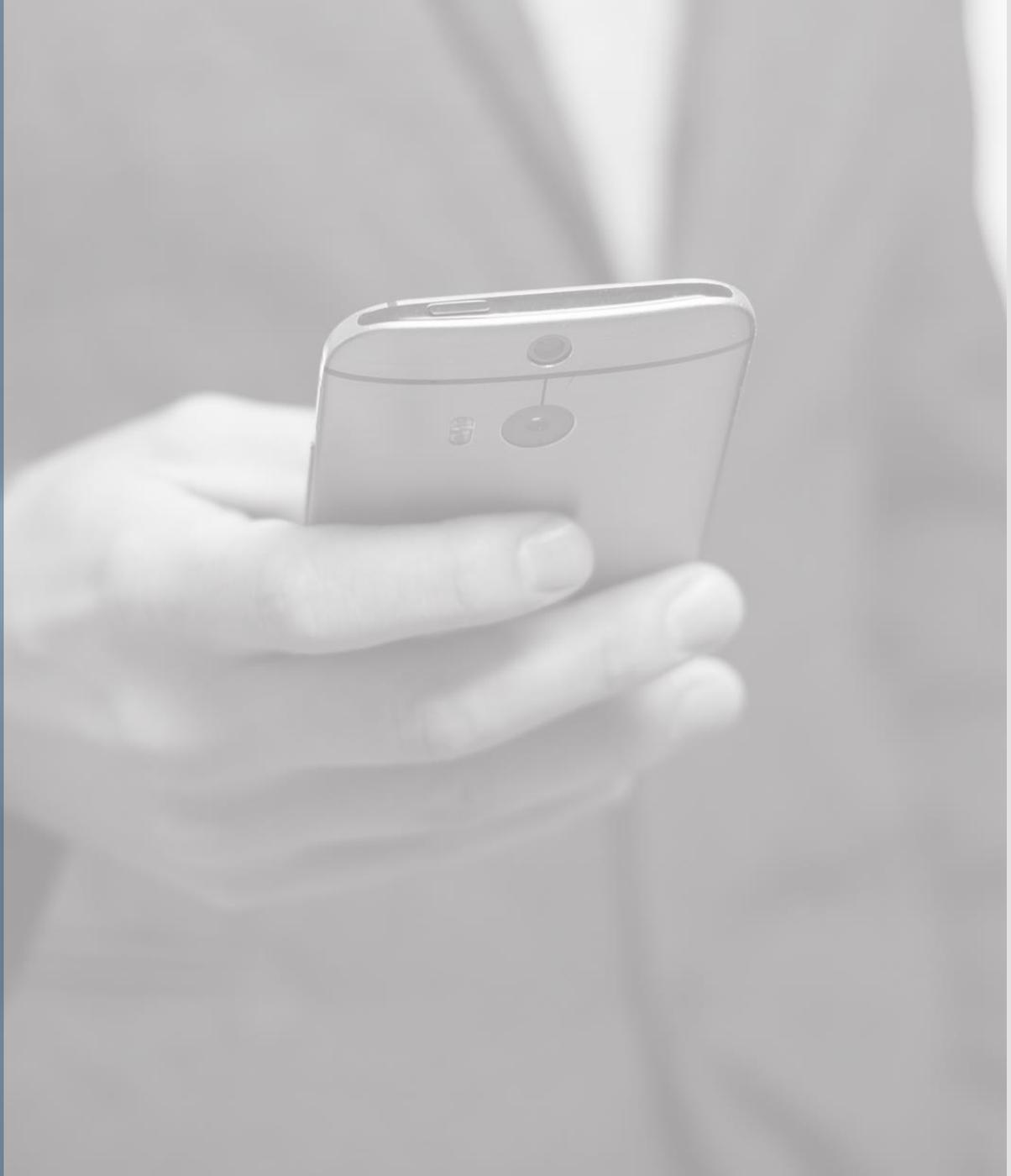
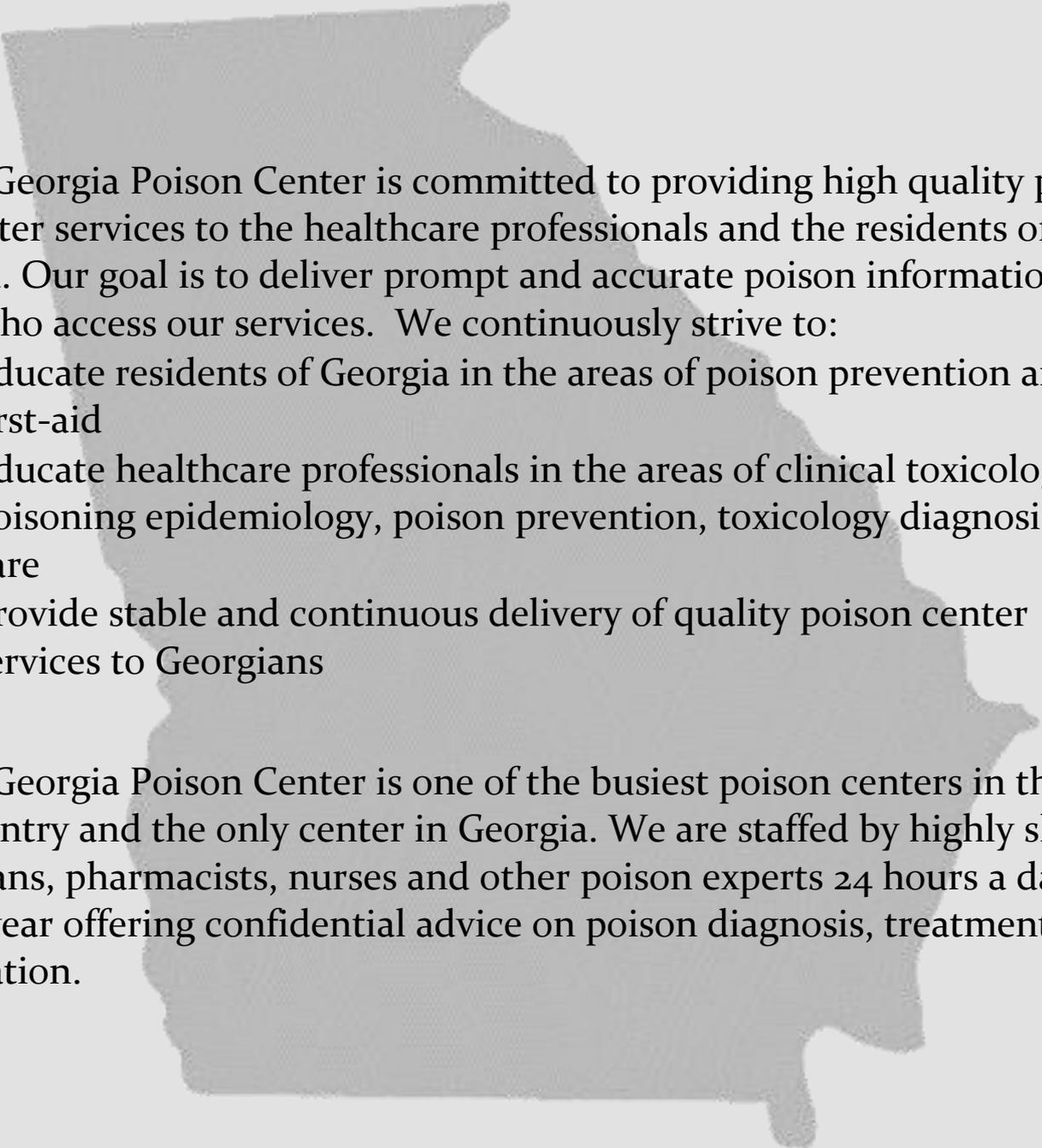


GEORGIA
POISON CENTER
2016 ANNUAL REPORT





The Georgia Poison Center is committed to providing high quality poison center services to the 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 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 by highly skilled physicians, pharmacists, nurses and other poison experts 24 hours a day, 365 days a year offering confidential advice on poison diagnosis, treatment and information.



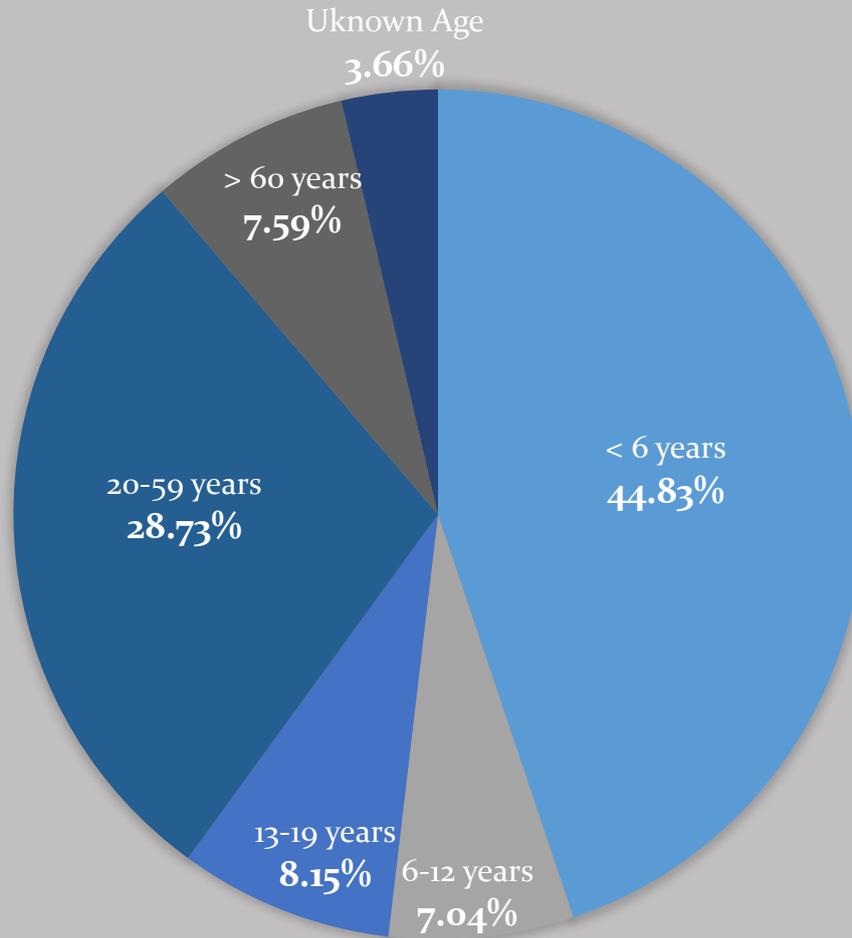
In 2016, the Georgia Poison Center handled **83,275** incoming calls involving poison emergencies and information.

Of these calls:

- 71,966 calls were due to human poison exposure
- 2,106 calls were due to an animal poison exposure
- 9,203 calls were for general poison information

While 45% of our calls are regarding children less than 6 years of age, poisonings affect all ages, from pediatrics to seniors. We receive more calls from children ranging one to two years of age, nearly 30% of all exposure calls, but far more serious cases are seen in teens and adults.

PATIENT AGE



Most people think of children when they think of poisoning. However, while children are more often exposed to poisons, adults suffer more serious poisoning injuries and deaths.



TOP 10 SUBSTANCES: ALL AGES

1. Analgesics = 11.44%
(like Motrin® and Tylenol®)

2. Household Cleaning Substances = 7.24%
(like bleach and dish detergent)

3. Cosmetics and Personal Care Products = 6.36%
(like perfume, shampoo, and toothpaste)

4. Sedative/Hypnotics/Antipsychotics = 6.03%
(like Prolixin® and Ambien®)

5. Antihistamines = 4.82%
(like Allegra® and Benadryl®)

6. Antidepressants = 4.47%
(like Wellbutrin® and Cymbalta®)

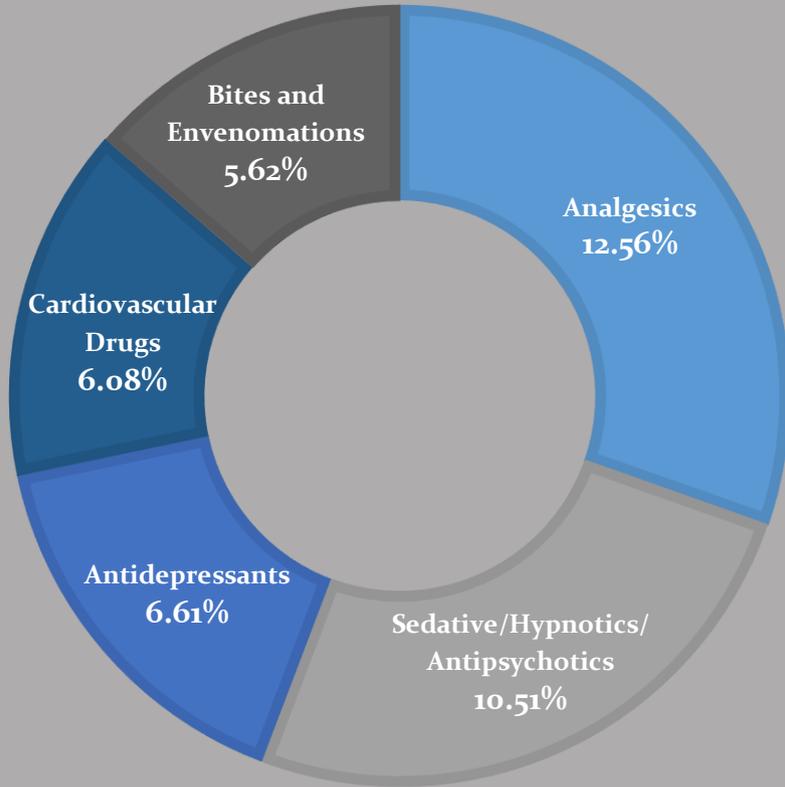
7. Cardiovascular Drugs = 4.30%
(like Lipitor® and Niaspan®)

8. Bites and Envenomations = 4.15%
(like snakes, spiders, and ants)

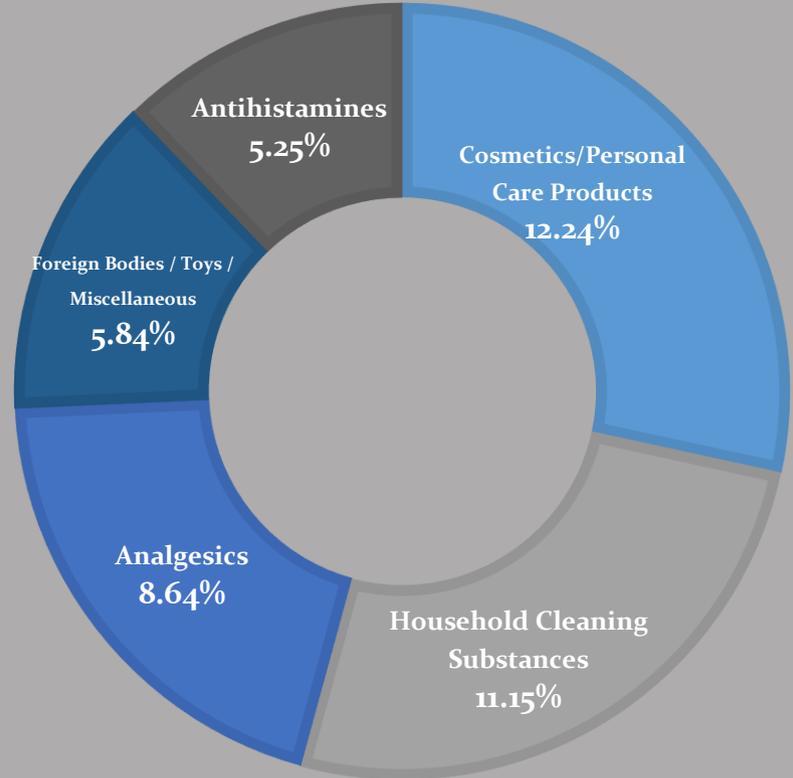
9. Pesticides = 3.40%
(like Roundup® and Ortho®)

10. Foreign Bodies/Toys/Miscellaneous = 3.18%
(like coins, batteries, and silica gel packs)

ADULTS ≥ 20 YEARS

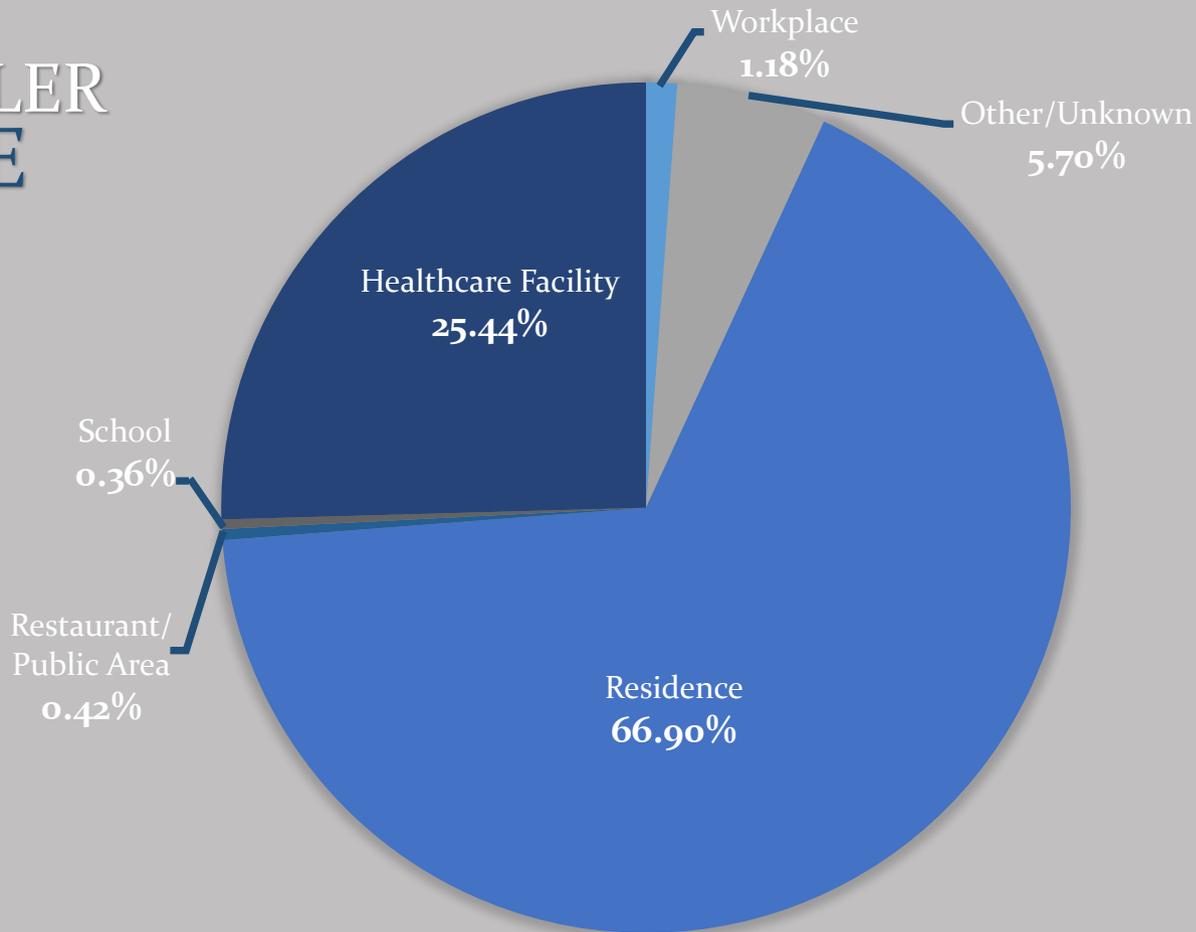


CHILDREN ≤ 5 YEARS



TOP 5 SUBSTANCES: BY AGE

CALLER SITE



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 room or doctor's office. The majority of our calls, 67%, come from the home setting and another 26% come from healthcare facilities. Doctors, nurses, and/or pharmacists from all practice settings may call for treatment advice on a drug or a poison related case.



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



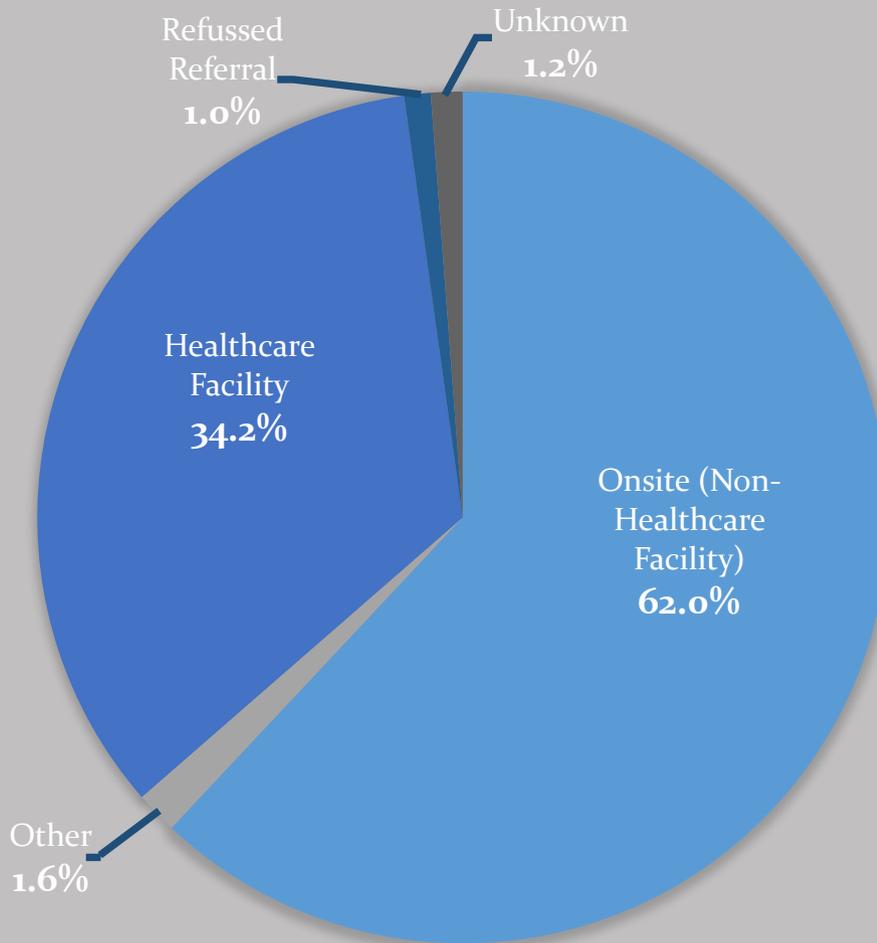
There are several different ways poison can enter the body. How a person is exposed to a poison is called the “route of exposure”. The most common route of an exposure to a poisonous substance is through eating or drinking (ingestion).

ROUTE OF EXPOSURE	NUMBER OF EXPOSURES
Ingestion	57,675
Dermal	5,467
Inhalation/Nasal	4,707
Bite/Sting	3,339
Ocular	2,977
Other	1,719

EXPOSURE REASON

UNINTENTIONAL/ACCIDENTIAL		
General	50.1%	76.7%
Therapeutic Error	12.8%	
Bite/Sting	4.7%	
Misuse	3.9%	
Environmental	3.1%	
Occupational	1.1%	
Food Poisoning	0.9%	
Unknown	0.1%	
INTENTIONAL		
Suspected Suicide	13.3%	18.8%
Misuse	2.8%	
Abuse	1.8%	
Unknown	1.0%	
ADVERSE REACTION		
Drug	1.9%	2.4%
Other	0.3%	
Food	0.2%	
OTHER		
Unknown	0.9%	2.1%
Malicious	0.4%	
Withdrawal	0.1%	
Contamination/Tampering	0.7%	

MANAGEMENT SITE



62% of people who contact us do not need any additional care and can be effectively managed at home with treatment advice and instructions regarding symptoms of concern. This in turn avoids unnecessary trips to the emergency department and saves Americans more than \$1.8 billion every year in medical costs and lost productivity.¹

¹The Lewin Group, Inc. Final Report on the Value of the Poison Center System. 2012. <http://bt.ly/1ANfdnt>

PATIENT THERAPY

PATIENT OUTCOME

DECONTAMINATION TECHNIQUES	NUMBER
Dilute/Irrigate/Wash	21,632
Food/Snack	3,452
Fresh Air	2,201
Charcoal, single dose	1,499
Cathartic (substance that accelerates the elimination of feces)	864
Other Emetic (induce vomiting)	759
Whole Bowel Irrigation (flushing out the stomach and intestines)	64
Charcoal, multiple dose	20
Lavage (cleansing of a hollow organ)	15
OTHER THERAPIES – TOP 10	NUMBER
Fluids, IV	4,557
Other	3,123
Oxygen	1,455
Antibiotics	1,093
Benzodiazepines	1,037
Naloxone	840
Intubation	679
Ventilator	663
Antiemetics	595
NAC, IV	587

OUTCOMES	NUMBER OF CASES
No Effect	4,655
Minor or Moderate Effect	13,040
Major Effect	595
Death	53

EDUCATION

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 200 programs, reaching more than 22,000 people during 2016.

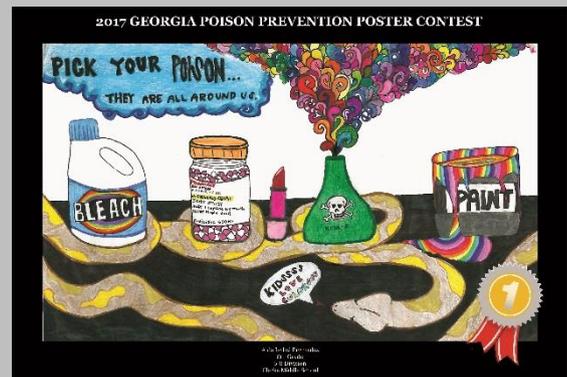
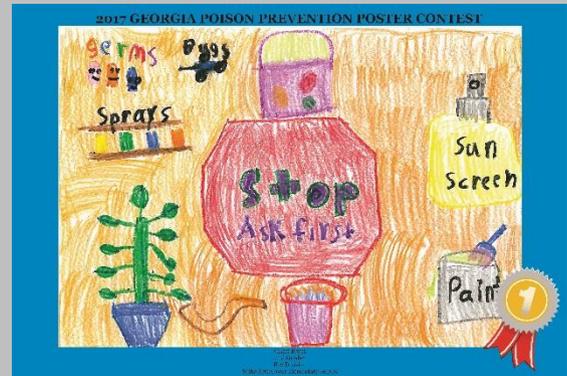
In 2016, the Georgia Poison Center provided 11 emergency preparedness classes to over 270 participants across the state with a targeted audience of physicians, nurses, paramedics, pharmacists, and other health care professionals who are first responders to hazardous incidents. Classes offered included: 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 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 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 Georgia Poison Center staff and forwarded to the National Poison Prevention Week Council for a nationwide poster contest. Since 2012, the Georgia Poison Center contestants have won at the National Level, with a record of three 1st place, one 2nd place, and one 3rd place winners.



- **The impact of one-bag N-acetylcysteine dosing on administration delays: a five-year look**
Dayne Laskey, Lindsay Schaack, Sara Miller and Stephanie Hon
- **Childhood Lead Screening in Tbilisi, Republic of Georgia**
Lela Shengelia, Levan Gabelaya, Nino Demetrashvili, George Katsitadze, Ivane Chkhaidze, Lela Sturua and Ziad Kazzi
- **The App Epidemic: Investigating the Accuracy of Mobile Scal Applications**
Jessica Weiland, Baian Alabdulbaqi, Stephanie Hon, Ziad Kazzi and Brent Morgan
- **Cobalt toxicity from subcutaneous injection**
Baian Alabdulbaqi, Jessica Weiland, Lindsay Schaack, Jill Martin, Alex Moore and Ziad Kazzi
- **Cardiac arrest after use of phenylpiracetam and CDP choline**
Rawan Eskandrani, Ezaldeen Numur, Sean Ragone, Richard Kleiman, Michael Schwartz, Ziad Kazzi and Roy Gerona
- **Is All Phosgene Created Equal? A Case of Intentional Ingestion of Triphosgene Crystals**
Jessica Weiland, Lindsay Schaack, Sara Miller and Brent Morgan
- **Stroke Mimic: Anticholinergic Toxicity Received tPA**
Terry Singhapricha, Stephanie Hon and Brent Morgan
- **Octreotide Recommendation Patterns in Unintentional Pediatric Sulfonylurea Ingestions at a Regional Poison Center**
Lindsay Schaack, Robert Geller and Stephanie Hon
- **Let's give them something to CHAT about**
Alison Jones, Gaylord Lopez and Robert Geller
- **Public health risks associated with large acute ingestions of apricot pits – an educational miss!**
George Bachman, Lindsay Schaack, Derek Eisnor and Stephanie Hon
- **Toxicity of Inadvertent Promethazine Exposures in the Pediatric Population**
Crystal Proshok, Stephanie Hon and Robert Geller
- **Trazodone ingestion in children less than 6 years of age...When to worry?**
Lloyd Herrington, Robert Geller and Stephanie Hon
- **Let Them Sleep Or Send Them In? Accidental Exposures to Alprazolam in the Pediatric Population**
Dionna Douglas, Lloyd Herrington, Robert Geller and Stephanie Hon
- **Education Innovation: Toxicology Clue**
Jessica Weiland, Daniel Rutz, Brent Morgan and Jeffrey Siegelman

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Toxicology Fellows

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Information Technology Staff

Data Manager

Education Staff

Executive Assistants

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