

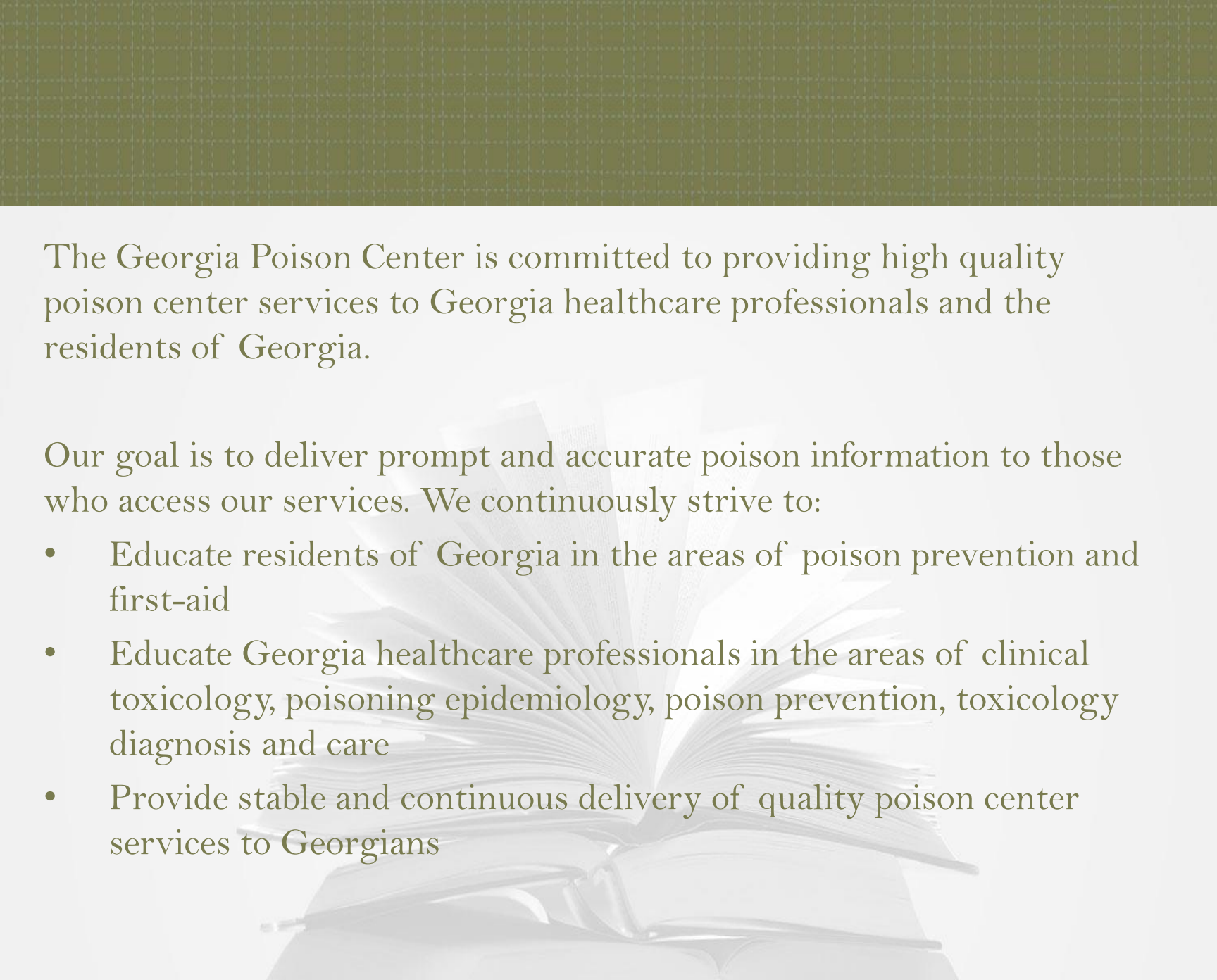


Georgia Poison Center

The end of one chapter is the beginning of another.

2019 Annual Report

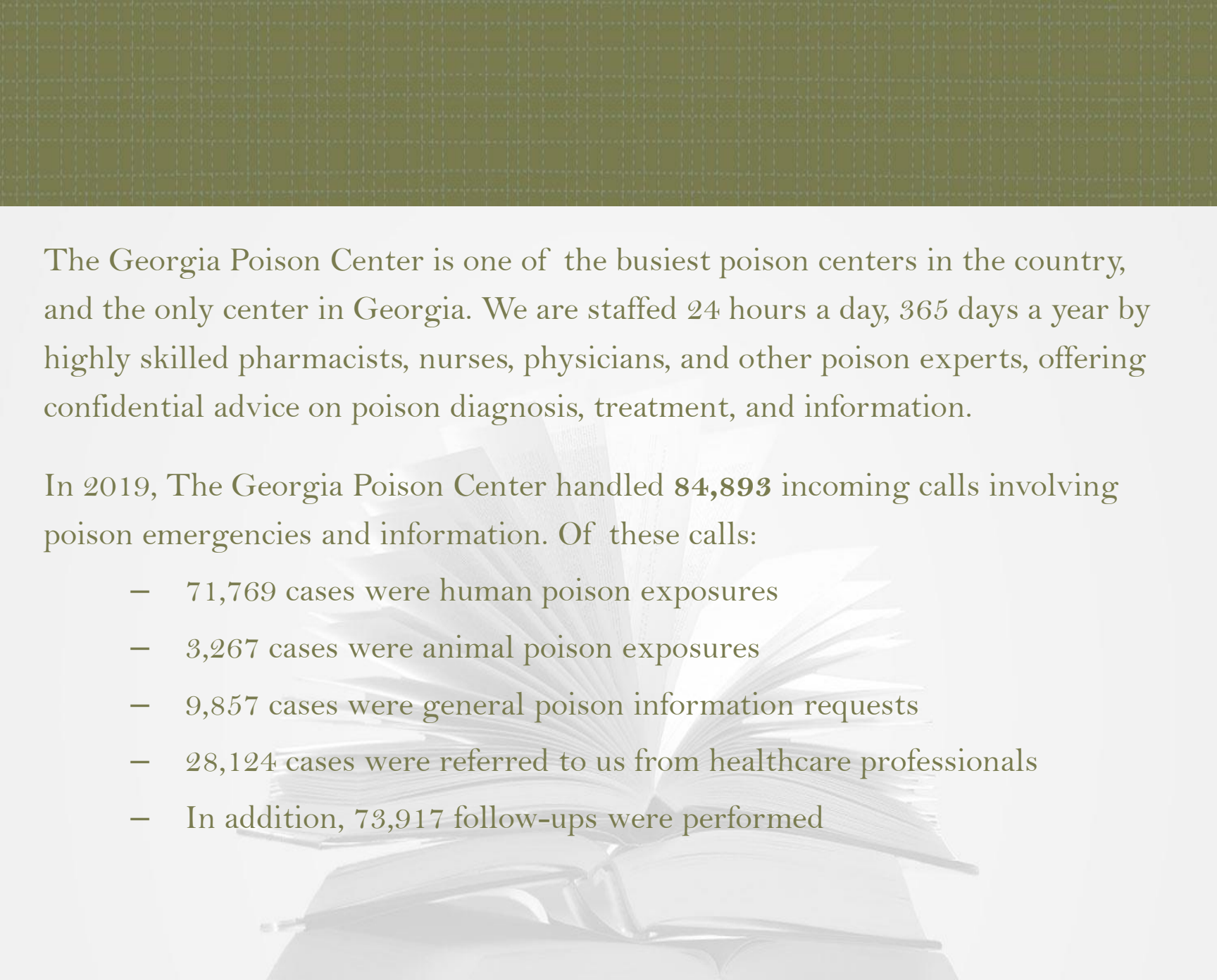




The Georgia Poison Center is committed to providing high quality poison center services to Georgia healthcare professionals and the residents of Georgia.

Our goal is to deliver prompt and accurate poison information to those who access our services. We continuously strive to:

- Educate residents of Georgia in the areas of poison prevention and first-aid
- Educate Georgia healthcare professionals in the areas of clinical toxicology, poisoning epidemiology, poison prevention, toxicology diagnosis and care
- Provide stable and continuous delivery of quality poison center services to Georgians



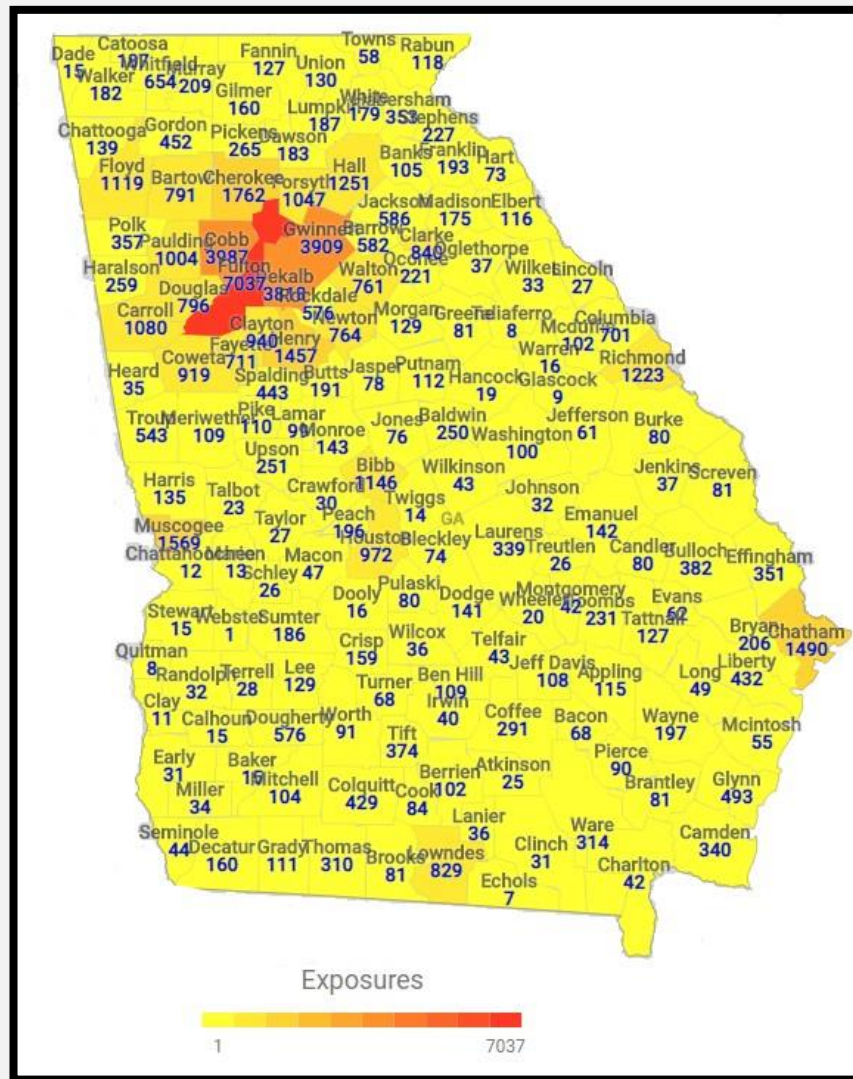
The Georgia Poison Center is one of the busiest poison centers in the country, and the only center in Georgia. We are staffed 24 hours a day, 365 days a year by highly skilled pharmacists, nurses, physicians, and other poison experts, offering confidential advice on poison diagnosis, treatment, and information.

In 2019, The Georgia Poison Center handled **84,893** incoming calls involving poison emergencies and information. Of these calls:

- 71,769 cases were human poison exposures
- 3,267 cases were animal poison exposures
- 9,857 cases were general poison information requests
- 28,124 cases were referred to us from healthcare professionals
- In addition, 73,917 follow-ups were performed

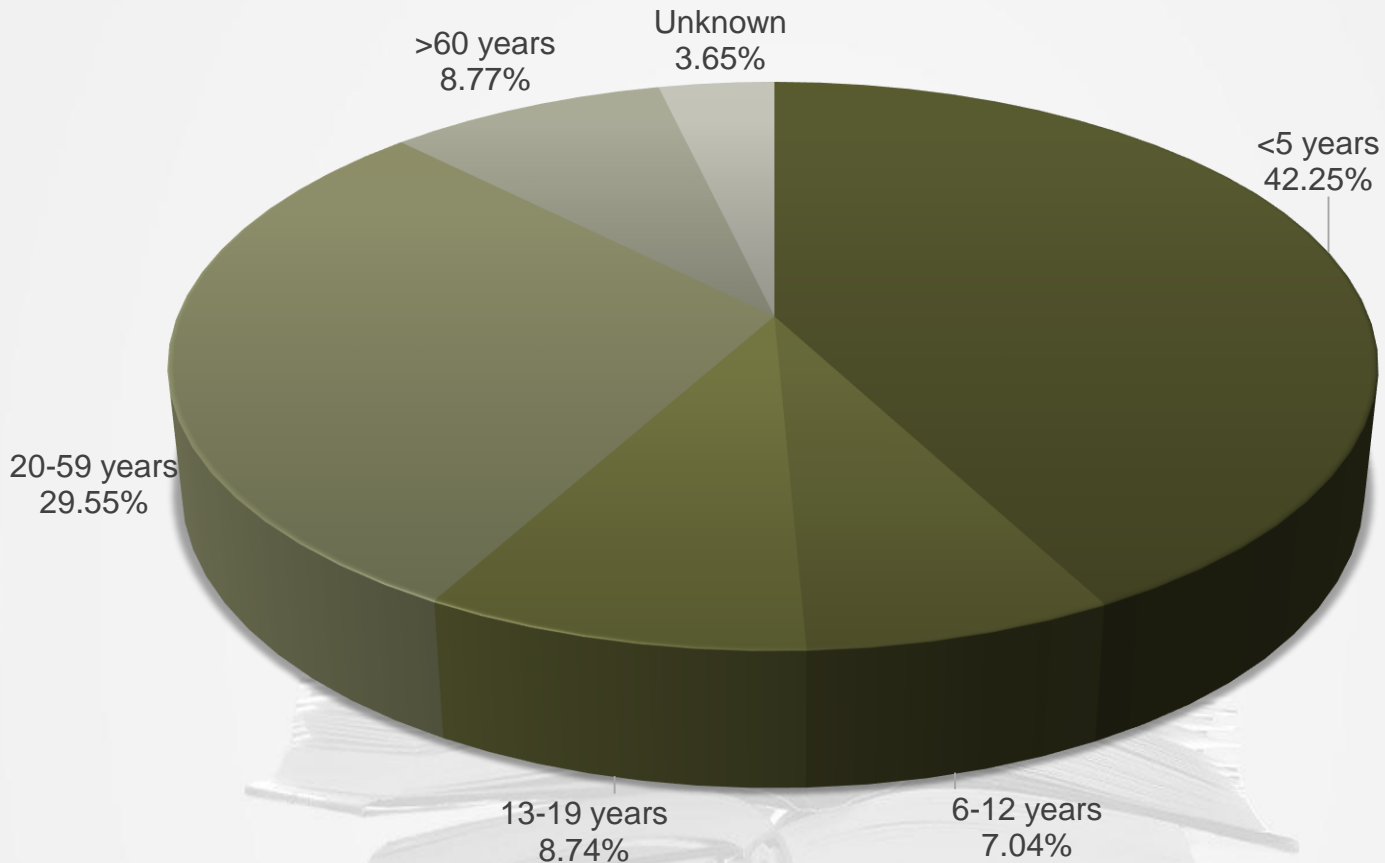
Georgia Poison Center

All Calls for 2019



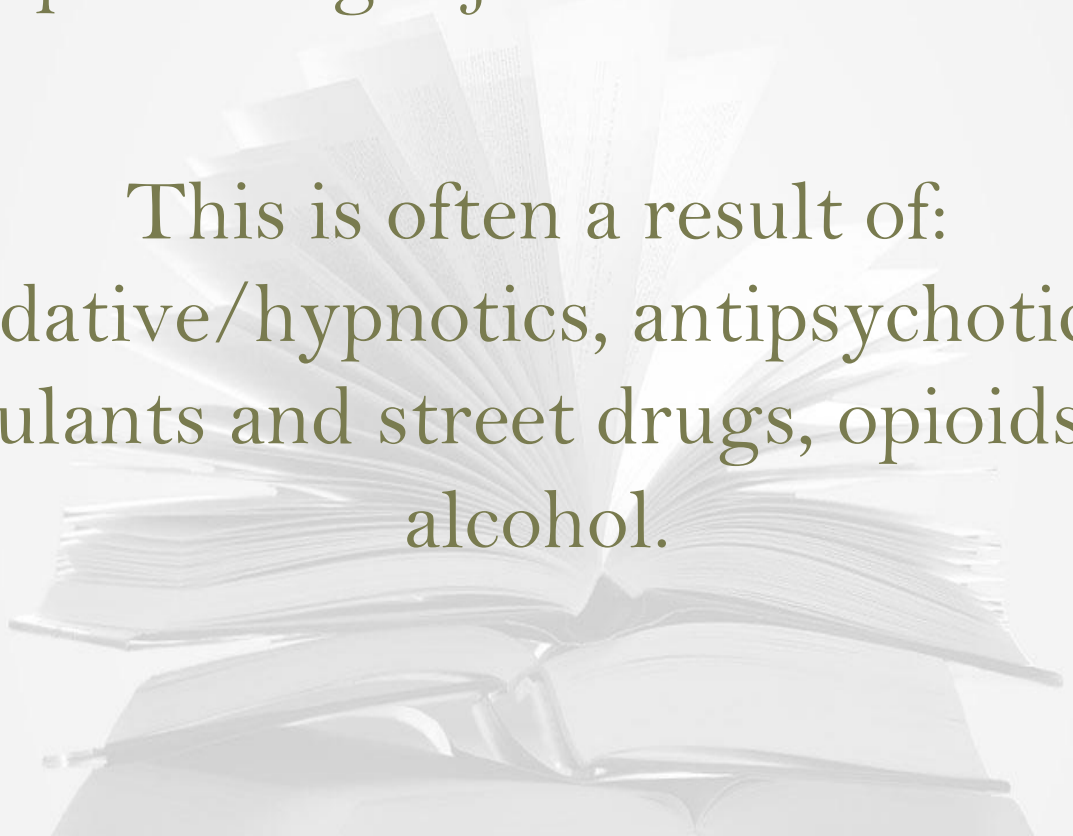
Patient Age

Poisonings affect all ages, from infants to seniors. It should come as no surprise that nearly 50% of our calls are about children being poisoned. Some of the reasons include, but are not limited to: curiosity, mobility, hand-to-mouth behavior, imitation, immature taste buds, and look-a-likes.



While children are more often exposed to poisons, adults suffer more serious poisoning injuries and death.

This is often a result of:
sedative/hypnotics, antipsychotics,
stimulants and street drugs, opioids and
alcohol.



Top 10 Substances

All Ages

1. Analgesics = 11.44%
(like Motrin® and Tylenol®)
2. Cleaning Substances (Household) = 6.69%
(like bleach and dish detergent)
3. Cosmetics/Personal Care Products = 5.47%
(like perfume, shampoo, and toothpaste)
4. Sedative/Hypnotics/Antipsychotics = 5.29%
(like Valium® ,Prolixin®, and Ambien ®)
5. Antidepressants = 4.93%
(like Wellbutrin® and Cymbalta®)
6. Antihistamines = 4.82%
(like Allegra® and Benadryl®)
7. Cardiovascular Drugs = 4.65%
(like Lipitor® and Niaspan®)
8. Bites and Envenomations = 4.25%
(like snakes, spiders, and ants)
9. Foreign Bodies/Toys/Miscellaneous = 3.49%
(like coins, batteries, and silica gel packs)
10. Pesticides = 3.24%
(like Roundup® and Sevin®)

Top 5 Substances

By Age

Children <6 years old

1. Cleaning Substances (Household) = 10.47%
(like bleach and dish detergent)
2. Cosmetics/Personal Care Products = 10.31%
(like perfume, shampoo and toothpaste)
3. Analgesics = 8.49%
(like Motrin® and Tylenol®)
4. Foreign Bodies/Toys/Miscellaneous = 6.83%
(like coins, batteries and silica gel packs)
5. Dietary Supplements/Herbals/Homeopathic = 5.80%
(like vitamins, Ginseng and oral contraceptives)

Adults >19 years old

1. Analgesics = 12.58%
(like Motrin® and Tylenol®)
2. Sedative/Hypnotics/Antipsychotics = 8.84%
(like Valium® ,Prolixin® and Ambien®)
3. Antidepressants = 6.76%
(like Wellbutrin® and Cymbalta®)
4. Cardiovascular Drugs = 4.65%
(like Lipitor® and Niaspan®)
5. Bites and Envenomations = 5.37%
(like snakes, spiders and ants)

Route of Exposure

There are several different ways a poison can enter the body. How a person is exposed to a poison is called the “route of exposure”. The most common route of an exposure to a poisonous substance is through eating or drinking (ingestion).

Route	Number	Percent
Ingestion	55,844	75.43%
Dermal	5,193	7.01%
Inhalation/nasal	4,769	6.44%
Bite/sting	3,334	4.50%
Ocular	2,941	3.97%
Unknown/Other	1,115	1.53%
Parenteral	682	0.92%
Otic	54	0.07%
Vaginal	40	0.05%
Aspiration (with ingestion)	37	0.05%
Rectal	24	0.03%

Exposure Reason

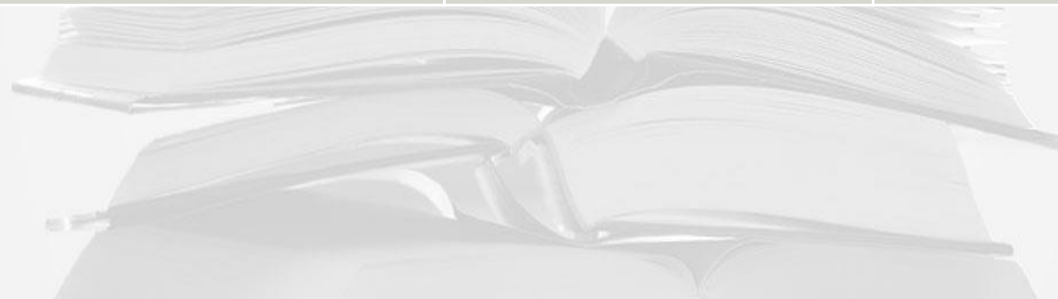
Unintentional/Accidental		
General (all unintended exposures that are not listed below)	47.0%	75.9%
Therapeutic Error (wrong dose, wrong person, wrong substance, or incorrect route of administration)	13.6%	
Misuse	5.9%	
Bite/Sting	5.0%	
Environmental	2.3%	
Occupational	1.1%	
Food Poisoning	0.9%	
Unknown	0.2%	

Intentional		
Suspected Suicide	14.1%	19.6%
Misuse	2.8%	
Abuse	1.7%	
Unknown	0.9%	
Adverse Reaction		
Drug	1.8%	2.4%
Other	0.4%	
Food	0.2%	
Other		
Unknown reason	0.8%	2.1%
Contamination/tampering	0.7%	
Malicious	0.4%	
Withdrawal	0.3%	

Site of the Caller & Exposure

The majority of our calls start in the home setting. However, over one-quarter of our calls came from doctors, nurses and other healthcare professionals seeking treatment advice on a drug or a poisoning related incident.

SITE	Site of Exposure	Site of Caller
Residence	89.68%	65.71%
Other/Unknown	4.53%	5.45%
Workplace	1.84%	1.08%
School	1.78%	0.46%
Public Area	1.35%	0.27%
Healthcare Facility	0.41%	26.99%
Restaurant/Food Service	0.41%	0.04%



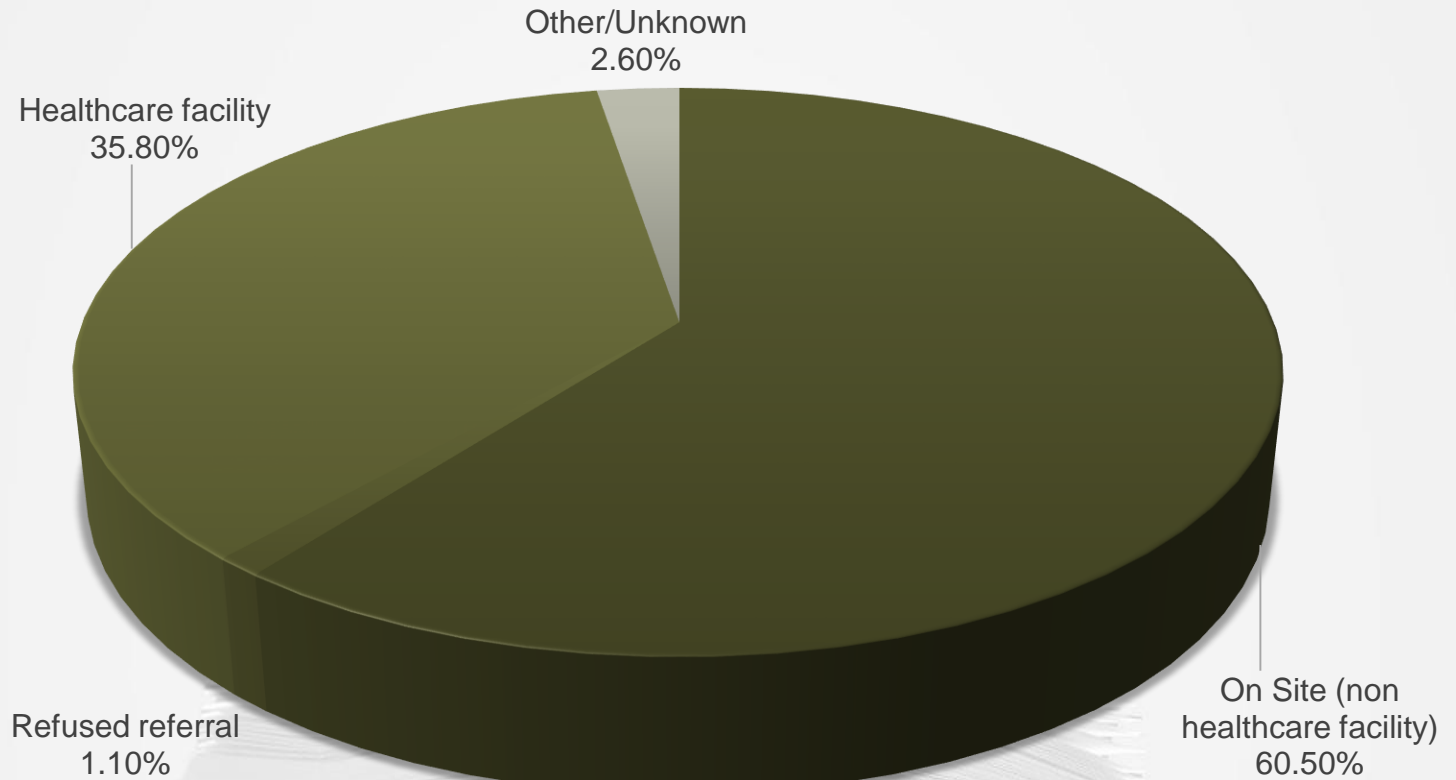
A call to the poison center provides a rapid, individualized, cost-effective answer to a poison exposure, and often avoids expensive trips to the emergency department or doctor's office.

All of our calls are handled by highly trained, experienced, and dedicated health professionals (such as pharmacists, nurses, physicians, and other poison specialists).

Management Site

Nearly 2/3 of people who contact us do not need any additional care. They can be effectively managed at home with treatment advice and instructions regarding symptoms of concern.

This avoids unnecessary trips to the emergency department and saves Americans billions every year in medical costs and lost productivity.



Patient Therapy & Outcome

Decontamination Techniques	Number
Dilute/Irrigate/Wash	18,709
Food/Snack	2,587
Fresh Air	2,005
Charcoal, single dose	1,460
Other Emetic (induce vomiting)	848
Cathartic (substance that accelerated the elimination of feces)	528
Whole Bowel Irrigation (flushing out the stomach and intestines)	42
Charcoal, multiple dose	21
Lavage (cleansing of a hollow organ)	10
Other Therapies – Top 10	Number
Fluids, IV	5,112
Other	2,197
Oxygen	1,482
Antibiotics	1,341
Benzodiazepines	1,232
Naloxone	830
Anti-emetics	777
NAC, IV	719
Intubation	691
Ventilator	683

Outcome	Number
No Effect	5,285
Minor or Moderate Effect	13,620
Major Effect	1,078
Death	57
No follow-up, nontoxic	2,009
No follow-up, minimal or potentially toxic	42,622
Unrelated effect	2,388
Death, indirect report	17

Education Outreach

Public & Professional

The Georgia Poison Center is known for being an emergency telephone service that helps those who have been poisoned. It is also known for the education efforts that are put forth to the entire state of Georgia. Our public education efforts are intended to help increase the awareness of poison prevention and to communicate how to reach us for a poison emergency or poison information.

The Georgia Poison Center and partner organizations provided speakers and/or materials for over **335** programs, reaching more than **30,000** people during 2019.

In 2017, the Georgia Poison Center provided **7** emergency preparedness classes to over **130** participants across the state with a targeted audience of physicians, nurses, paramedics, pharmacists, and other health care professionals who are first responders to hazardous incidents. Classes offered included: Advanced Hazmat Life Support (AHLS); Nuclear Plant Emergency Response (NPER); Radiological Preparedness and Emergency Response (RPER); and Explosion & Blast Injuries.

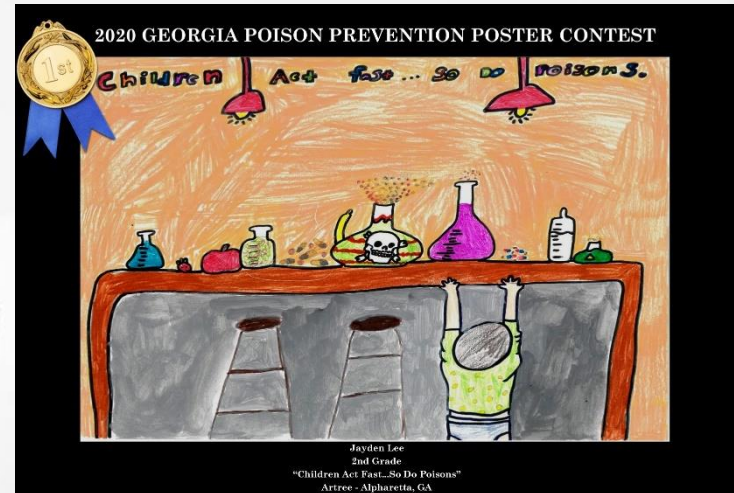
The Georgia Poison Center is also a training site for health care professionals. Emergency medicine and pediatric residents from Emory University School of Medicine train at the Georgia Poison Center on an ongoing basis. During their training, these residents have the opportunity to see how a poison center operates, become familiar with the resources that are available in the center, and assist in consulting on poisoned patients admitted to local health care facilities. Fourth year pharmacy students from PCOM, Mercer University, and the University of the South are also trained here. Students are introduced to the topic of clinical toxicology through one-on-one tutorials and hands-on activities with the guidance of toxicologists and certified specialists in poison information.

Poster & Video Contest

During the third week in March, the Georgia Poison Center celebrates National Poison Prevention Week (NPPW) and coordinates poison prevention activities throughout the state, in collaboration with pharmacies, hospitals, schools, child care providers, and other agencies concerned with the health and safety of their communities.

As part of our celebration of NPPW, we host a statewide poison prevention poster and video contest. The poster contest is open to students in kindergarten through fifth grade and the video contest is open to students in sixth through twelfth grade. The submissions are judged by Georgia Poison Center staff.

The goal of the contest is to engage the community in helping to ensure the safety of children and adults by encouraging them to know that when a poison emergency happens they should call 1-800-222-1222.



Research & Publications

- **Clinical Characteristics of Thallium Poisoning Reported to the Baghdad Poison Control Center Between 2008-2015** – Khalid Alaufi, Anyur Sahin, Shaikhah Alotiabi, Sukhshant Atti, Ziad Kazzi, Hussain Hamody
- **Beware Of What Is In The Mixture: Calculation Error in Compounded GI Cocktail** – George Bachman, Stephanie Hon, Gaylord Lopez
- **Development of Methemoglobinemia after Hydroxocobalamin Administration** – Emily Kiernan, Joseph Carpenter, Camille Dunkley, Brent Morgan, Alaina Steck, Brian Murray
- **Prevalence and Characteristics of Hydrofluoric Acid Ingestions as reported to the National Poison Data System: 2007-2017** – Brian Murray, Joseph Carpenter, Camille Dunkley, Emily Kiernan, Sukhshant Atti, Musa Alfaifi, Timothy Moran, Stephanie Hon, Robert J. Geller, Alaina Steck
- **A Tylenol® by Any Other Name** – Lloyd Herrington, Robert J. Geller, Stephanie Hon
- **Real time data reporting IS the REAL DEAL** – Alison Jones, Gaylord Lopez
- **The Vast and Varied Unknown: A Retrospective Review of “Unknown Pill” Ingestions in the Pediatric Population** – Jill Martin, Robert J. Geller, Stephanie Hon
- **Death Averted: A Case of Polyurethane Aspiration** – Jill Martin, Stephanie Hon, Robert J. Geller
- **When Melatonin is No Longer Considered the “New GHB”** – Crystal Proshek, Robert J. Geller, Stephanie Hon
- **Analysis of Food grade Hydrogen Peroxide Ingestions over 10 years** – Elizabeth Silver, Emily Kiernan, Timothy Moran, Stephanie Hon
- **Improving Blood Flow Using PC Work Flow?** – Jason Tully, Carol Fleming, Gaylord Lopez
- **The Child Lead Astray** – Dionna Douglas, Elizabeth Silver, Stephanie Hon

Staff

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Assistant Medical Director

Melissa Gittinger, DO, FACMT

Assistant Medical Director

Alaina Steck, MD

Medical Toxicologists

Toxicology & PharmD Fellows

Specialists in Poison Information (SPIs)

Information Technology Staff

Data Manager

Education Supervisor

Executive Assistants

Public Health Professionals

Georgia *Poison* Center



www.georgiapoisoncenter.org

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