / food service	231	0.4%
Public area	518	0.8%
Other	601	1.0%
Unknown	736	1.2%

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 observation and dilution for oral exposures and flushing or irrigating the skin or eyes for dermal or ocular exposures.



<u>Location</u>	<u>Number</u>	<u>Percent</u>
NonHealth Care Facility (HCF)	46,222	75.4%
Referred to HCF by IPC		
Treated and released	1,683	2.7%
Admit to critical care	318	0.5%
Admit to noncritical care	180	0.3%
Admit to psychiatry	165	0.3%
Lost to follow-up/left AMA	649	1.0%
Refused referral	1,562	2.5%
Total Referred	4,557	7.4%
Patient Already in HCF		
Treated and released	4,909	8.0%
Admit to critical care	2,984	4.8%
Admit to noncritical care	740	1.2%
Admit to psychiatry	1,012	1.7%
Lost to follow-up/left AMA	327	0.5%
Total Already in HCF	9,972	16.3%
Other	300	0.5
Unknown	251	0.4

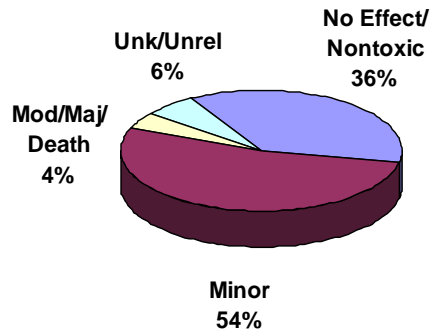
Overall, the IPC referred 4,557 (7.4%) patients for medical care and was consulted on another 9,972 cases that were already in a health care facility (HCF).

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 2007, follow-up was made 76,409 times on 26,323 human cases (2.9 calls/case). An additional 57,157 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 2007 with deaths decreasing compared to 2006.



<u>Medical Outcome</u>	<u>Number</u>	<u>Percent</u>
No effect	13,567	22.1%
Minor effect	10,294	16.8%
Moderate effect	2,319	3.80%
Major effect	379	0.6%
Death	37	0.1%
Death, indirect report	7	0.0%
No follow-up		
Judged nontoxic	8,667	14.1%
Judged Minimal Effects	22,289	36.4%
Potentially Toxic	2,286	3.7%
Unrelated effect	1,457	2.4%

AGENTS INVOLVED

During 2007, the IPC staff managed 61,302 human poison exposures. Prescription and nonprescription drugs accounted for 52% of these exposures, while an additional 38% were to household products. Plants, animals, industrial and agricultural products were also commonly reported. A single substance was involved in 90.9% of the cases and two substances in 5.9% of cases, but exposures to over nine substances were seen in other cases.

<u>Agent Involved</u>	<u>Number</u>
Analgesics	7,893
Anesthetics	240
Anticholinergic drugs	252
Anticoagulants	168

<u>Agent Involved</u>	<u>Number</u>
Anticonvulsants	1,123
Antidepressants	2,751
Antihistamines	1,916
Antimicrobials	1,610
Antineoplastics	42
Asthma therapies	544
Cardiovascular drugs	2,086
Cold and cough preparations	2,762
Diagnostic agents	14
Dietary supplements/herbals homeopathic	646
Diuretics	257
Electrolytes and minerals	839
Eye/ear/nose/throat preparations	475
Gastrointestinal preparations	1,362
Hormones and hormone antagonists	1,306
Miscellaneous drugs	661
Muscle relaxants	621
Narcotic antagonists	10
Radiopharmaceuticals	1
Sedative/hypnotics/antipsychotics	4,008
Serums, toxoids, vaccines	54
Stimulants and street drugs	1,202
Topical preparations	2,978
Veterinary drugs	51
Vitamins	1,683
Unknown drug	400

Total Drugs 37,955

<u>Agent Involved</u>	<u>Number</u>
Adhesives/glues	454
Alcohols	1,951
Arts/crafts/office supplies	994
Automotive/aircraft/boat products	345
Batteries	246
Bites and envenomations	888
Building and construction products	233
Chemicals	1,179
Cleaning substances (household)	5,153
Industrial cleaners	284
Cosmetics/personal care products	5,851
Deodorizers	666
Dyes	56
Essential oils	263
Fertilizers	209
Fire extinguishers	97
Food products/food poisoning	2,355
Foreign bodies/toys/miscellaneous	3,041
Fumes/gases/vapors	1,163
Heavy metals	424
Hydrocarbons	1,288
Information calls	0
Lacrimators	170
Matches/fireworks/explosives	41
Mushrooms	157
Paints and stripping agents	453
Pesticides - Fumigants	3
Pesticides - Fungicides	35
Pesticides - Herbicides	229
Pesticides - Insecticides	1,251
Pesticides - Repellants	296
Pesticides - Rodenticides	525
Photographic products	15

<u>Agent Involved</u>	<u>Number</u>
Plants	1,409
Polishes and waxes	175
Radioisotopes	8
Sporting equipment	18
Swimming pool/aquarium	269
Tobacco products	261
Weapons of mass destruction	3
Other/unknown nondrug substances	1,007
Total Non-Drugs	33,465
Total Agents	71,420

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	4,587
Cleaning substances (household)	3,345
Analgesics	2,930
Topical preparations	2,455
Foreign bodies/toys/miscellaneous	2,314
Cold and cough preparations	1,667
Vitamins	1,298
Plants	992
Antihistamines	978
Gastrointestinal preparations	951

The pediatric top ten changed this year with plants increasing one spot, antihistamines replacing pesticides and gastrointestinal preparations replacing antimicrobials. All substances on the intentional top ten remained the same with anticonvulsants, antihistamines and cold and cough preparations switching in relative order compared to 2006.

<u>Intentional Top Ten</u>	<u>Number</u>
Analgesics	3,449
Sedative/hypnotics/antipsychotics	2,830
Antidepressants	1,691
Alcohols	1,129
Stimulants and street drugs	623
Anticonvulsants	535
Antihistamines	517
Cold and cough preparations	503
Muscle relaxants	428
Cardiovascular drugs	409

The following table represents the substances seen in the most serious poisonings resulting in major symptoms or death. Serious alcohol exposures decreased 18% with alcohols and cardiovascular drugs trading places on the list. Analgesics remained the most frequent cause of severe toxicity. All of the classes experienced significant decreases except sedatives/hypnotics/antipsychotics and antihistamines.

<u>Most Serious Intoxications</u>	<u>Number</u>
Analgesics	231
Sedative/hypnotics/antipsychotics	193
Antidepressants	138
Cardiovascular drugs	50
Alcohols	44
Stimulants and street drugs	41
Anticonvulsants	40
Muscle relaxants	36
Antihistamines	25
Hormones and hormone antagonists	21

THERAPY

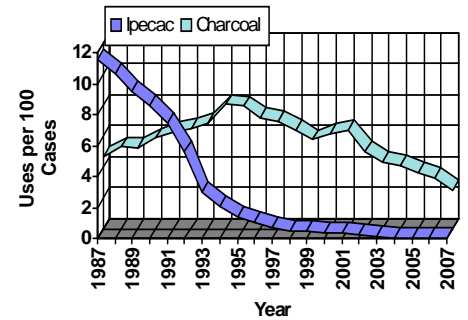
Supportive care is the single most critical component in the care of the poisoned patient. In 5,406 (8.8%) patients no therapy was needed and observation alone was used in an additional 6,285 (10.3%). IPC advice was refused in 1,233 cases (2.0%). Specific therapeutic methods utilized in poisonings included decontamination, antidotal therapy, and enhancing elimination. Decontamination alone was utilized in 34,970 (57.1%) cases, other therapies alone in 4,082 cases (6.7%) and a combination of the two in 1,790 (2.9%). The most common antidotal treatments were oxygen, n-acetylcysteine, benzodiazepines, naloxone, antihistamines and alkalization. A continued change in the pattern of n-acetylcysteine use was that the intravenous form is used more than the oral regimen, a switch seen since 2005. The following table summarizes some specific therapies follows:

<u>Decontamination</u>	<u>Number</u>
Ipecac*	30
Charcoal, single dose	1,546
Charcoal, multiple doses	23
Lavage	86
Cathartic	86
Whole bowel irrigation	8
Other emetic	160
Dilute/irrigate/wash	33,239
Fresh air	1,985
Food/snack	1,341
Total Decontamination	37,163

No Decontamination 25,020

Antidotal / Other Therapy

Fluids, IV	3,502
Oxygen	1,005
n-Acetylcysteine (PO – 106, IV – 478)	584
Intubation	483
Benzodiazepines	476
Ventilator	450
Naloxone	351
Antibiotics	300
Sedation (other)	259
Antihistamines	250
Alkalization	226
Total Antidotal / Other Therapy	10,213



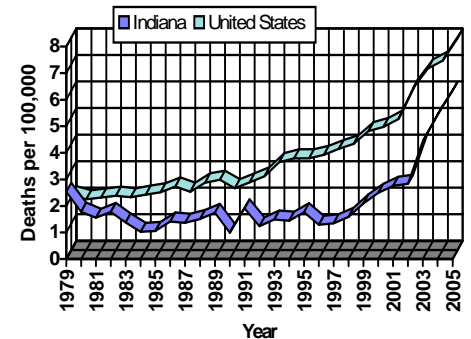
Enhancement of Elimination

Hemodialysis	37
Hemoperfusion	0
Other	8
Total Enhancement	45

Use of activated charcoal again greatly exceeded that of syrup of ipecac. Syrup of ipecac use has dropped 99% in the past twenty years (21% in 2007 alone), while the use of activated charcoal initially increased by 73% and now shows a continual decrease since then reflecting changes in usage in the hospital setting. *In all instances in which ipecac was used in 2007, the IPC did not recommend its use.**

MORTALITY

Data from the National Center for Injury Prevention and Control showed 397 unintentional poison deaths in Indiana for 2005, an increase of 15%. The average number since the inception of the Poison Center has now increased to 117 per year from an average of 116 per year prior to 1979. Indiana's unintentional death rate (6.34/100,000) continues to be 20% below the national figure for 2005 (7.97/100,000) although it seems to be increasing more rapidly compared to the national rate after years of lagging behind. National data suggests that the majority of this increase in is due to unintentional overdoses with drugs of abuse in the 30-49 year old age range.



The Indiana Poison Center was consulted on 43 patients who died during 2007. Most of the deaths (28) were intentional in nature (18 suspected suicide and 8 abuse). In some

cases, the cause of death was eventually determined not to be related to the exposure.

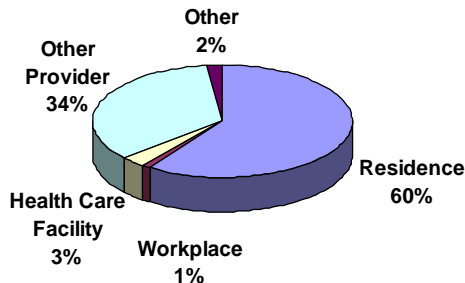
Age	Sex	Agent (Reason)
14m	unk	methadone (malicious)
17m	unk	methadone (malicious)
16y	F	paroxetine, midazolam, marijuana (suicide)
18y	M	carbon monoxide (suicide)
18y	M	acetaminophen, hydrocodone, alprazolam (abuse)
19y	M	quetiapine (unknown)
20y	M	alprazolam, ethanol (abuse)
22y	F	valproic acid (suicide)
22y	M	acetaminophen, hydrocodone, methadone, oxycodone (unknown)
24y	F	methamphetamine (abuse)
24y	M	aspirin (suicide)
25y	M	fentanyl, methadone (unknown)
25y	F	valproic acid (therapeutic error)
28y	M	methamphetamine, heroin, cocaine (abuse)
29y	M	alprazolam, methadone (abuse)
29y	M	naproxen, sildenafil, hydroxyzine (unknown)
30y	M	benzodiazepines, formaldehyde, cocaine (unknown)
31y	F	duloxetine, fluoxetine, ciprofloxacin, benzodiazepines, serotonin syndrome (therapeutic error)
32y	F	acetaminophen, hydrocodone (suicide)
34y	F	oxycodone, benzodiazepines (suicide)
34y	M	oxycodone (abuse)
36y	M	acetaminophen, diphenhydramine, ethanol (intentional misuse)
36y	F	cyclobenzaprine, propranolol, clonazepam, acetaminophen, propoxyphene, bupropion (suicide)
37y	M	clonazepam, prochlorperazine, cimetidine (intentional - unknown)
38y	M	propoxyphene, ethanol (abuse)
45y	M	acetaminophen (unknown)
45y	F	metoprolol, quetiapine, escitalopram, etodolac, (suicide)
46y	F	methadone, ziprasidone, trazodone, clonazepam (suicide)
46y	F	methadone (unknown)
46y	F	chlorpheniramine, venlafaxine, methadone, methylphenidate, trazodone, bupropion, unknown drug (suicide)
49y	F	metformin, lisinopril, hydrochlorothiazide (suicide)
50y	M	propoxyphene, ethanol (abuse)
52y	M	phenobarbital (suicide)
55y	M	metformin (suicide)
57y	M	methadone, tramadol, bupropion, propranolol, naproxen, gabapentin, lisinopril (suicide)

Age	Sex	Agent (Reason)
58y	F	lithium carbonate (suicide)
60s	M	anhydrous ammonia (environmental)
60y	M	acetaminophen, diphenhydramine (suicide)
61y	F	ramipril, benzodiazepine, acetaminophen, ibuprofen, gabapentin (suicide)
75y	F	lorazepam (unknown)
79y	F	acetaminophen (unknown)
adult	M	carbon monoxide (suicide)
adult	M	hydromorphone (unknown)

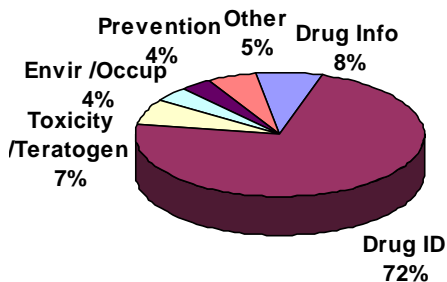
The most common substance classes involved in deaths reported to the IPC were opioids (21 cases including 9 methadone [2 in infants], 3 each of hydrocodone, oxycodone and propoxyphene), benzodiazepines (12 cases), acetaminophen (9 cases), antidepressants (10 cases including 3 bupropion), cardiac drugs (5 cases), and stimulants/street drugs (5 cases). Two metformin and two valproic acid deaths were also reported.

INFORMATION CALLS

In 2007, the IPC staff responded to 19,992 inquiries from health professionals and the general public when no poison exposure had occurred. Sixty percent of the calls were received from the general public, 58% in a residence and 1% in the workplace.



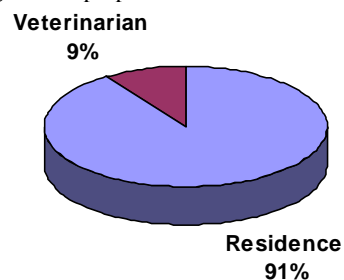
The information calls can be divided into several categories: 1) drug identification / information, 2) environmental, 3) medical, 4) occupational, 5) toxicity / symptoms, 6) prevention and safety, 7) teratogenicity and 8) other.



ANIMAL POISONINGS

In 2007, the IPC managed 3,707 poisonings to domestic animals, a 4.7% increase from 2006. Calls were received primarily from the

pet's owners although veterinarians generated a significant proportion of calls.



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

Animal Top Ten	Number
Pesticides	835
Cleaning substances (household)	239
Foreign bodies/toys/miscellaneous	219
Analgesics	192
Plants	175
Topical preparations	135
Cardiovascular drugs	128
Antimicrobials	111
Hormones and hormone antagonists	111
Cosmetics/personal care products	108

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. The "School Nurses' Prescription", a new electronic newsletter designed and written by our Team Leader, Gwen Christianson, RN, MSN, reaches over 800 nurses every other month. The e-mail list is also used to issue alerts and credible information to school nurses about potential emerging hazards such as alcohol hand sanitizers and Magic Erasers.

Under the guidance of Louise Kao, MD 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, Michigan, Arizona and Connecticut. Our fellow for the year was Dr. Anna Arroyo.

Health Professional Education

Contact Hours Supervised Experience in Poison Center/Toxicology Service

Medical Residents (51)	7,680
Doctor of Pharmacy Students (4)	640
Doctor of Pharmacy Residents (4)	640
Medical Students (5)	488
Pharmacy Students (13)	52
Family Practice Residents (5)	20

Academic and Continuing Education Lectures Presented

31

The staff of IPC also contributed to the medical toxicology literature in 2007 with 2 journal articles, 7 consensus treatment guidelines, 1 book chapter and 2 abstracts presented at the North American Congress of Clinical Toxicology.

Journal Articles

- Rusyniak DE, Zaretskaia MV, Zaretsky DV, DiMicco JA. 3,4-Methylenedioxymethamphetamine- and 8-hydroxy-2-di-n-propylamino-tetralin-induced hypothermia: role and location of 5-hydroxytryptamine 1A receptors. *Journal of Pharmacology & Experimental Therapeutics*. 323(2):477-87, 2007 Nov.
- Froberg B, Ibrahim D, Furbee RB. Plant poisoning. *Emergency Medicine Clinics of North America*. 25(2):375-433;2007 May.

Consensus Treatment Guidelines

- Cobaugh DJ, Erdman AR, Booze LL, Scharman EJ, Christianson G, Manoguerra AS, Caravati EM, Chyka PA, Woolf AD, Nelson LS, Troutman WG. Atypical antipsychotic medication poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(8):918-42, 2007 Dec.
- Scharman EJ, Erdman AR, Cobaugh DJ, Olson KR, Woolf AD, Caravati EM, Chyka PA, Booze LL, Manoguerra AS, Nelson LS, Christianson G, Troutman WG. American Association of Poison Control Centers. Methylphenidate poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(7):737-52, 2007 Oct-Nov.
- Chyka PA, Erdman AR, Manoguerra AS, Christianson G, Booze LL, Nelson LS, Woolf AD, Cobaugh DJ, Caravati EM, Scharman EJ, Troutman WG. American Association of Poison Control Centers. Dextromethorphan poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(6):662-77, 2007 Sep.
- Nelson LS, Erdman AR, Booze LL, Cobaugh DJ, Chyka PA, Woolf AD, Scharman EJ, Wax PM, Manoguerra

- AS, Christianson G, Caravati EM, Troutman WG. Selective serotonin reuptake inhibitor poisoning: An evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(4):315-32, 2007 May.
- Woolf AD, Erdman AR, Nelson LS, Caravati EM, Cobaugh DJ, Booze LL, Wax PM, Manoguerra AS, Scharman EJ, Olson KR, Chyka PA, Christianson G, Troutman WG. Tricyclic antidepressant poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(3):203-33, 2007.
- Chyka PA, Erdman AR, Christianson G, Wax PM, Booze LL, Manoguerra AS, Caravati EM, Nelson LS, Olson KR, Cobaugh DJ, Scharman EJ, Woolf AD, Troutman WG. Salicylate poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(2):95-131, 2007.
- Caravati EM, Erdman AR, Scharman EJ, Woolf AD, Chyka PA, Cobaugh DJ, Wax PM, Manoguerra AS, Christianson G, Nelson LS, Olson KR, Booze LL, Troutman WG. Long-acting anticoagulant rodenticide poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clinical Toxicology*. 45(1):1-22, 2007.

Book Chapters

- Nanagas KA, Furbee RB. Chapter 63. Class 1A Antiarrhythmics: Quinidine, Procainamide, and Disopyramide. Shannon MW, Borron SW, Burns MJ, eds. Haddad and Winchester's *Clinical Management of Poisoning and Drug Overdose* (4th Edition). WB Saunders Co: Philadelphia; 1009-18, 2007

Abstracts

- Froberg BA, Wermuth ME. Eastern Green Mamba Envenomation Occurring in a Midwest City. *Clinical Toxicology*. 2007; 45(6):610.
- Froberg BA, Kao LW. Elevated Troponin I in a Pediatric Carbon Monoxide Poisoning. *Clinical Toxicology*. 2007;45(6):644,

Public Education

The quarterly newsletter, "Toxic Trivia" was published four times in 2007. The list of people subscribing to this free newsletter continues to grow with the addition of newly trained instructors and other community members who are interested in receiving useful news from the world of poison prevention.

In 2007, Toxic Trivia became available in full color, ready to download on www.clarian.org/poisoncontrol. Readers were also offered the option of receiving the newsletter electronically.

IPC added a new educational handout to its inventory in 2007. "What Can I Do with Old and Unused Medicine?" gives tips on how to dispose of medication in the trash rather than by flushing. Curriculum content for preschool and elementary aged children was revised in 2007. IPC continues to lend "look-a-like boxes" for community events. These boxes show potentially poisonous items that look like non-poisonous items and demonstrate how easily a poison can be mistaken for something that is good to eat or drink.

As the first step in developing a poison safety program targeted to seniors, a survey instrument was developed in December 2007. This instrument will be used in 2008 to conduct senior focus groups in an effort to assess seniors' knowledge about medication and household poison safety in general and the services of the poison center in particular.

"Making the Right Call" is an instructor workshop that trains volunteers interested in teaching injury prevention. This program is intended to expand public education efforts and establish a consistent poison prevention message throughout the state. Participants attend a three-hour workshop and learn how to conduct a simple program for poison prevention in their community. The program has a strong evaluation component to determine its success. As of December 31, 2007, 600 instructors from 82 Indiana counties have been trained to deliver this public education program.

IPC has continued to network with other agencies in the state. Safe Kids, member hospitals 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 potential poison prevention instructors as well as partnerships with other agencies that have an interest in injury prevention.

Public Education Activities

Pieces of Poison Prevention Material Distributed	289,227
TV & Radio appearances	22
Newspaper / Magazine interviews	8
News Releases Distributed	14
Public Education Presentations	31
Estimated Audience	4,000+
TOXIC TRIVIAS Published	
Spring Safety (Spring)	
Poison Summer Safety (Summer)	
Fall Poison Safety (Fall)	
Cold Weather Poison Safety (Winter)	

National Poison Prevention Week (NPPW) activities included distributing press packets by mail and electronically 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 medicine collection day was coordinated with all Marsh Pharmacies on March 22nd. The public was able to drop off unused and expired medication at 42 separate sites in Central Indiana.

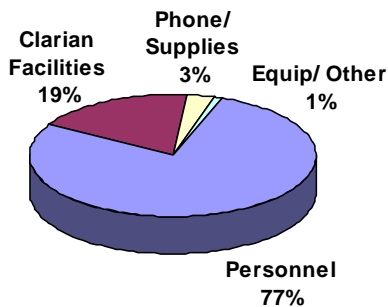
The IPC once again had a strong presence at the Indiana State Fair, particularly during Kids' and Seniors' days at the Fair. The news release distribution program in conjunction with the Indianapolis FDA Office continued to reach all print and broadcast media in the State as well as county health organizations.

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 through the prevention of unnecessary hospital visits for poison exposures. Factoring in medical inflation rates, over the past 27 years, this represents savings of *\$253 million* in Indiana.



Personnel	\$1,607,031
Clarian Health Facilities	\$384,326
Telephone*	\$29,288
Supplies (w/information resources)	\$32,911
Equipment/Other	\$15,836
Total Expenses	\$2,069,392

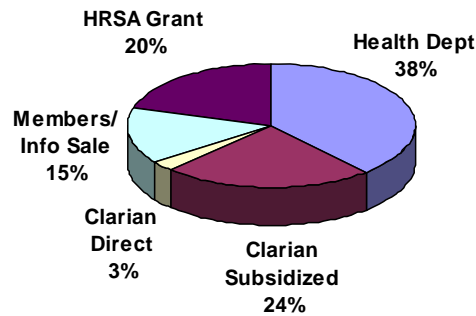
*Includes Federal subsidy of 800 telephone line.

Total direct expenses have risen from \$117,369 in 1979 to \$1,577,100 in 2007 with a total cost per human poison case of \$34 which is well below the 2004 national average of \$43 and a cost per productive call of \$24. As can be seen, the vast majority of

expenses for the poison center are for the personnel to run the emergency telephone service and facilities to house the center.

Revenues

Direct state funding through the Indiana State Department of Health has increased this year to \$800,000 after addition of the poison center as a line item in the Indiana State Department of Health's budget. The percent of direct state funding, which had increased from a low of 35% in 2002 to 44% in 2004, now rests at 39% of revenue compared to 66% in 1995. Membership fees were increased in 2006 to \$3,500 per year with non-member hospitals now charged \$200 per consultation they generate. These increases resulted in a 17% increase in revenues from that source. The sixth full year of Federal HRSA support of the poison center (now through the Healthcare Services Bureau) contributed about 20% of the operating budget and was 21% higher than in 2005 reflecting the efforts of poison centers nationwide to ensure adequate federal support for poison centers and changes in the administration of the HRSA grant. This amount now also includes a HRSA subsidy of the nationwide 800 toll free number. Clarian Health provides up to \$100,000 in direct support as needed and also contributes space and other subsidized expenses for the operation of the IPC. Clarian's direct support of the poison center for 2007 reflects the effects of the increased revenues available from the Member Hospital Program, the substantial increase in federal funding and the modest increase in state funding.



Indiana State Department of Health	\$800,000
Clarian Health – Subsidized	\$488,695
Federal HRSA Grant	\$420,344
Members / Information Sales	\$302,697
Clarian Health – Direct	\$57,655
Total Revenues	\$2,069,392

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.

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 29 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 27 years of experience in emergency medicine and medical toxicology.

Mary Wermuth, MD, Louise Kao, MD, Kristine Nanagas, MD, Daniel Rusyniak, MD and Blake Froberg, MD, all graduates of our medical toxicology fellowship, act as Associate Medical Directors with primary emergency medicine practices at Methodist Hospital (MW, LK, KN) and Wishard Memorial Hospitals (DR) and hospitalist and toxicologist at Riley Hospital for Children (BF) respectively. Dr. Kao assumed the position as director of the medical toxicology fellowship program in July 2007.

Gwenn Christianson, RN, MSN, CSPI, through funding provided by the Federal HRSA grant, began a position as Team Leader for the Indiana Poison Center in 2004. 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 including the national consensus treatment guidelines panel.

Barbara Cole, BS, also joined the Indiana Poison Center in 2002 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 occupation 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. Carfagra, Ph.D.
- Charles B. Carter, M.D.
- R. Lyle Christensen, PhD
- Lola Cook MS
- Peg Davee, MS
- Peter A. Dillman
- Quentin B. Emerson, M.D.
- Michael Evans, Ph.D.
- William E. Fields, Ph.D.
- Charlene Graves, M.D.
- Alan R. Hanks, Ph.D.
- Steven Hooser, DVM. Ph.D.
- Daniel McCoy, Ph.D.
- John W. Mead

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 Blake Froberg, MD</p> <p>Associate Medical Director/ HBO Coordinator Mary Wermuth, MD</p> <p>Administrative Assistant Maggie Showalter</p> <p>Coordinator – Poison Prevention Barbara Cole, BS</p> <p>Medical Toxicology Fellowship Louise Kao, MD, Director Blake Froberg, MD, Fellow (Ends 6/07) Anna Arroyo, MD, Fellow (Starts 7/07)</p>	<p>Team Leader Gwenn Christianson, RN, MSN, CSPI*</p> <p>Specialists in Poison Information Lynn Ballentine, BSN, CSPI* Jo Beckerich, BSN, MS, CSPI* Susan Boots, RN, CSPI* David Burns, BSN, CSPI* Gwenn Christianson, RN, MSN, CSPI* Diane Ely, RN, CSPI* Susan Jackson, RN, CSPI* Jo Johnson, RN, CSPI* Tricia Loy, BSN Tonya Mains, BSN, MS, CSPI* 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* Beverly Tucker, RN Amy Wallace, RN</p> <p>* AAPCC Certified Specialist in Poison Information</p>

- 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 HOSPITALS FOR 2007

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, were charged \$150 per poison consultation generated by their hospital. Starting January 2006, fees associated with the member hospital program increased to \$3,500 and \$200 respectively. Full or partial year membership in the network has increased from 42 in 1995 to 79 members in 2007, a decrease from 84 members in 2006.

Adams Memorial Hospital, Decatur
Ball Memorial Hospital, Muncie
Bedford Regional Medical Center, Bedford
Bloomington Hospital, Bloomington
Bloomington Hospital Orange Co., Paoli
Bluffton Regional Medical Center, Bluffton
Cameron Memorial Community Hospital, Angola
Clarian West Medical Center, Avon
Columbus Regional Hospital, Columbus
Community Hospital, Munster
Community Hospital East, Indianapolis
Community Hospital North, Indianapolis
Community Hospital South, Indianapolis
Daviness Community Hospital, Washington
Deaconess Gateway Hospital, Newburgh
Decatur County Memorial Hospital, Greensburg
DeKalb Memorial Hospital, Auburn
Dunn Memorial Hospital, Bedford
Elkhart General Hospital, Elkhart
Fayette Memorial Hospital, Connersville
Gibson General Hospital, Princeton
Good Samaritan Hospital, Vincennes
Goshen General Hospital, Goshen
Greene County General Hospital, Linton
Hancock Regional Hospital, Greenfield
Hendricks Regional Health, Danville
Henry County Memorial Hospital, New Castle
Indiana University Hospital, Indianapolis
Jasper County Hospital, Rensselaer
Lafayette Home Hospital, Lafayette
LaPorte Regional Health System, LaPorte
Lutheran Hospital of Indiana, Fort Wayne
Margaret Mary Community Hospital, Batesville
Marion General Hospital, Marion
Memorial Hospital, Jasper
Memorial Hospital, Logansport
Memorial Hospital of South Bend, South Bend
Methodist Hospital, Indianapolis
Morgan Hospital and Medical Center, Martinsville
Parkview Huntington Hospital, Huntington

Parkview LaGrange Hospital, LaGrange
Parkview Memorial Hospital, Fort Wayne
Parkview Noble Hospital, Kendallville
Parkview Whitley Hospital, Columbia City
Perry County Memorial Hospital, Tell City
Portage Community Hospital, Portage
Porter Memorial Hospital, Valparaiso
Pulaski Memorial Hospital, Winamac
Putnam County Hospital, Greencastle
Reid Health Care Services, Richmond
Riley Hospital for Children, Indianapolis
Riverview Hospital, Noblesville
Schneck Medical Center, Seymour
St. Anthony Medical Center, Crown Point
St. Anthony Memorial Hospital, Michigan City
St. Clare Medical Center, Crawfordsville
St. Elizabeth Medical Center, Lafayette
St. Francis Hospital North, Beech Grove
St. Francis Hospital South, Indianapolis
St. John's Health System, Anderson
St. Joseph Regional Medical Center, Mishawaka
St. Joseph Regional Medical Center, South Bend
St. Joseph's Hospital of Marshall Co., Plymouth
St. Margaret Mercy Hospital, Dyer
St. Margaret Mercy Hospital, Hammond
St. Mary Medical Center, Hobart
St. Vincent Carmel Hospital, Carmel
St. Vincent Clay Hospital, Brazil
St. Vincent Frankfort Hospital, Frankfort
St. Vincent Hospital, Indianapolis
St. Vincent Jennings Hospital, North Vernon
St. Vincent Williamsport Hospital, Williamsport
Sullivan County Community Hospital, Sullivan
Tipton Co. Memorial Hospital, Tipton
Wabash County Hospital, Wabash
White County Memorial Hospital, Monticello
Wishard Memorial Hospital, Indianapolis
Witham Health Services, Lebanon
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 basis.

Clarian North Medical Center, Carmel
 Clark Memorial Hospital, Jeffersonville
 Community Hospital of Bremen, Bremen
 Dukes Memorial Hospital, Peru
 Dupont Hospital, Fort Wayne
 Floyd Memorial Hospital, New Albany
 Howard Regional Health System, Kokomo
 Jay County Hospital, Portland
 Johnson Memorial Hospital, Franklin
 Kosciusko Community Hospital, Warsaw
 Rush Memorial Hospital, Rushville
 St. Catherine Hospital, East Chicago

St. Joseph Hospital, Kokomo
 St. Joseph's Medical Center, Fort Wayne
 St. Mary's Medical Center, Evansville
 St. Mary's Medical Center (Welborn), Evansville
 St. Mary's Warrick Hospital, Booneville
 St. Vincent Mercy Hospital, Elwood
 St. Vincent Randolph Hospital, Winchester
 Starke Memorial Hospital, Knox
 Terre Haute Regional Hospital, Terre Haute
 Union Hospital, Terre Haute
 Veterans Administration Hospital, Indianapolis
 Veterans Administration Hospital, Fort Wayne

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			