

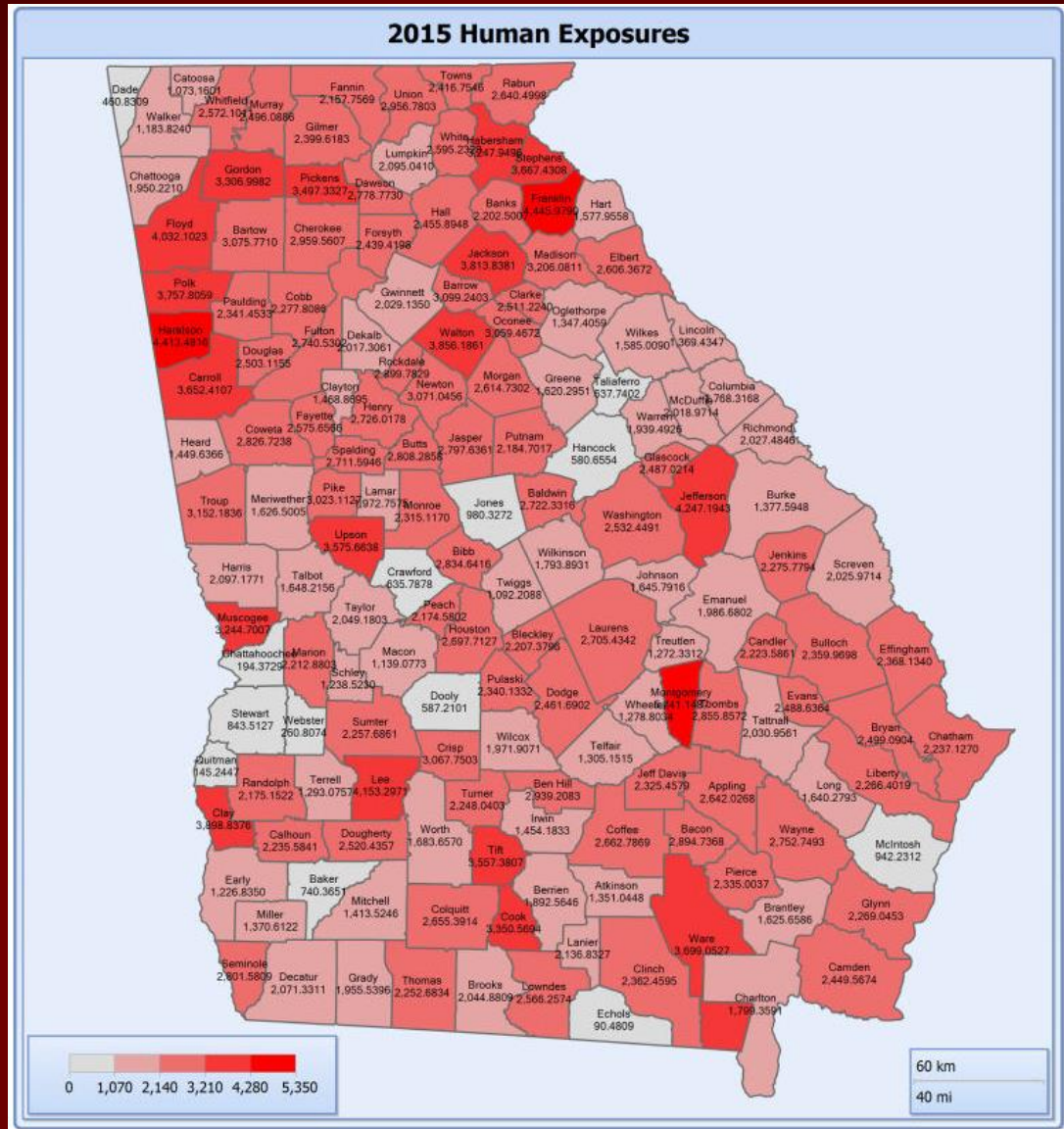


Our mission is to provide high quality poison control center services to the healthcare professionals and the residents of Georgia. It is our goal to deliver prompt and accurate poison information to those who access our services.

We continuously strive to:

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

# Georgia Poison Control

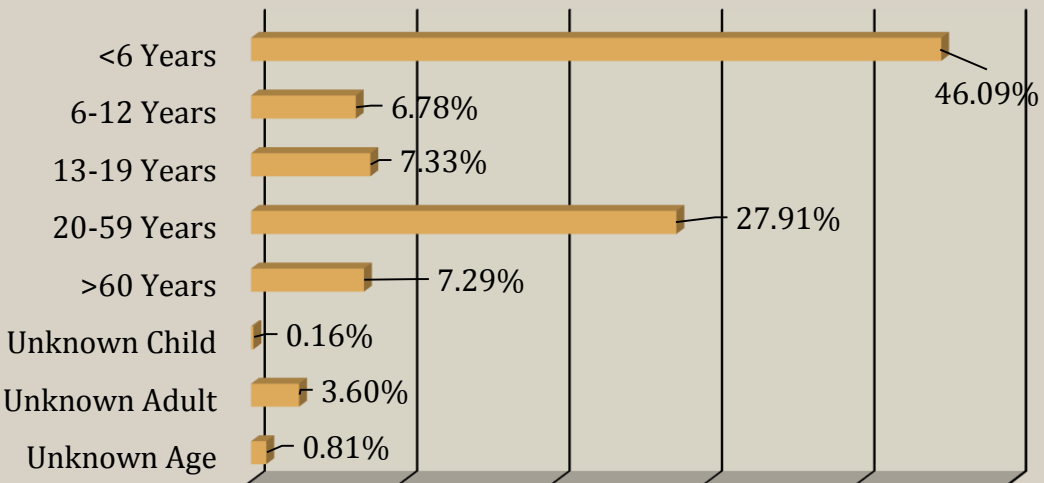


The Georgia Poison Center received calls from all 159 Georgia counties. The chart above demonstrates utilization from each county on a calls-per-capita basis.

The counties with the most frequently reported human exposures were Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Muscogee, Chatham and Henry.

According to national data, in 2014, America's 56 poison centers serving 323 million people managed 2.9 million cases. Of those cases, 2.2 million were about people coming into contact with dangerous or potentially dangerous substances.

# AGE

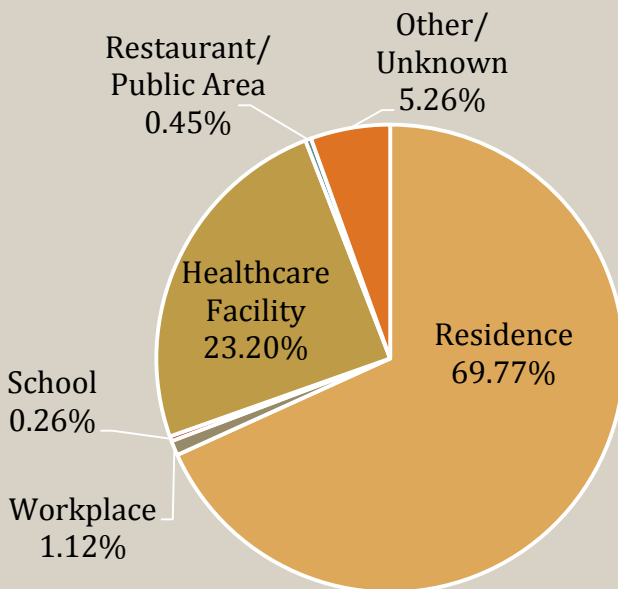


Of our 74,270 human exposure calls, nearly half of them involved children less than 6 years of age. Children ranging from one to two years of age make up over 30% of all exposure calls.

Pediatric exposures usually involve substances that are readily accessible and commonly found at home. Particularly in young children, personal care products (such as cosmetics, dental products, shampoo, and perfume) are the most frequent sources of exposure, while cleaning substances fall in second place and analgesics (pain killers) fall in third place.

Analgesics are the most common substance reported for adults.

# SITE OF CALLER



The majority of calls to the Georgia Poison Center come from the home setting, followed by calls from health care facilities. Parents call the GPC when they believe their child was exposed to a toxic substance. Seniors call us when they fear they may have made an error in taking their medication. Doctors, nurses, and pharmacists from all practice settings call us for treatment advice on drug or poison related cases.

# GPC MANAGES PATIENTS SAFELY AT HOME

A call to the Poison Center provides a rapid, individualized, cost-effective answer to poison exposures, and often avoids expensive trips to the Emergency Department or doctor's office. The operating costs of the Poison Center are paid by State and Federal dollars, in recognition of the utility of the Poison Center.

Most of the cases handled at the GPC can be effectively managed at home with treatment advice and instruction regarding symptoms of concern. All of our calls are handled by highly trained, experienced, and dedicated health professionals (such as doctors, nurses, pharmacists. And other poison specialists).

SITE OF EXPOSURE	NUMBER	PERCENT
Managed At Home	44,628	62.7%
Managed in Healthcare Facility	23,992	33.7%
Other/Unknown	1,905	2.7%
Refused Referral	601	0.8%

# ROUTE OF EXPOSURE

ROUTE	NUMBER	PERCENT
Ingestion	57,475	76.10%
Dermal	5,243	6.94%
Inhalation	4,740	6.28%
Bite/Sting	3,438	4.55%
Ocular	2,924	3.87%
Other/Unknown	1,708	2.25%

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

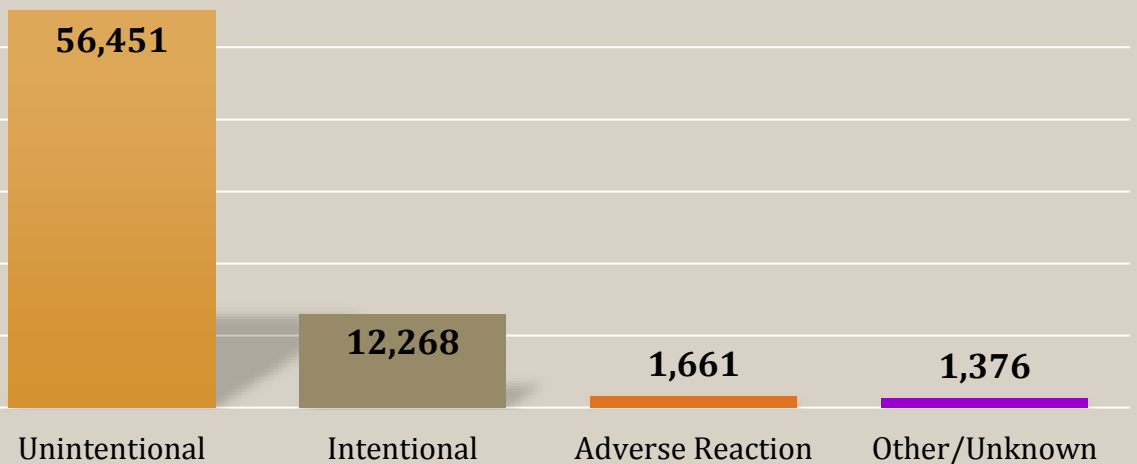
Did you know that an injection is a possible route of exposure? Biological or chemical substances can be injected into the body by accidentally puncturing the skin with a contaminated needle or other sharp device.

Unintentional exposures account for nearly 80 percent of all human exposures. These exposures include occupational or environment exposures, bites/stings, therapeutic errors, misuse of products, and food poisoning.

Intentional exposures, due to misuse, abuse, or suicide attempts, accounted for 18 percent of our total exposures.

- Prescription and over the counter medicines are used everyday by teens and adults to “get high”. Studies show that a large percentage of abused prescription drugs are obtained without permission from family and friends. Medicines are easily accessible in home medicine cabinets, closets, pantries, purses, luggage, and etc. and are highly susceptible to misuse and/or abuse.

## CIRCUMSTANCES





# SUBSTANCES INVOLVED IN POISONINGS

The most common products involved in poisoning exposures were categorized as drugs or non-drugs. A person may be exposed to more than one substance at the same time. Of all exposures reported to the GPC, 55 percent of the cases involved drugs and 42 percent were non-drug related. For the remaining 3 percent, we were unable to determine the exposure substance.

DRUG SUBSTANCES	EXAMPLES	#	%
Analgesics (pain killers)	MOTRIN®, TYLENOL®	9,675	11.34%
Sedative/Hypnotics /Antipsychotics	PROLIXIN®, AMBIEN®	5,251	6.15%
Antihistamines (allergy relief)	ALLEGRA®, BENADRYL®	3,880	4.55%
Antidepressants	WELLBUTRIN®, CYMBALTA®	3,557	4.17%
Cardiovascular Drugs	LIPITOR®, NIASPAN®	3,555	4.17%
Topical Preparations	BENGAY®, NEOSPORIN®	2,263	2.65%
Stimulants and Street Drugs	ADDERALL®, RITALIN®	2,251	2.64%
Cold and Cough Preparations	MUCINEX®, DELSYM®	2,155	2.52%
Antimicrobials (antibiotics)	PENCILLIN	1,963	2.30%
Anticonvulsants (antiseizure drugs)	PHENYTOIN®, GABAPENTIN®	1,960	2.30%

NON-DRUG SUBSTANCES	#	%
Cleaning Substances (Household)	6,085	7.13%
Cosmetics/Personal Care Products	5,665	6.64%
Bites and Envenomations	3,670	4.30%
Pesticides	2,978	3.49%
Foreign Bodies/Toys/Miscellaneous	2,826	3.31%
Vitamins	2,173	2.55%
Alcohols	2,063	2.42%
Fumes/Gases/Vapors	1,336	1.57%
Chemicals	1,248	1.46%
Plants	1,222	1.43%

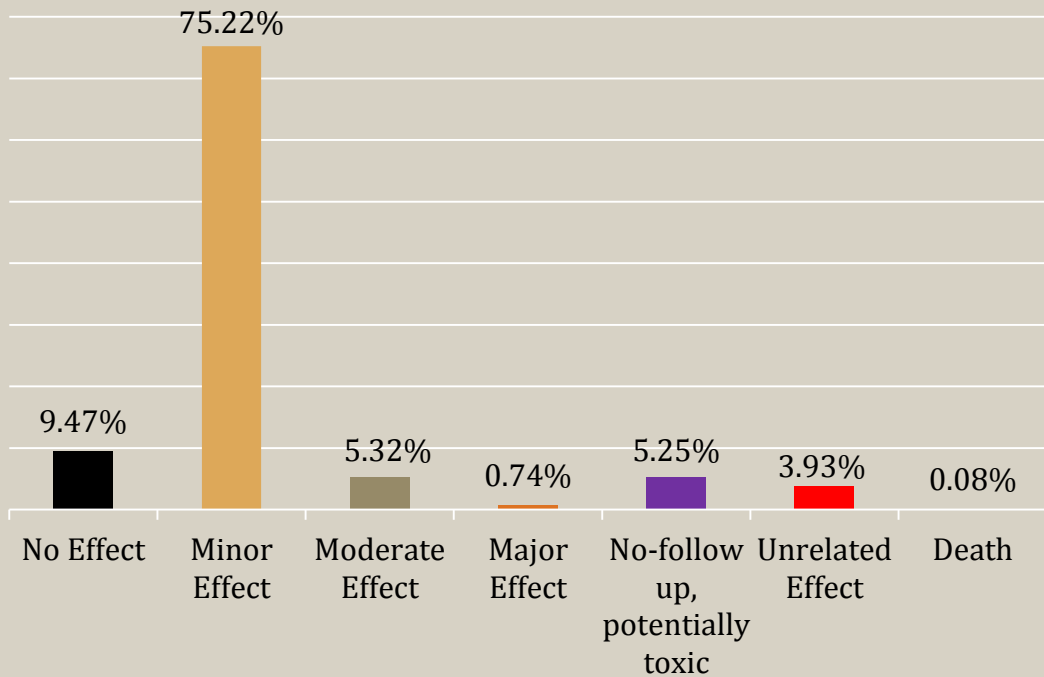
# TREATMENTS INVOLVED IN POISONINGS

The two tables below list decontamination techniques (methods to reduce contact with the poison) and other therapies for poisonings recommended by the GPC during 2015. Most patients were managed with dilution, irrigation, or washing.

DECONTAMINATION TECHNIQUES	NUMBER
Dilute/Irrigate/Wash	22,414
Food/Snack	3,747
Fresh Air	2,158
Charcoal, single dose	1,637
Cathartic (substance that accelerates elimination of feces)	981
Other Emetic (induce vomiting)	780
Whole Bowel Irrigation (flushing out the stomach and intestines)	42
Lavage (cleansing of a hollow organ)	26
Charcoal, multiple dose	28
Ipecac (medicine that causes vomiting)	4

OTHER THERAPIES	NUMBER
Fluids, IV	4,301
Other	3,075
Oxygen	1,509
Antibiotics	1,171
Benzodiazepines	1,055
Naloxone	860
Ventilator	608
Antiemetics	640
Intubation	636
NAC, IV	556

# OUTCOMES



Patient outcomes are graphically illustrated above. Over 84 percent of our cases resulted (or were expected to result) in no effect or minor effects for the poison victim. These findings are consistent with what other centers are reporting in their data. Additionally, there were 55 cases (0.08 percent of all cases) reported to the GPC that resulted in death in 2015.

# PUBLIC AND PROFESSIONAL EDUCATION

The Georgia Poison Control 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 Control and partner organizations provided speakers and/or materials for over 200 programs, reaching more than 10,000 people during 2015.

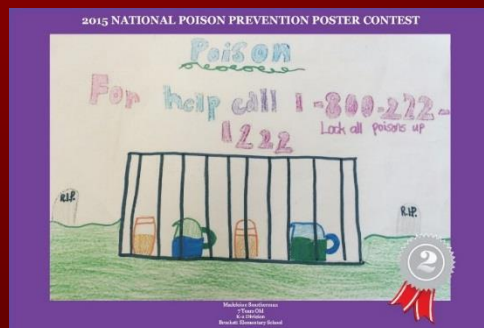
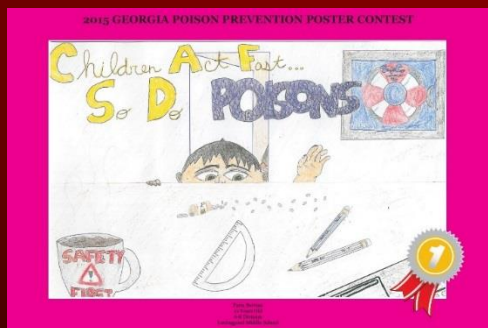
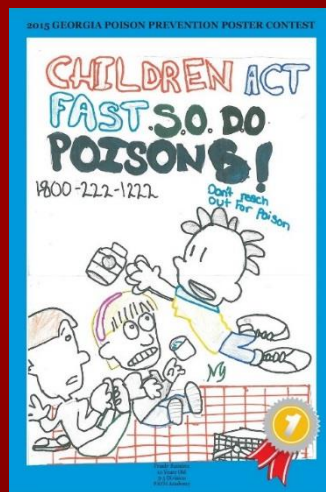
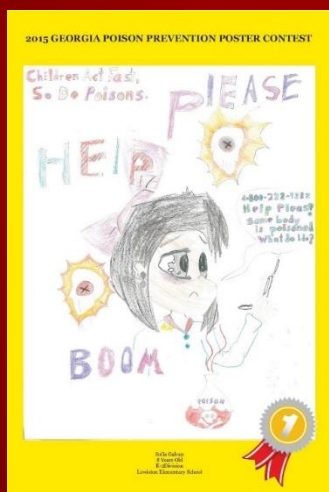
In 2015, the GPC provided 11 emergency preparedness classes to over 225 participants across the state with a targeted audience of physicians, nurses, paramedics, pharmacists, and other health care professionals who are first responders to hazardous incidents. Classes offered included: Advanced Hazmat Life Support (AHLIS); Explosion and Blast Injuries; Chemical, Biological, Radiological, Nuclear and Explosive Fundamentals (CBRNE); Nuclear Plant Emergency Response (NPER); and Radiological Preparedness and Emergency Response (RPER).

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 GPC 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.

# GEORGIA POISON CENTER POSTER CONTEST

During the third week in March, the Georgia Poison Center (GPC) 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 contest to children in grades K-8, to engage the community in helping to ensure the safety of children and adults. The state submissions are judged by GPC staff and forwarded to the National Poison Prevention Week Council for a nationwide poster contest. Since 2012, the GPC contestants have won at the National Level, with a record of three 1<sup>st</sup> place, one 2<sup>nd</sup> place, and one 3<sup>rd</sup> place winners.



# RESEARCH PRESENTATIONS AND PUBLICATIONS

- Do New Child Resistant Closures Reduce Injury Following Accidental Ingestion?
  - R J Geller, S L Hon, K M Reynolds, R I Burnham, R Badillo, S Ketcham, N Muresan, M E Peters, K L Stokkeland, J L Green
- To tell or not to tell?
  - Alison Jones, Gaylord Lopez
- Cardiac Arrest, Persistent Ischemic Encephalopathy, and Death Following Intravenous Ferumoxytol Administration
  - Khalid A Almulhim, Mohammed H Almalki, Natalijia Farrell, Ismael Alsaebi, Stephanie Hon, Ziad N Kazzi
- Pediatric Ingestion of Citalopram: What is a Safe Dose for Home Management?
  - Lloyd Herrington, Judson J Miller, Robert J Geller, Stephanie L Hon
- Persistent hypokalemia despite aggressive potassium replacement following a hydroxychloroquine overdose
  - Natalija Farrell, Justin Arnold, Mehruba Anwar, Gaylord Lopez, Ziad Kazzi
- Fatal copper toxicity early aggressive interventions
  - Derek Eisnor, Mehruba Anwar, Brent Morgan, Adam Pomerleau
- Calls Misrouted and NOT Misdialed: One Poison Center's Experience
  - Dionna Jones, Stephanie L Hon, Robert J Geller, Gaylord P Lopez

# GEORGIA POISON CENTER LEADERSHIP & STAFF - 2015

## **Director**

Gaylord P. Lopez, PharmD, DABAT

## **Assistant Director**

Stephanie L. Hon, PharmD, DABAT

## **Medical Director**

Robert J. Geller, MD, FAAP, FACMT

## **Associate Medical Director**

Brent W. Morgan, MD, FAAEM, ACMT

## **Assistant Medical Director**

Ziad N. Kazzi, MD, FAAEM, FACMT

## **Assistant Medical Director**

Adam Pomerleau, MD, FAAEM

## **Assistant Medical Director**

Stella Wong, DO, FAAEM

## **Medical Toxicologists**

### **Toxicology Fellows**

### **Specialists in Poison Information (SPIs)**

### **Information Technology Staff**

### **Data Manager**

### **Education Staff**

### **Executive Assistants**

### **Public Health Professionals**

# GeorgiaPoisonCenter

For any information regarding the Georgia Poison Center  
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