

# Utah Poison Control Center

2011 ANNUAL REPORT



UNIVERSITY OF UTAH  
COLLEGE OF PHARMACY

# A MESSAGE FROM THE DIRECTOR

## STRONG STATEWIDE ALLIANCES



As I reflect upon the numerous accomplishments of the Utah Poison Control Center (UPCC) over the past year, I couldn't be prouder of our staff and the partnerships that they have forged statewide. Because of our incredibly bright, talented, and dedicated staff, the UPCC boasts one of the highest utilization rates of any poison control center in the United States. Consistently utilized at twice the national average, the UPCC remains an invaluable resource for the entire state.

Our partnerships with organizations across the state are diverse and plentiful, but our success starts at home, where the UPCC receives tremendous support from the University of Utah, especially the College of Pharmacy. As a program of the College of Pharmacy, in addition to teaching a required clinical toxicology class, the UPCC staff interfaces with the majority of the students in the pharmacy program through their outreach poison prevention elective class or the six-week clerkships. Not only do these students learn valuable toxicology information that helps prepare them to be well-rounded pharmacists, but upon graduation, they also become ambassadors for the UPCC in pharmacies across the state as they continue to promote and utilize UPCC services. In this report we highlight many of the partnerships we have made throughout the state with graduates of the University of Utah College of Pharmacy. Other very important partnerships that start at the University, are the relationships our staff develop with the emergency medicine residents and pediatric emergency medicine fellows who train side by side with UPCC specialists in poison information. Many of these residents and fellows stay in Utah where they practice in emergency departments across the state and continue to consult with the specialists in poison information on a routine basis on the management of poisoned patients.

Partnerships with public health entities are numerous and ongoing. The UPCC staff partners with local public health entities to investigate a variety of poisoning issues of public health concern (i.e. food related illness, mercury, lead) as well provide outreach education. The UPCC also partners with the Utah Department of Health (UDOH) to monitor a variety of poisoning issues of public health importance, such as hazardous materials exposures. Last year the UPCC assisted UDOH and their local counterparts in the investigation of several measles outbreaks. Another partnership that I am extremely proud of is with the UDOH Bureau of Emergency Medical Services. Together we developed a toxicology curriculum for emergency medical services (EMS) providers that was distributed through local EMS trainers statewide. Finally, in this issue we highlight a partnership with our state and local public health colleagues to address the prescription drug epidemic.

The UPCC has forged partnerships with many different entities throughout the state to protect and improve the health of Utah's citizens. From rural areas to inner cities, and everywhere in between, the UPCC consults on poisoning emergencies and engages in poison prevention efforts and outreach education programs. The UPCC is always ready to answer the call for help.

I am proud of the UPCC's efforts to assist in making a difference in the lives of Utah citizens. On behalf of the entire UPCC staff, we thank you for your ongoing support and hope you enjoy our 2011 annual report.

—Barbara Insley Crouch, PharmD, MSPH  
Executive Director, Utah Poison Control Center





# HELP IS A PHONE CALL AWAY

The Utah Poison Control Center's (UPCC) mission is to prevent and minimize adverse health effects from a poison exposure through education, service and research.

The UPCC is a 24-hour resource for poison information, clinical toxicology consultation and poison prevention education. The UPCC proudly serves the entire state of Utah. Established in 1954, it is one of the very first poison centers in the United States and has responded to over 1.5 million calls for assistance since that time.

Accessing the UPCC is easy. A nationwide toll-free number **1-800-222-1222** routes callers in Utah to the UPCC. UPCC staff are available to respond to calls from individuals with hearing impairment as well as individuals with limited English proficiency.

The UPCC serves the public as well as healthcare professionals, pre-hospital providers, public health officials and law enforcement.



## TOXICOLOGY EXPERTISE

When you call the UPCC toll-free number you are greeted by a specialist in poison information (SPI). This is no ordinary SPI, but a pharmacist or nurse with additional training in clinical toxicology. They are true specialists and not volunteers. Each SPI undergoes a minimum of 12 weeks of training prior to independently answering poison exposure calls. After working at least one year at the UPCC and handling 2,000 exposure calls, SPIs are required to sit for the Specialists in Poison Information Proficiency Examination to become a Certified Specialist in Poison Information. The role of the specialists is to rapidly assess the emergency situation by taking a thorough poisoning history. They make a risk assessment based on that history, the circumstances and their knowledge of toxicology to rapidly determine whether or not it is safe to manage the situation on-site or whether referral to the closest emergency department is necessary. They are our most important asset and the front lines for responding to poison emergencies.

Our medical director and executive director provide back-up at all times to the SPIs and are board certified in medical and clinical toxicology, respectively.



*"When I ran over to the emergency room, the doctor told me that Danica had taken four times the lethal dose and that if her system absorbed too much, her heart could slow and lead to seizures."*

—Cindy



# SWIFT ACTION SAVES LIFE IN MOAB

I had just started my shift at the hospital when I got a call every mother dreads. My babysitter phoned to tell me that my two-year-old, Danica, had gotten into her meds and that she was bringing her to the emergency room. This still makes me shake when I talk about it because Danica had ingested a potentially lethal dose of hydroxychloroquine—an anti-malaria drug that also works as an anti-inflammatory for those with lupus or other autoimmune diseases. The scariest part is that this medication is on the “one pill can kill” list.

Now, Moab is a small town where everyone knows each other, and because I work at the hospital, most of the hospital staff also knows Danica, so the place was soon buzzing with the news. Fortunately, the babysitter had immediately called the Utah Poison Control Center when my son told her that his little sister had taken the pills. The poison specialist calmly told her to call an ambulance or to immediately drive Danica to the emergency room—whatever was the fastest option. The specialist then called ahead to the emergency room so that the doctors would have all the information on the medication Danica ingested before she arrived.

To be safe, it was determined that Danica should be transferred to a pediatric ICU. Ultimately, it was determined she should go to Primary Children's Hospital, so we took the helicopter ride from Moab to Salt Lake. Once we arrived, the toxicologist from the Utah Poison Control

Center had tremendous input on what symptoms to look for and what to do for Danica. We were there for 12 hours until it was determined that Danica would be okay with no lasting damage or side effects.

People ask my husband if we fired the babysitter, but the answer is, “Absolutely not.” It was an honest mistake. She had laid out her pills to take with breakfast when Danica asked for a banana. In the few seconds it took to turn to the counter to get the fruit, Danica slipped out of her high chair and swallowed a couple of the pills. Luckily, my son saw Danica take the pills and told the babysitter. He is a real hero in this story.

We're so grateful that the babysitter had the knowledge and presence of mind to call the Utah Poison Control Center immediately rather than waiting to see if Danica started showing any symptoms. The poison specialists understood the gravity of the situation and directed immediate action. The fact that they called ahead to the hospital was also a huge benefit. If we had been the ones to call the hospital or just showed up without that call, it might have taken the doctors too long to fully assess the situation and to research information about the effects of the drug. The Utah Poison Control Center had the correct information at their fingertips, so the treatment could get started immediately. Their swift work truly made a difference in my life and the life of my daughter.

—Cindy,  
Moab, Utah

# ON THE FRONT LINES

Walk up to Joe Citizen on the street and ask him, “Who’s the first person you go to with health questions?” The number one answer is, “My pharmacist.” Pharmacists provide an easy access point and have the knowledge and credibility to answer many health questions. With pharmacists on the front lines of dispensing important health information, specifically as it relates to medication, the University of Utah College of Pharmacy’s strong ties with the Utah Poison Control Center are vital to both the training of pharmacy students and to the health of Utah citizens.

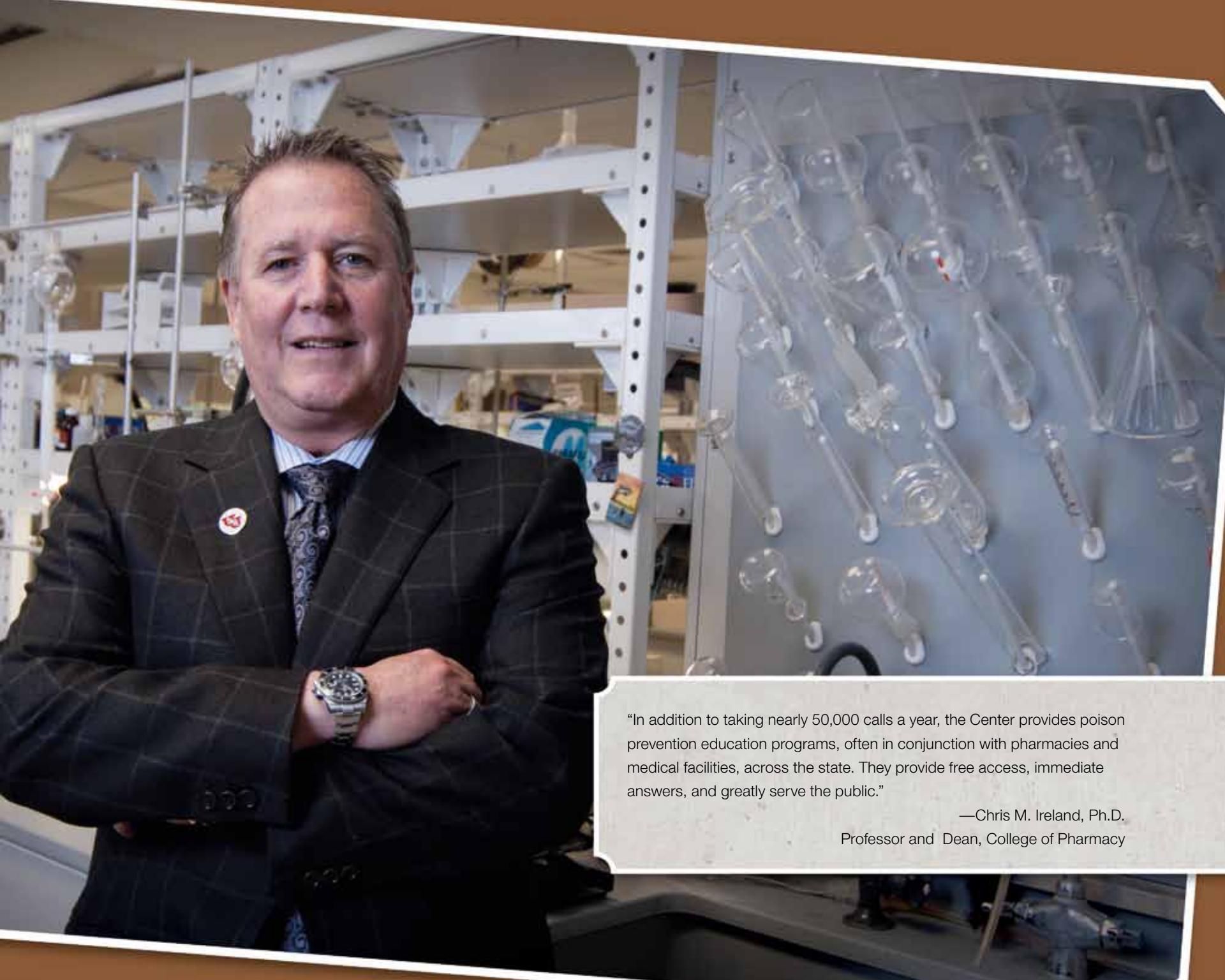
Not all state poison control centers are based out of universities, but with the successful partnership we see at the University of Utah, they probably all should be. The poison center provides a tremendous opportunity for our students to learn the issues associated with poison control. Approximately half of our pharmacy students take a poison prevention class each year, taught by professionals from the center, and a third of the students perform a clerkship; an intense six-week rotation, where they see exactly how the poison specialists and toxicologists help to keep Utah safe.

As pharmacy students learn more about the risks of prescription and over-the-counter drugs and dangerous drug interactions, they become better prepared for their careers as pharmacists all over the state. If our pharmacists can’t answer a question, they know where to turn. Not all poisonings are acute. Not every call is an overdose. These pharmacists also become strong advocates of the Utah Poison Control Center and continue to use the center as a key resource to benefit the communities they serve.

Not only does the Utah Poison Control Center’s work directly impact the lives of families across the state, it also eases pressure on the healthcare system by helping people avoid unnecessary visits to the emergency room for situations that can be handled at home. Our center has received national recognition for its work and has developed protocols used by poison centers across the country. All the great work we do means we are also appreciated by legislators, who understand that funding the college and the poison center is beneficial for all Utah citizens.







"In addition to taking nearly 50,000 calls a year, the Center provides poison prevention education programs, often in conjunction with pharmacies and medical facilities, across the state. They provide free access, immediate answers, and greatly serve the public."

—Chris M. Ireland, Ph.D.  
Professor and Dean, College of Pharmacy

# Utah Poison Control Center:

## **MAKING A DIFFERENCE ACROSS UTAH**



24-Hour  
Resource  
for Poison  
Information  
and Toxicology  
Consultation

Outreach Education and  
Material Distribution



Combating the Prescription Drug Abuse Epidemic



**Comprehensive Poison Prevention Resources at**  
[www.utahpoisoncontrol.org](http://www.utahpoisoncontrol.org)



**Reaching Out to All**



**Searchable Poisonous Plant Database Available on Website**



# OUTREACH EDUCATION

An important part of the UPCC's mission is education. Through education, the UPCC empowers Utah residents with information necessary to implement poison prevention strategies. The outreach efforts reach a broad audience and include caretakers of small children and Utah's underserved and high-risk populations. Education efforts include a variety of methods such as partnering with local health districts, presentations to diverse audiences, one-on-one education at health fairs, printed brochures, and electronic newsletters. The UPCC education efforts are provided by UPCC staff, pharmacy students, and through community safety advocates. In 2011, the UPCC participated in 189 public education events, involving over 800 hours and distributing over 220,000 educational materials.





# EDUCATION STARTS AT HOME

Poison prevention education is an important part of the mission of the UPCC. UPCC education staff partners with Utahns statewide to spread poison prevention messages and promote awareness of the UPCC's services. One of the ways the UPCC has been so successful with its outreach programs, is its partnership with the College of Pharmacy to train future pharmacists to be ambassadors for the UPCC. Since 2002, the UPCC staff members have taught a Poison Prevention Outreach elective to pharmacy students.

The purpose of the outreach poison prevention elective is to teach students about the principles of poison prevention education and to provide them an opportunity to apply these principles in the community. Pharmacy students spend a limited time in the classroom learning basic principles but spend the majority of their required time performing outreach education in the community. A total of 221 students have completed over 3,000 hours of community service by providing poison prevention education throughout the state of Utah.

Each year pharmacists statewide engage in poison prevention activities during National Poison Prevention Week as well as throughout the year. In this report, we highlight some of these pharmacists that regularly interface with the Utah Poison Control Center and make a difference in their community.



## Reflection comments from pharmacy students after completing community service:

*"We were there not only to provide an important service to the community, but to learn from this community as well. I learned a lot about the potential patient population I will be serving as a pharmacist and how health literacy can vary among different patient populations."*

*"This experience allowed me to interact with people from cultural backgrounds different from my own. It was a great opportunity to educate children and learn to develop patient counseling skills aimed towards a target patient population."*

*"This made me realize how cultural divides and language barriers can contribute to poor health literacy and affect the quality of care someone may receive. I believe that as future pharmacists, we have a duty to our patients to try to bridge that divide."*

# SAN JUAN COUNTY

As a new clinical pharmacist, it has been very important for me to have access to timely, accurate, and reliable clinical information. Harmful exposure to environmental, industrial, or household substances, medication overdose, and other poison-related events account for a significant portion of emergency room visits in our reservation clinics and at the hospital in Blanding. As the clinical pharmacist, I have been approached for recommendations in such cases and my response has always been to contact the Utah Poison Control Center. Having access to the professional information from UPCC improves our medical team's confidence and efficiency when facing these situations.

My training as a PharmD at the University of Utah College of Pharmacy gave me insight and first-hand experience with the activities and expertise of the UPCC. This understanding has also allowed me to identify clinical situations involving potential or actual poisoning events and to immediately initiate consultation with UPCC professionals.

There is still a great need for the communities in this region to raise awareness of the services and availability of the UPCC for public calls. By collaborating with UPCC outreach programs and local community events, I hope we can bring that message more clearly to our remote and often isolated patient groups on the reservation.

—Albert Noyes, PharmD  
*Utah Navajo Health System  
Blanding, Utah*





# WASHINGTON COUNTY



As a pharmacist, I have the opportunity to use information and resources provided by the UPCC every day. It's a great resource for help with potential toxicity situations. I often refer patients to the UPCC and have always been confident that their staff will be helpful. Whether it's for a tablet identification or for an overdose, the center is always professional and eager to help.

When I was a pharmacy student at the UPCC, I had the opportunity to help work on a poisoning case for a number of weeks. The patient was taking three prescription medications that increased serotonin levels. The UPCC was instrumental in helping the medical staff identify all the serotonergic agents and in providing guidance on how to manage serotonin syndrome. Earlier this year, I was able to help a patient identify that she likely had serotonin syndrome. After several consultations and discussions with her physicians, we changed her medication regimen to eliminate the toxicity.

—Koby Taylor, PharmD  
Pharmacy Manager, Lin's Pharmacy  
St. George, Utah

# JUAB COUNTY

For the past 10 years, the Central Valley Medical Center located in Nephi, Utah, has sponsored a poison prevention program to all local third-grade students. The goal of this program is to teach children about the dangers of household chemicals and medicines, and to remind parents to keep dangerous substances stored away from children at all times.

Our poison prevention programs coincide with National Poison Prevention Week, and are possible because of the support of the Utah

Poison Control Center. The program consists of a live presentation to each third-grade class with a PowerPoint presentation prepared by the UPCC. The presentation also uses visual aids, including several pill/candy look-alikes and a childproof vial demonstration.

At the conclusion of the program, each student is given a bag containing phone stickers and refrigerator magnets showing the UPCC's phone number and poison treatment information provided by the UPCC. Our hospital adds a poison activity book and a poison-prevention checklist. Students are encouraged to share the contents of their bags with their parents and to use the checklist to correct situations in their homes that may lead to poisonings. The materials provided by the UPCC, along with their guidance and support, have been an integral part of this very successful program.

—Wendy Ellison, Pharmacy Technician

—Megan Bird, Pharmacy Technician

—Steve Breckenridge, BS Pharm  
*Pharmacy Director, Central Valley Medical Center  
Nephi, Utah*





# UTAH COUNTY

At the Utah County Department of Drug and Alcohol Prevention and Treatment, much of our focus these past few years has been devoted to prescription drug misuse and abuse. While Utah has always been able to take pride in lower illicit drug use rates compared to national averages, the same thing could not be said for prescription drug abuse.

We realized one problem lay in the fact that there were large amounts of leftover prescription drugs, and little awareness on how to dispose of them. A solution to the problem was available—prescription drop boxes in many police stations—but a general knowledge of these resources was lacking. Pharmacies, which are the first source to answer prescription related questions, were often unaware how to direct customers when it came to cleaning out the medicine cabinet.

With the help of the UPCC, we were able to devise a plan to address this problem. They provided insight about the issue, assisted in the creation of educational materials, including posters with tear-off pads, fliers, stickers and magnets. The UPCC also presented at three educational events for pharmacists. We are seeing a decrease in Utah's prescription drug abuse rates, and we know part of that is due to the help, support, and great partnership with the UPCC.

—Pat Bird, LSAC, Prevention Manager  
*Utah County Department of Drug and Alcohol Prevention and Treatment*



*Kye Nordfelt, MPH, Rachel Moulton, BS, Pat Bird, LSAC, Toni Carpenter, MPH*

In addition to the abuse issue, the disposal of old medication is an environmental issue. Partnering with the UPCC worked perfectly for us. The UPCC knew the proper channels to set up the educational events and even showed us how we could offer continuing education credits to the pharmacists. With their help, we were able to educate residents and pharmacists about available resources; helping us with our goals of promoting safe use, storage, and disposal of prescription medication.

The UPCC personnel are easy to work with and always willing to go the extra mile. I was impressed with the countless hours they spent working on this project. We look forward to additional partnerships with them in the future.

—Toni Carpenter, MPH, Environmental Health Educator  
*Utah County Health Department*

# SANPETE COUNTY

I am a pharmacist in a rural hospital. When we come across situations where we suspect an overdose, snakebite, or any other toxic exposure, we coordinate our efforts with the Utah Poison Control Center (UPCC). Before entering into my current position, my training experience with the UPCC provided me with an opportunity to see the resources and processes that the center employs to provide extraordinary service to our communities. We draw upon their expertise to provide a thorough treatment plan for the patient.

My time spent at the poison center also heightened my awareness of the need for poison prevention education in our communities. The center offers excellent learning materials about the dangers of the substances we encounter in our everyday activities. These educational materials are pertinent to all ages from babysitters, to parents, to the elderly. Parents are always astonished with their children's inability to identify the difference between medicine and pieces of candy.

I appreciate the involvement the UPCC provides with our hospital's health fair each year. At the health fair, people are able to learn of the different toxins in our environment and also about the benefits of calling the center. The center is a valuable asset to our hospital and communities.

—Wesley Crouch, PharmD  
*Sanpete Valley Hospital  
Mt. Pleasant, Utah*





# DUCHESNE COUNTY

By taking an elective course of study at the Utah Poison Control Center while attending the University of Utah's College of Pharmacy years ago, I became acquainted with the outreach programs and teaching aids that are available, not only to the metropolitan areas of Salt Lake City, but to those of us in remote areas of Utah as well. In our professional practice, often through presentations and lectures at various community events, our staff encourages people of all ages to use the UPCC. We remind them that this valuable tool is available to them at no per-use cost as it is funded by their own tax dollars.

The UPCC gives our community 24-hour access to an accurate, unique database with quick and reliable answers to what may be life-threatening occurrences. Of particular interest to me is education. Uninformed people of all ages can mistake medicines and cleaning products for candy, soft drinks, or even water. We try to educate our community, including young mothers and Boy Scout groups, of these dangers. The UPCC's materials and information help us in these educational efforts. Our staff invites placement of UPCC magnets and brochures in all areas throughout our hospital and clinics so that valuable time is not lost in critical situations.

—Katherine Wilkerson, PharmD  
*Uintah Basin Medical Center  
Roosevelt, Utah*



# COUNTY DISTRIBUTION

Poison exposure is a statewide concern. Calls to the UPCC originated in all 29 Utah counties as shown in the table to the right. Penetrance is the rate of reportings based on the population of each county (rate is per 1,000 population). The UPCC's penetrance of 15.4 is double the national average. This means that Utah has a high awareness of the poison center, thus affording more cost-effective, quality care for Utah residents.

2011

County	Human Exposures	Percent of Calls	Penetrance
Beaver	79	0.2%	11.9
Box Elder	650	1.5%	13.0
Cache	1,610	3.8%	14.3
Carbon	363	0.9%	17.0
Daggett	10	0.0%	9.4
Davis	4,608	10.8%	15.0
Duchesne	422	1.0%	22.7
Emery	169	0.4%	15.4
Garfield	67	0.2%	13.0
Grand	95	0.2%	10.3
Iron	605	1.4%	13.1
Juab	158	0.4%	15.4
Kane	75	0.2%	10.5
Millard	183	0.4%	14.6
Morgan	112	0.3%	11.8
Piute	16	0.0%	10.3
Rich	39	0.1%	17.2
Salt Lake	14,898	35.0%	14.5
San Juan	107	0.3%	7.3
Sanpete	395	0.9%	14.2
Sevier	270	0.6%	13.0
Summit	372	0.9%	10.2
Tooele	961	2.3%	16.5
Uintah	483	1.1%	14.8
Utah	8,399	19.7%	16.3
Wasatch	326	0.8%	13.9
Washington	1,678	3.9%	12.1
Wayne	35	0.1%	12.6
Weber	3,134	7.4%	13.6
Out of State	2,225	5.2%	-
<b>Total</b>	<b>42,544</b>	<b>100%</b>	<b>15.4</b>



# MEDICAL OUTCOME

**42,544**

Total exposure calls received in 2011

**17,720**

Cases judged as minimally toxic or nontoxic

**24,824**

Cases were re-contacted for continued evaluation

→ Of these 24,824 cases:

**23,050**

had minimal or no effect

**1,754**

had a moderate to major effect that usually required treatment in a health care facility; **20** resulted in death, **7** of these were reported by the state medical examiner or law enforcement.

A small percentage of cases were judged potentially toxic, but lost to follow up due to inaccurate contact information.

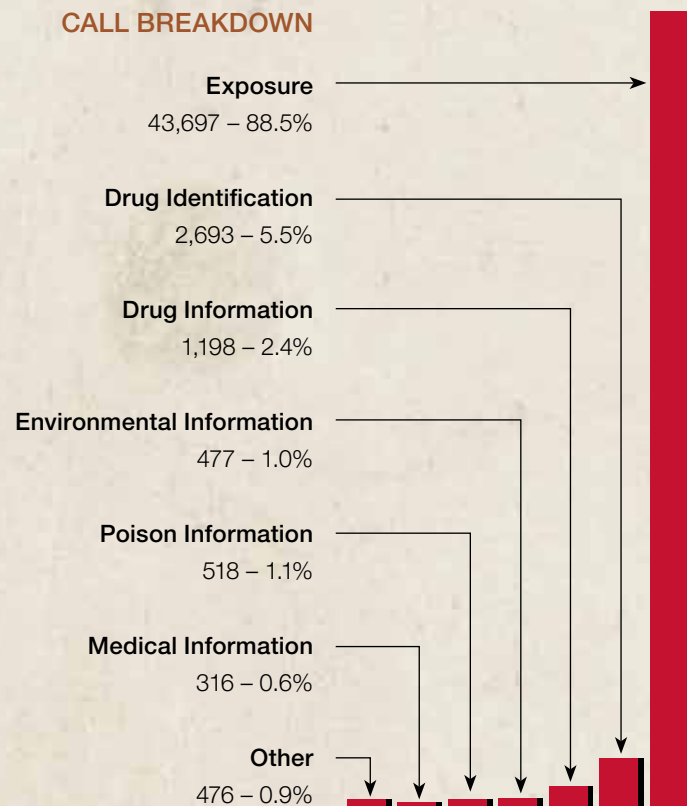


# 2011 HIGHLIGHTS & STATISTICS

The UPCC receives an average of 135 calls per day. Some are from callers seeking information about the proper use, storage, and precautions regarding drugs and chemicals. But most of the calls are from concerned Utahns and health professionals regarding a poison exposure.

In 2011, the UPCC received **49,375** calls.

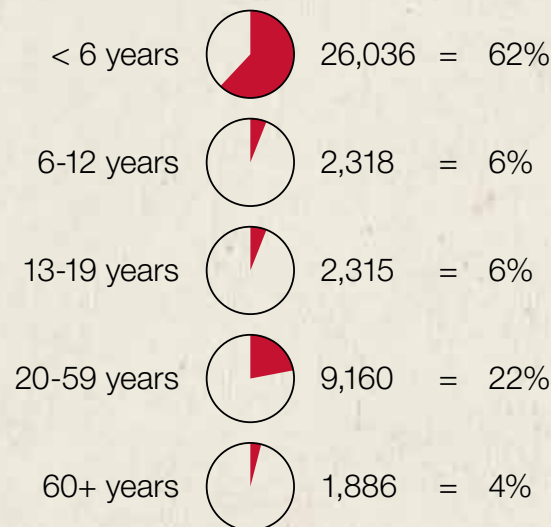
## CALL BREAKDOWN



Of the 43,697 poison exposures, **1,153** involved animals.

## AGE DISTRIBUTION

The danger of poison exposure is greatest among Utah's children. Children are naturally curious and orally explore their environment. This means that children less than six (especially 12 months through two years) are particularly at risk for poison exposure.



**\*\*This method does not include the following human exposures:**  
 unknown age: 175 | unknown child: 93 | unknown adult: 561



# SUBSTANCE CATEGORIES

The types of substances involved in poison exposures include products available in the home, workplace, and the environment.

Because children under six represent such a large percentage of poison exposures, it is important to note which substances are most common in this group.

## ALL AGES

## TOP 10 SUBSTANCES

## CHILDREN UNDER SIX

TYPE OF SUBSTANCE	# of Calls	Percentage		Percentage	# of Calls	TYPE OF SUBSTANCE
Analgesics	5,981	12.2%	<b>1</b>	14.4%	3,918	Cosmetics & Personal Care Products
Cosmetics & Personal Care Products	4,538	9.2%	<b>2</b>	11.2%	3,043	Household Cleaning Substances
Household Cleaning Substances	3,954	8.1%	<b>3</b>	11.0%	3,012	Analgesics
Sedatives, Hypnotics and Antipsychotics	2,428	4.9%	<b>4</b>	7.2%	1,963	Vitamins and Minerals
Vitamins and Minerals	2,381	4.9%	<b>5</b>	6.5%	1,772	Topical Preparations
Foreign Bodies, Toys, Misc.	2,133	4.3%	<b>6</b>	6.2%	1,702	Foreign Bodies, Toys, Misc.
Topical Preparations	2,133	4.3%	<b>7</b>	3.4%	920	Antihistamines
Antidepressants	1,820	3.7%	<b>8</b>	3.1%	839	Gastrointestinal Preparations
Antihistamines	1,621	3.3%	<b>9</b>	2.9%	798	Pesticides
Pesticides	1,462	3.0%	<b>10</b>	2.6%	719	Cold and Cough Preparations

## REASON FOR EXPOSURE

The majority of poison exposures reported to the UPCC were unintentional and involved children orally exploring their environment. Ninety-nine percent of exposures in children less than six years of age were unintentional compared to only 41% in the age group of 13-19 years. The majority of exposures in adults were unintentional (60%). Adult unintentional exposures involved therapeutic errors (taking the wrong dose or wrong medication) as well as ocular and dermal exposures to household chemicals, pesticides, and automotive products.

Exposure Site	Number	Percent
Own Residence	37,389	87.9%
Other Residence	2,465	5.8%
Workplace	639	1.5%
Public Area	622	1.5%
Other	445	1.0%
Unknown	531	1.2%
School	211	0.5%
Health Care Facility	121	0.3%
Restaurant/Food Service	121	0.3%
<b>Total</b>	<b>42,544</b>	<b>100%</b>

Reason For Exposure	Number	Percent
Unintentional General	25,222	59.28%
Therapeutic Error	4,426	10.40%
Unintentional Misuse	2,725	6.41%
Bite/Sting	842	1.98%
Environmental	1,266	2.98%
Food Poisoning	608	1.43%
Occupational	541	1.27%
Unintentional Unknown	11	0.03%
<b>TOTAL UNINTENTIONAL</b>	<b>35,641</b>	<b>83.77%</b>
Suicide	2,704	6.36%
Intentional Misuse	1,399	3.29%
Abuse	850	2.00%
Intentional Unknown	67	0.16%
<b>TOTAL INTENTIONAL</b>	<b>5,020</b>	<b>11.80%</b>
Drug Reaction	914	2.15%
Food Reaction	125	0.29%
Other Reaction	111	0.26%
<b>TOTAL ADVERSE REACTION</b>	<b>1,150</b>	<b>2.70%</b>
Tampering	320	0.75%
Malicious	135	0.32%
Withdrawal	32	0.08%
<b>TOTAL OTHER</b>	<b>487</b>	<b>1.15%</b>
Unknown Reason	246	0.58%
<b>TOTAL</b>	<b>42,544</b>	<b>100%</b>



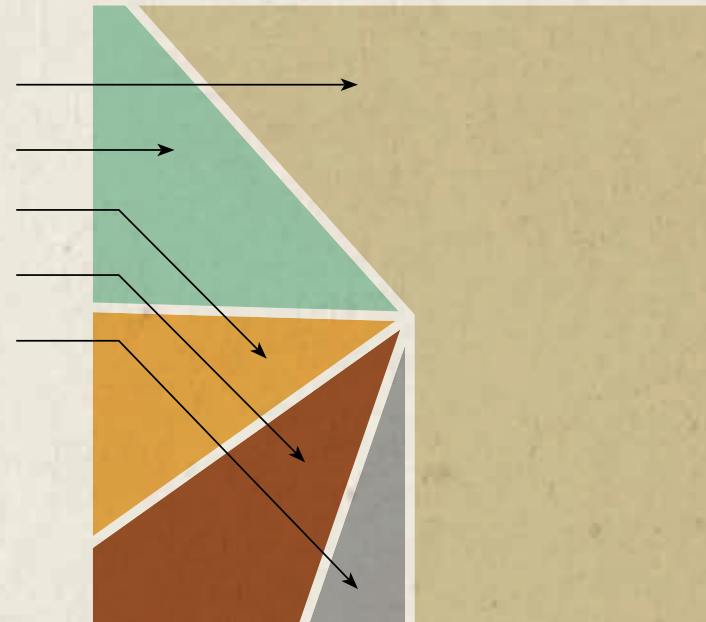
# EXPOSURE MANAGEMENT AND TREATMENT

Due to the expertise and efficiency of the UPCC specialists, the majority of poison exposures (77%) were managed on site with telephone follow-up. Children less than six years old are even more likely than older children or adults to be managed on site (90%). Treatment in a health care facility was provided in 20% of the exposures and recommended in another 2% of patients who refused the referral.

The UPCC was involved in the care of 8,502 poison exposure cases that were managed in a health care facility. The health care facilities include all acute care hospitals throughout the state as well as urgent care clinics and doctor's offices.

## Breakdown of the **8,502** cases managed in a health care facility.


Treated and released from emergency department	<b>5,238</b>
Lost to follow-up and/or left against medical advice	<b>1,099</b>
Admitted to a non-critical care unit	<b>876</b>
Admitted to a critical care unit	<b>840</b>
Admitted to a psychiatric facility	<b>449</b>
<b>TOTAL</b>	<b>8,502</b>





Gigi Smith, Operations Director  
Missy Widdison, Operations Supervisor  
*Valley Emergency Communications Center*





The Utah Poison Control Center (UPCC) and Salt Lake Valley Emergency Communication Center (VECC), Utah's largest 911 Call Center, have partnered on a job-shadowing program to better serve Utah citizens. As the largest public safety answering point (PSAP) in Utah, VECC answers 911 calls throughout the valley—up to 4,000 calls a day, approximately one million calls a year. As both VECC and the UPCC better understand each other's strengths, they can more effectively provide vital free services to Utah citizens.

## CLOSE CALLS

**Gigi:** We've worked with the poison center for years and would often see them at community events. During one of these events, we started discussing the ideas of a job share. We wanted to accurately determine when we should send calls to the UPCC. We both wanted to build the relationship.

**Missy:** I sat in with the poison center and was immediately impressed with how much knowledge the poison specialists have. I had assumed that most of their information would come from a big database. This is how it works at 911—we have instructions for different situations. But at the UPCC, the database is in the heads of the workers. The toxicologists and specialists use their extensive knowledge to immediately answer questions and provide instruction.

People who call 911 or the UPCC are usually in a panic, so a big part of the job is to remain calm and be able to help the callers to provide useful information. The poison specialists at the UPCC are excellent at this. They are also excellent at follow-up—they follow up on each and every call! Everyone listens in on the calls and jumps in to help when needed. This is important because if the person calls back, any one of the specialists can talk to them, which makes the follow-up more effective.

**Gigi:** The partnership helps both 911 and the UPCC to better serve the public in an efficient manner. We have complete confidence that when we hand off a caller to the UPCC they will be taken care of in the best possible way.

The partnership also helps to better manage healthcare resources in the Salt Lake Valley because we can better utilize the EMS rigs that are sent out. The UPCC can often provide callers with options to handle situations at home, without the need of an ambulance. Our 911 dispatchers don't always have the knowledge to determine whether an ambulance is needed on poison-related calls. The UPCC specialists can make those assessments. Families aren't saddled with the costs of an unnecessary emergency room visit and EMS resources are not wasted.

**Missy:** The UPCC is also vital in emergencies to relay information to the emergency medical personnel when they are en route to an accident. This information helps the EMS professionals be better prepared when they arrive at the scene. The open line of communication between the UPCC and 911 allows 911 to provide the EMS workers with information about exposures and other potential hazards they may find when they arrive at an accident site.

**Gigi:** We have learned so much because of this partnership and are excited to see the relationship grow and develop.

# THANK YOU

The Utah Poison Control Center is only as good as its staff and supporters. Fortunately, we have the best and brightest in both categories. A sincere thanks to the following:

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New Mexico Poison and Drug Information Center Medical Toxicologists



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A UPCC Advisory Board was established in 1998 and continues to represent the interests of the public, university and state, and to provide fiscal oversight.

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Ford Motor Company

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## SATISFACTION GUARANTEED

Rated the UPCC call specialists as good or  
**99.2%** excellent in terms of courtesy, knowledge,  
understanding, and helpfulness.

**99.5%** Rated the UPCC overall as good or excellent.

**100%** Will call the UPCC again.



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