

“Poison Center? Please help. My child just got into . . .”

Wisconsin’s poison center receives an average of 160 calls a day

by Donna Lotzer, RPh



Each year in March, national promotional campaigns are launched with the intent of having visions of Mr. Yuk and Poison Help stickers dancing in everyone’s head. It is time for the observance of Poison Prevention Week, which in 2004 was March 21 through 27.

The first Wisconsin poison center was opened in Madison at University Hospital in 1958. By the 1970s, hospital emergency rooms statewide had their telephone numbers listed in phone books under the heading of “poison center.” After the Wisconsin Division of Health designated five locations to receive state funding as poison centers in 1975, the hospitals that sponsored the other advice lines slowly relinquished their claim to managing emergency poisonings, leaving that service to the specialty centers. Between 1990 and 1993, three of the five centers closed, consolidating services at locations in Madison at University of Wisconsin Hospital and Clinics, and in Milwaukee at Children’s Hospital of Wisconsin.

In October 1994, a toll-free poison center phone number was activated for use statewide. The two centers shared poison management areas based on state population until July 2001 when federal funding became available for the first time to poison centers across the country. At the same time, all poison centers in the United States transitioned from their local phone numbers to a single national access number, 1-800-222-1222 that remains in effect today. In order to qualify for federal funds for poison center operations, it was necessary to consolidate

statewide emergency call-taking to one center, located at Children’s Hospital of Wisconsin, while the Madison center was transformed into a Poison Prevention and Education Center (PPEC), providing outreach and educational programs.

Currently, the poison center in Milwaukee receives an average of 160 calls/day, and operates 24 hours a day, seven days a week. It is interesting to note that children aged five years and younger account for two-thirds of all exposure calls to the poison center. The placement of the emergency service at a pediatric hospital facilitates care that relies on the expertise of pediatricians with specific toxicology training.

Callers to the Children’s Hospital of Wisconsin poison center will speak to specially trained nurses who are Certified Specialists in Poison Information (CSPIs). There is a full-time medical director available at all times as needed. Telephone toxicology consults can be arranged for acute or chronic exposures to patients anywhere in the state. In the past year, 79% of all human exposure calls to the poison center were managed on-site, usually at home. In 44% of cases, there were no symptoms, while 23% of calls reported only minor effects. Patients who required management at a health care facility totaled 19% of all exposures, and of those, 51% of patients were treated and released. If callers speak a language other than English, translator services are available to help them. There is also access to the poison center for in-

dividuals who are hearing-impaired, either through telerelay services or through a TTY line that comes into the poison center.

OUTREACH AND EDUCATION

Another important function of poison centers nationally and especially in Wisconsin is provision of outreach and educational programs. At the present time, staff at both the poison center and the PPEC in Madison are available to provide presentations to public or professional groups.

Outreach can take many forms, ranging from displays at health fairs and professional meetings to formal lectures at health care conferences or media events. Day care centers, schools and senior centers are also popular locations for poison prevention programs. While interest seems to peak around Poison Prevention Week in March, the message is

one that needs to be in the public spotlight year-round.

THE ROLE OF THE PHARMACIST

While at first glance, pharmacists may wonder what they could possibly have to do with poisonings and poison prevention, there are opportunities that abound in most clinical practice settings. For pharmacists practicing in a hospital setting, there are opportunities for intervention when potentially poisoned patients present for medical management. This could range from interpretation of laboratory test results to recommendations

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for proper use and dosing of antidotes. Pharmacokinetics can be a critical component of management of an overdose, as absorption and elimination of a toxin can be dependent on a number of factors. Supplementing one's own knowledge with a call to the poison center is always advisable.

Pharmacists in long-term care facilities can be alert for situations where elderly patients could accidentally access cleaning supplies, or overuse or misuse medications left at the bedside. Confusion over "topicals in a tube" with toothpaste could lead to unpleasant results for example. It might be a positive step to review plants left in public areas to be sure none are toxic. Phone stickers and magnets with the poison center phone number would be a welcome addition to nursing station references.

For pharmacists whose practice site is a community setting, their counseling functions can be adapted to inform patients/customers about poison prevention measures. When questioned about the function and necessity of child-resistant (NOT child-proof) closures they can remind the person about the potential for a youngster to gain access and the possible consequences.

Adults need to remember not to take medications in the dark, or share with other family members or friends. Pharmacists already counsel about prescription drug interactions but may be able to expand into OTCs and herbals or nutritional supplements. A pharmacist can encourage accurate dosing based on a child's weight and offer oral syringes to measure liquids instead of a household spoon. Another promotion could be a display of poison materials including posters, phone stickers, magnets, Mr. Yuk brochures and stickers, and a checklist of locations in a home setting where poisons may lurk.

For pharmacists who may be asked to do a poison prevention talk in their communities there are resources available. The PPEC in Madison has a Web site

with brochures to download, children's games and several PowerPoint presentations complete with notes. The poison center in Milwaukee also has a Web site with downloadable brochures, games and an order form for promotional materials. The site also posts the latest annual poison center report, which includes a breakdown by county detailing incoming poison calls.

SYRUP OF IPECAC: TO HAVE OR HAVE NOT?

One topic related to management of poisonings has recently come to the attention of both public and health care professionals and could affect pharmacists either directly or indirectly. That is the proposed recommendation from an FDA

Advisory Committee in June 2003 to rescind the OTC status for Syrup of Ipecac because of concerns for abuse and inappropriate

use. To say that this proposal is controversial would be an understatement. Organizations of health care professionals have come down on opposite sides of the issue. For example, the American Pharmacists Association not only suggested that the FDA consider options such as

revised labeling but also stated "pharmacists can serve as a gateway to consumer access to Ipecac... (which) will provide phar-

macists with the opportunity to educate the consumer on proper use of the product..." This certainly endorses continued availability. On the other hand, the American Academy of Pediatrics recently published a policy statement on poison treatment in the home, and their statement on the continued use of Ipecac is quite different. Not only do they recommend against home use of Ipecac, they also advise that parents literally dump out and dispose of any bottles of Ipecac in the home setting. Their emphasis is to discuss and practice poison prevention activities and if/when an exposure happens to call the poison center immediately and rely on professional advice to man-

age the patient. The American Association of Poison Control Centers has a guideline on Ipecac use pending at the present time. It is believed that because health care professionals within the organization have very clear and legitimate differences, that a compromise statement will emerge, suggesting limited uses of Ipecac might be appropriate under the guidance of a poison center or other health care professional. At the present time, the decision by the FDA has not been finalized. Some comments have included the suggestion to keep Ipecac behind the pharmacy counter so that people will be required to ask for it and could then be counseled on proper use of the product. It would also be a good opportunity to provide prevention and educational materials and the poison center phone number for assistance in poisoning exposures. ●

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