



UTAH POISON CONTROL CENTER

2014

ANNUAL REPORT



UNIVERSITY OF UTAH
COLLEGE OF PHARMACY
L. S. SKAGGS PHARMACY INSTITUTE

ANSWERS AT THE TOUCH OF A BUTTON

During my first trimester of pregnancy, I took medication for nausea. One night after taking my pills, I placed the bottle on the nightstand. I thought I had screwed the lid on tight enough to engage the child safety lock, so when Finneus, started to play with the bottle, I wasn't worried. I heard the pills rattling around for a few seconds and then Finneus said proudly, "I did it."

Somehow, Finneus had been able to pry off the lid. I couldn't see any of the pills, so I did a quick finger sweep of his mouth. Then I looked down his throat, but he had already ingested the pills. I knew there were four pills left in the bottle, but I didn't know how harmful they would be for a two-year-old boy, so I immediately pulled out my phone, scrolled through my contacts, and called the Utah Poison Control Center.

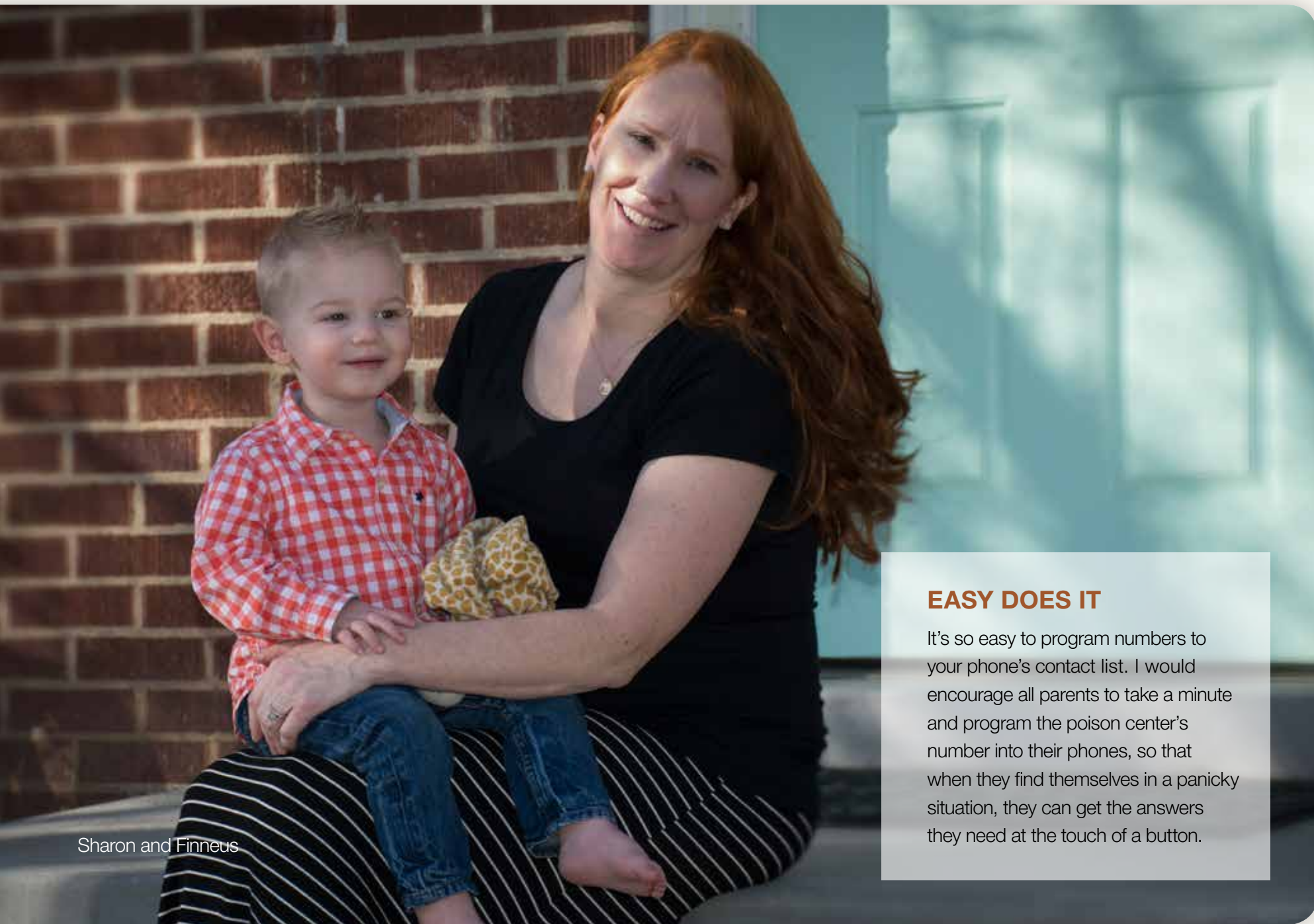
As a CT Tech for 14 years, I have medical training, so I know how important it is to get correct information quickly and accurately. That's why I called the poison center—for their expertise. I have a solid knowledge of bones, but I haven't been trained in medications, so I had no idea if I needed to rush my son to the hospital or not. I also know that emergency departments can't give out information over the phone and doctors rarely do. And

I wouldn't consider searching the Internet. I know that Google searches for medical questions do not provide any definitive answers and mostly just confuse the issue.

Calling the poison center was the absolute best thing to do. I told the specialist who answered the phone what had happened. He immediately assured me that the dose Finneus had taken was relatively harmless. He then told me all about the medication and went over some possible side effects. He said Finneus might become either hyper or groggy, but that a trip to the emergency room would only be necessary if he became extremely hyper.

The poison specialist followed up with a call a couple of hours later and again the next day to make sure Finneus was feeling okay. Finneus had taken a slightly longer nap than usual, but when he woke up, he was his normal, playful self.

It's a miracle to have resources like the Utah Poison Control Center. It's free. I can call anytime. And I get expert advice. Without them, I would have definitely taken my son to the emergency room and run up a huge bill—all for a situation that didn't need to waste my money or clog up hospital resources.



Sharon and Finneus

EASY DOES IT

It's so easy to program numbers to your phone's contact list. I would encourage all parents to take a minute and program the poison center's number into their phones, so that when they find themselves in a panicky situation, they can get the answers they need at the touch of a button.

MESSAGE FROM THE DIRECTOR



I am pleased to share our 2014 Annual Report that highlights the important role the poison center plays in providing timely advice during a poisoning emergency and the importance of advocacy, partnerships and collaboration. 2014 was a monumental year as we celebrated 60 years of poison center services in Utah, only the second poison center in the United States to achieve this milestone. Our services have expanded over the years and the Utah Poison Control Center (UPCC) now has one of the

highest utilizations of any poison center in the United States. No doubt a testimony to our longevity.

How did we reach this 60-year milestone? First and foremost because of our dedicated staff. Our poison center specialists (nurses and pharmacists) have collectively contributed 100+ years of service to the UPCC. When you call the poison center—you speak with an expert who is able to rapidly assess the situation and provide timely recommendations. In this report we highlight two personal experiences that demonstrate how valuable and reassuring our service is—especially in a moment of crisis.

Our success is also due to our advocates, partners and stakeholders. The UPCC works closely with members of the health care community and other public health and public safety advocates to improve the health of Utahns. In this report we highlight our collaboration with Dr. Mollie Cummins to develop tools to help poison centers and emergency departments share information and streamline processes to provide the best care to patients in the most efficient manner.

The UPCC is an active partner in exploring ways to address the prescription drug epidemic in Utah. This was the focus of our 60th Anniversary Symposium that was made possible through the generous donations from The ALSAM Foundation, Intermountain Healthcare Community Benefit and the University of Utah College of Pharmacy. Another way the UPCC contributes to this issue is by playing an active

role on the Utah Pharmaceutical Drug Community Project and the Intermountain Healthcare Community Partnership to help find solutions to this important public health crisis.

Our birthday celebration gave us the opportunity to recognize our partners and stakeholders. We formally thanked Congressman Matheson for his tireless support for poison centers. We heard from several poison center advocates and partners who spoke about the importance of the poison control center to Utah:

- Jan Buttrey, former director, Bureau of Emergency Medical Services
- Dr. Brian Oliver, emergency physician and past president of the Utah Chapter of the American College of Emergency Physicians
- Dr. Charles Pruitt, child advocate and emergency physician

Last, but not least we heard from Dr. Anthony Temple. Dr. Temple was the medical director of the UPCC (formerly called the Intermountain Regional Poison Control Center) in the 1970's and was instrumental in establishing national standards for poison centers that are in existence today. Dr. Temple was honored as the 2014 School of Medicine, Distinguished Alumni for his role as a leader in pediatric safety, medical toxicology and as a poison center champion. It was an honor to have him receive this award during the UPCC's 60th anniversary year.

As you can see, 2014 was a monumental year. Utah's pioneer spirit is alive and well at the UPCC. The UPCC plays an important part in protecting Utahns from poisons and remains a vital part of the public health infrastructure in this state.

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



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HERE WHEN **YOU NEED US** MOST

MISSION

Our mission is to prevent and minimize adverse health effects from a poison exposure through education, service and research.

SERVING UTAH 24/7

The Utah Poison Control Center (UPCC) is a 24-hour resource for poison information, clinical toxicology consultation and poison prevention education. The UPCC serves the public as well as healthcare professionals, pre-hospital providers, public health officials, and law enforcement.

Extremely proud to serve the entire state of Utah, the UPCC has provided over 1.5 million consultations—providing quality, unwavering support, and assistance for Utahns since 1954.

Save this number to
your phone. One day it
may save you back.

1-800-222-1222

Our nationwide toll-free number routes callers in Utah to the UPCC. UPCC staff is available to respond to consults from individuals who are deaf or hard of hearing as well as individuals with limited or no English proficiency.

DON'T GUESS, BE SURE!

Poisons surround our daily lives. Anything can be a poison if it is used incorrectly or by the wrong person. The majority of consults to the UPCC involve ingestion of common household cleaners and medicines, but there are many other types of poisonings that our specialists manage. Internet search engines simply can't assess toxicity. When you call the poison center, you speak immediately with a specialist in poison information, an expert in toxicology who can quickly assess the situation.

**THE UPCC SAVES
UTAH CITIZENS OVER
\$40 MILLION
IN MEDICAL COSTS
EVERY YEAR!**



Save Time – Call Us First for the Right Answer!

60th ANNIVERSARY SYMPOSIUM – October 2, 2014

Utah's first poison center was established in 1954 in the old Salt Lake General Hospital by pediatrician Alan Done. Fast-forward to 60 years later and the Utah Poison Control Center (UPCC) is the second longest running poison center in the United States. We are proud of our heritage and even prouder of all of the ways we continually strive to improve the efficiency and effectiveness of such a vital resource for Utah citizens.

To celebrate our 60th anniversary, the UPCC held a symposium on October 2, 2014 that was carefully planned by a committee of representatives from the Utah Department of Health, Utah Department of Human Services, Utah Addiction Center, Department of Family and Preventative Medicine, and the University of Utah College of Nursing.

The primary topic of the symposium was prescription drug poisoning, a growing problem in the United States, and particularly in Utah. The program targeted health professionals, educators, social workers, health policy and legal experts, public health professionals and law enforcement, and included robust discussion on the impacts of prescription drug poisoning. The program allowed

symposium attendees to explore potential interventions and identify strategies to not only measure the impacts of prescription drug poisonings, but to help prevent them.

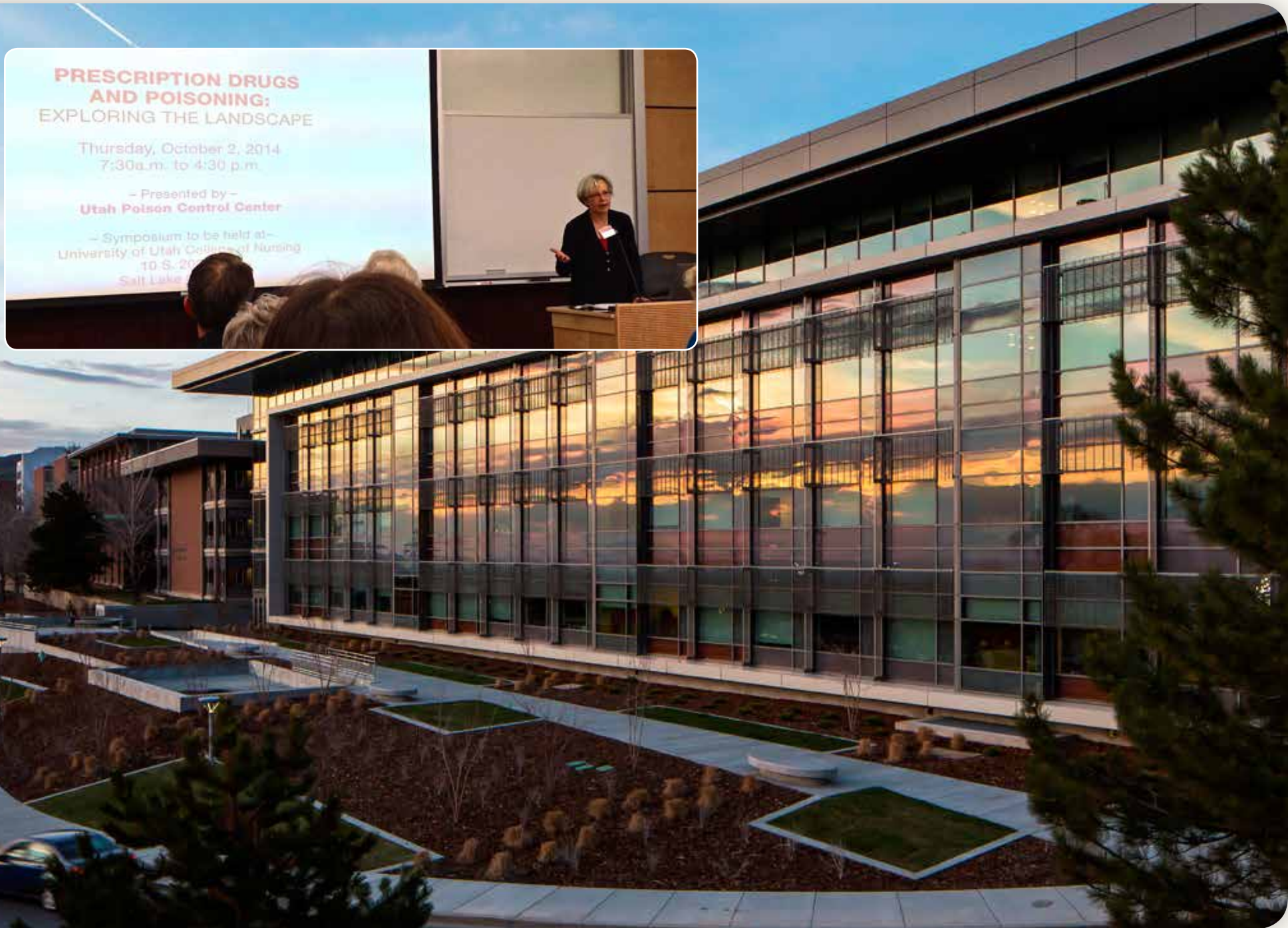
The program was divided into six sessions:

1. The Scope of the Problem
2. Challenges and Opportunities at the Bedside
3. Pharmacy Challenges and Opportunities
4. Mitigating the Epidemic: Prescription Drug Monitoring Programs
5. Legal and Policy Challenges and Opportunities
6. A lunch program that included an update from the Use Only As Directed campaign and an update from the American Public Health Association

Over 130 participants attended the symposium, including physicians, pharmacists, social workers, health educators, nurses, and other interested parties. Continuing education credit was provided for pharmacy, medicine, health education, and social work. In addition, lawyers and law enforcement personnel were able to request credit from their respective professional organizations.

“So many different perspectives covered. I thought I came in with a very good understanding of the subject matter but I can’t believe how much I learned!”

—Symposium attendee



**PRESCRIPTION DRUGS
AND POISONING:
EXPLORING THE LANDSCAPE**

Thursday, October 2, 2014
7:30a.m. to 4:30 p.m.

– Presented by –
Utah Poison Control Center

– Symposium to be held at –
University of Utah College of Nursing
10 S. 2000 E.
Salt Lake City



THE 60th ANNIVERSARY CELEBRATION CONTINUES

The Utah Poison Control Center (UPCC) also had a 60th birthday party the day following the symposium. Several friends of the UPCC spoke to highlight the poison center's statewide impact. In addition, we formally thanked Representative Jim Matheson and presented him with a certificate for his role in the reauthorization of the federal law that recognizes poison control centers (HR 3527). We also recognized Dr. Anthony R. Temple for his role in shaping the UPCC and for receiving the *2014 Distinguished Alumni* from the University of Utah School of Medicine. The reception was well attended by friends of the UPCC and our College of Pharmacy family.

What a great venue to honor such valuable champions of the poison center.

—Symposium attendee



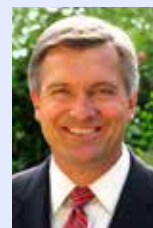
Anthony R. Temple, MD

Anthony R. Temple, MD was educated in medicine at the University of Utah School of Medicine ('68). He trained in pediatrics at the Children's Service of the Massachusetts General Hospital and the University of Utah Medical Center. In 1971, he joined the faculty of the School of Medicine, combining his interests and skills in general pediatrics with his specialty training in medical toxicology. There he taught general pediatrics and became the director of the Intermountain Regional Poison Control Center (now the Utah PCC).

In 1979, he joined the Medical Department at McNeil Consumer Products, where, in the early 1980s he was instrumental in changing the approach to pediatric dosing of OTC acetaminophen, using a standardized approach he developed, later applying it also to pediatric dosing of OTC ibuprofen. When he retired in 2005, he was Vice President of Medical Affairs. He is widely published and recently published a major analysis of pediatric antipyretic use of acetaminophen.

He was President of the American Association of Poison Control Centers, and on the Boards of the American Academy of Clinical Toxicology and the American College of Medical Toxicology. He received the Distinguished Service Award of the AAPCC (1979), the Distinguished Career Achievement Award of the AACT (2003), and the ACMT Award for Excellence in Medical Toxicology (2005). He has served on the Utah Poison Control Center Advisory Board since 1998. He is now Adjunct Associate Professor in the University of Utah, Department of Pediatrics, and a resident of St. George, Utah.

The Distinguished Alumni Award was established by the alumni of the School of Medicine Alumni Association and is presented annually to a graduate of the School of Medicine who exemplifies the practice of medicine.



Congressman Jim Matheson - 4th Congressional District of Utah

In January 2013, Jim Matheson was sworn in for a seventh term as the representative for Utah's Fourth Congressional District, which comprises the western half of Salt Lake County, the northern tip of Utah County and portions of Sanpete and Juab Counties.

Congressman Matheson serves on the House Energy & Commerce Committee, an exclusive committee with the broadest jurisdiction of any Congressional committee. The Energy and Commerce Committee deals with energy policy,

consumer protection, food and drug safety, health care, air quality and environmental health, telecommunications and interstate and foreign commerce.

Congressman Matheson is a sixth-generation Utahn who was born and reared in Salt Lake City. Jim, his sister and his two brothers all attended Salt Lake City public schools. He received his B.A. in government from Harvard University and his MBA from UCLA.

Before his election to Congress, he worked in the energy industry for 13 years for several local companies and in his own firm. His wife, Amy, is a pediatrician and they have two sons.

In January 2014, Congressman Matheson co-sponsored federal legislation to support funding for poison centers across the nation.



COLLABORATING FOR BETTER CARE

The Utah Poison Control Center (UPCC) is a national leader in the use of health information technology to advance care for poison exposed patients. I am the principal investigator of a University of Utah study aimed at better supporting collaboration between poison centers and emergency departments. The purpose of the study is to develop a more efficient process that uses secure electronic health information exchange to partially replace current telephone communication. This will result in a safer, more effective process for communication and collaboration. It will also minimize telephone interruptions for emergency department nurses and physicians. Our partners in the study include two Intermountain Healthcare emergency departments and the UPCC.

The study is funded by the U.S. Agency for Healthcare Research and Quality, and the entire process is designed to be replicable and scalable, so that it can be implemented in both large and small communities across the country. The process and tools that we are developing conform to national data standards and will be open-source and freely available.

The UPCC's involvement in the study makes perfect sense because Utah's poison center has always been a national leader in toxicology. I've worked with the UPCC on numerous studies—both large and small—since 2005. As a former emergency nurse, I understand the critical importance of their mission. Their expertise in clinical toxicology is unique, and they have always been a fantastic collaborator. They are generous with their time and highly motivated to collaborate because they understand how research will help them enhance their operations, which in turn, will improve care for the people of Utah.

Most hospitals do not have a medical toxicologist on staff, so they rely on the UPCC. Without the training and consultation provided by the poison center, Utah's healthcare providers would not be able to handle all the exposure cases that come through their doors. Plus, the UPCC's expertise is freely available to all Utah families with no barriers. Health insurance coverage doesn't matter. Ability to pay doesn't matter. Everyone can access their expertise with a single phone call.

KEEPING THE WORRIED WELL OUT OF THE SYSTEM

The poison center saves Utah money by safely managing many poison exposures at home. Emergency department visits for poison exposures are increasing, and a recent Canadian study showed 1 in 12 pediatric emergency department visits are medication-related. Many poisoning-related ED visits are unnecessary and would be better handled by the Utah Poison Control Center. This saves Utah citizens time and money, and frees up emergency departments to focus on those who really need help.



Mollie R. Cummins, PhD, RN, FAAN
Principal Investigator of AHRQ funded study
Associate Professor of Nursing
Adjunct Associate Professor of Biomedical Informatics
University of Utah

UNDERSTANDING COMMUNITY NEEDS

A vital part of the Utah Poison Control Center's (UPCC) mission is education. Outreach education efforts focus on ways to prevent poisoning as well as generate awareness to the poison center services. Poisoning remains the most common cause of unintentional injury death, well ahead of motor vehicle crashes. Outreach education efforts are critical to reducing this trend. Understanding community needs is key to successful education programs. Annually, the UPCC analyzes a variety of data sources and published literature to understand poisoning trends both in Utah and nationally. It's vital that outreach education efforts address current poisoning trends and messages are targeted to the appropriate audiences.

STAYING CONNECTED

Social media is a highly utilized communication venue and a great tool that allows us to reach our target audience, including caregivers of small children. UPCC's Facebook® page and Twitter® account allow us to interact with Utah citizens and to post important poison prevention messages.



BITES & STINGS

With all the time Utah citizens spend in the great outdoors, bites and stings from critters and insects are common. That's why the UPCC recently introduced this helpful *Bites & Stings* brochure that provides vital first aid tips and prevention strategies for Utah's most common bites and stings.



CURRENT TRENDS

The UPCC provides information to local health districts on poisoning trends in their areas. Examples of health district specific surveillance reports provided in 2014 include: e-cigarettes, opioids, bites and stings, and pediatric poisonings.



- E-cigarettes

Pediatric poison exposures involving e-cigarette products are on the rise. In 2011, the UPCC consulted on three poison exposures involving children less than six years of age. In 2014, this number jumped to nearly 100.

E-cigarettes use liquid nicotine that comes in a variety of flavors, scents and colors that are attractive to small children. Concentrations of nicotine vary by product and as little as a drop of the most concentrated liquid contains a potentially toxic amount of nicotine for a small child. Currently there are no standards for proper labeling of these products or requirements for child resistant closures to keep children safe.

If you think a child has been exposed to liquid nicotine, call the poison center for immediate advice.



- Rx Drugs

Medications are involved in just over half of the poison exposures reported to the UPCC and one in four of those medications are pain relievers. Poisoning is the leading cause of unintentional injury death and prescription pain medicines are the most common cause of unintentional poisoning death in Utah. Overdose deaths have skyrocketed in the past decade and currently outpace motor vehicle crash deaths (*see chart to the right*).

Poison center specialists answer questions about medications and medication safety frequently, including questions about adverse effects from routine use of medication or if someone inadvertently takes the wrong medication or a wrong dose.

OUTREACH EDUCATION

The UPCC outreach education efforts are ongoing and include a variety of tools and modalities to meet the needs of the state. In 2014, the UPCC participated in over 200 education events, provided over 870 hours of in-person education through presentations and health fairs and distributed over 34,000 educational materials.

UTAH CAN BE A DANGEROUS PLACE

Utah injury deaths compared with the U.S.

| UTAH 2013 DATA | | |
|----------------------------|------------|-----------------------------------|
| Injury Type | Total # | Age-adjusted Rate/100K Population |
| Poisoning Deaths | 630 | 23.5 |
| Firearm Deaths | 336 | 12.5 |
| Motor Vehicle Crash Deaths | 192 | 7.1 |

| U.S. 2013 DATA | | |
|----------------------------|---------|-----------------------------------|
| Injury Type | Total # | Age-adjusted Rate/100K Population |
| Poisoning Deaths | 48,545 | 15.2 |
| Firearm Deaths | 33,636 | 10.4 |
| Motor Vehicle Crash Deaths | 33,804 | 10.4 |

U.S. data retrieved from: <http://www.cdc.gov/nchs/fastats/injury.htm>

IN 2014, THE UTAH POISON CONTROL CENTER HANDLED 45,289 CASES

The Utah Poison Control Center receives an average of 124 consults per day. Some are from individuals seeking information about the proper use, storage, and precautions regarding drugs and chemicals. But most of the consults are from concerned Utahns and health professionals regarding a poison exposure.

CASE BREAKDOWN

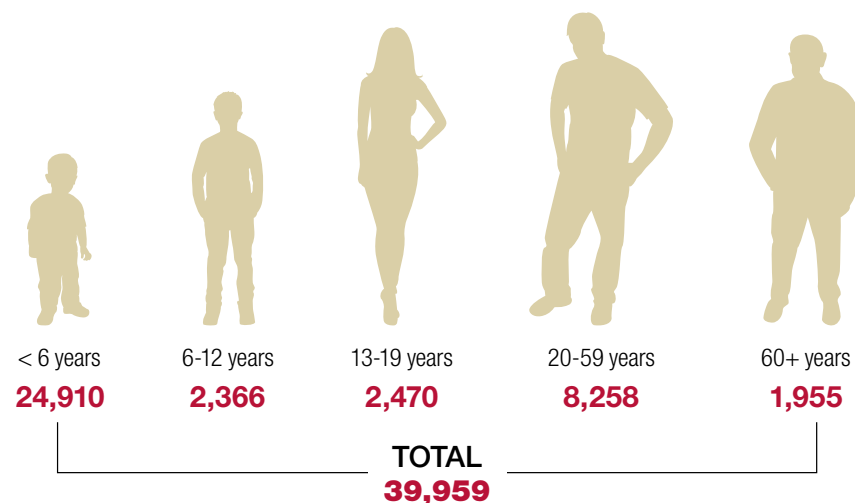
| | Number | Percent |
|---------------------------|--------|---------|
| Exposure | 41,855 | 92.4 |
| Drug Identification | 933 | 2.1 |
| Drug Information | 866 | 1.9 |
| Poison Information | 383 | 0.9 |
| Environmental Information | 235 | 0.5 |
| Medical Information | 164 | 0.4 |
| Other | 853 | 1.8 |

Of the **41,855** poison exposures, **840** 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 younger than age six (especially 12 months through two years) are particularly at risk for poison exposure.

POISON EXPOSURES



This total number does not include the following human exposures:
Unknown age: 183 | Unknown child: 113 | Unknown adult: 757

SUBSTANCE CATEGORIES

The types of substances involved in poison exposures include products available in the home, workplace, and the environment. Because children under age six represent such a large proportion of poison exposures, it is important to note the substances most common in this group.

RANKING OF TOP 10 SUBSTANCE CATEGORIES

| CHILDREN UNDER AGE SIX | | | | ALL AGES | | | |
|------------------------|---|-------|-------|-------------------|--|-------|-------|
| TYPE OF SUBSTANCE | | # | % | TYPE OF SUBSTANCE | | # | % |
| 1. | Cosmetics & Personal Care Products | 3,651 | 14.0% | 1. | Analgesics | 5,486 | 11.6% |
| 2. | Household Cleaning Substances | 3,373 | 12.9% | 2. | Household Cleaning Substances | 4,411 | 9.3% |
| 3. | Analgesics | 2,785 | 10.7% | 3. | Cosmetics and Personal Care Products | 4,253 | 9.0% |
| 4. | Vitamins and Minerals | 1,825 | 7.0% | 4. | Vitamins and Minerals | 2,274 | 4.8% |
| 5. | Foreign Bodies, Toys, Misc. | 1,526 | 5.9% | 5. | Foreign Bodies, Toys, Misc. | 2,029 | 4.3% |
| 6. | Topical Preparations | 1,493 | 5.7% | 6. | Sedatives, Hypnotics, and Antipsychotics | 1,937 | 4.1% |
| 7. | Antihistamines | 919 | 3.5% | 7. | Antidepressants | 1,825 | 3.9% |
| 8. | Dietary Supplements/Herbals/Homeopathic | 850 | 3.2% | 8. | Topical Preparations | 1,796 | 3.8% |
| 9. | Gastrointestinal Preparations | 787 | 3.0% | 9. | Antihistamines | 1,674 | 3.5% |
| 10. | Pesticides | 737 | 2.8% | 10. | Pesticides | 1,396 | 3.0% |

COUNTY DISTRIBUTION

Poison exposures are a statewide concern. The poison center was consulted on cases that originated from all 29 counties. A measure of utilization of the poison center is the number of cases per 1000 population. The Utah Poison Control Center's utilization rate of 14.1 is more than double the national average of 6.8. Our high utilization likely translates to more cost-effective, quality care for Utah residents.



| County | Human Exposures | Percent | Utilization |
|--------------|-----------------|-------------|-------------|
| Beaver | 76 | 0.2% | 11.8 |
| Box Elder | 543 | 1.3% | 10.7 |
| Cache | 1,583 | 3.9% | 13.5 |
| Carbon | 327 | 0.8% | 15.6 |
| Daggett | 9 | 0.0% | 8.0 |
| Davis | 4,485 | 10.9% | 13.9 |
| Duchesne | 394 | 1.0% | 19.4 |
| Emery | 141 | 0.3% | 13.1 |
| Garfield | 48 | 0.1% | 9.4 |
| Grand | 113 | 0.3% | 12.1 |
| Iron | 532 | 1.3% | 11.4 |
| Juab | 137 | 0.3% | 13.2 |
| Kane | 86 | 0.2% | 11.9 |
| Millard | 167 | 0.4% | 13.2 |
| Morgan | 120 | 0.3% | 11.8 |
| Piute | 9 | 0.0% | 6.0 |
| Rich | 39 | 0.1% | 17.1 |
| Salt Lake | 13,495 | 32.9% | 12.5 |
| San Juan | 109 | 0.3% | 7.3 |
| Sanpete | 371 | 0.9% | 13.1 |
| Sevier | 234 | 0.6% | 11.2 |
| Summit | 346 | 0.8% | 9.0 |
| Tooele | 924 | 2.3% | 15.2 |
| Uintah | 437 | 1.1% | 12.3 |
| Utah | 8,005 | 19.5% | 14.5 |
| Wasatch | 298 | 0.7% | 11.3 |
| Washington | 1,486 | 3.6% | 10.1 |
| Wayne | 29 | 0.1% | 10.6 |
| Weber | 3,028 | 7.4% | 12.7 |
| Out of State | 3,441 | 8.4% | |
| Total | 41,012 | 100% | 14.1 |

REASON FOR EXPOSURE

The majority of poison exposures reported to the Utah Poison Control Center were unintentional and involved children orally exploring their environment. Almost all (99%) of exposures in children less than six years of age were unintentional compared to only 35% in the age group of 13-19 years. The majority of exposures in adults were unintentional (63%). Adult unintentional exposures involved therapeutic errors (taking the wrong dose or wrong medication) as well as eye and skin exposures to household chemicals, pesticides, and automotive products.

EXPOSURE SITE

The majority of poison exposures occur in the home. Use of child-resistant closures and other safety precautions help, but even in the best poison-proofed homes, poison exposures happen. As it turns out, the majority of exposures occur when the product is in use.

| Exposure Site | Number | Percent |
|--------------------------|---------------|-------------|
| Own Residence | 35,864 | 87.5% |
| Other Residence | 2,245 | 5.5% |
| Workplace | 711 | 1.7% |
| Public Area | 575 | 1.4% |
| School | 356 | 0.9% |
| Health Care Facility | 111 | 0.3% |
| Restaurant/Food Services | 95 | 0.2% |
| Unknown/Other | 1,055 | 2.5% |
| TOTAL | 41,012 | 100% |

| Reason for Exposure | Number | Percent |
|-------------------------------|---------------|---------------|
| Unintentional General | 24,049 | 58.64% |
| Therapeutic Error | 4,416 | 10.77% |
| Unintentional Misuse | 2,934 | 7.15% |
| Environmental | 1,441 | 3.51% |
| Bite/Sting | 634 | 1.55% |
| Occupational | 601 | 1.47% |
| Food Poisoning | 509 | 1.24% |
| Unintentional Unknown | 17 | 0.04% |
| Total Unintentional | 34,601 | 84.37% |
| Suicide | 2,806 | 6.84% |
| Intentional Misuse | 1,229 | 3.00% |
| Abuse | 599 | 1.46% |
| Intentional Unknown | 183 | 0.45% |
| Total Intentional | 4,817 | 11.75% |
| Drug Reaction | 682 | 1.66% |
| Food Reaction | 117 | 0.29% |
| Other Reaction | 140 | 0.34% |
| Total Adverse Reaction | 939 | 2.29% |
| Tampering | 275 | 0.67% |
| Malicious | 154 | 0.38% |
| Withdrawal | 44 | 0.10% |
| Total Other | 473 | 1.15% |
| Unknown Reason | 182 | 0.44% |
| TOTAL | 41,012 | 100% |

EXPOSURE MANAGEMENT AND TREATMENT

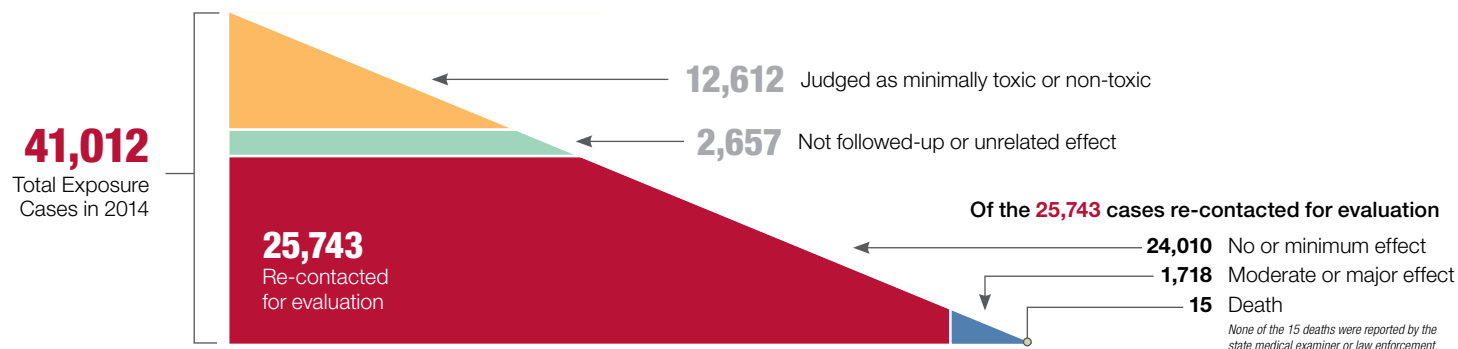
Due to the expertise and efficiency of the Utah Poison Control Center (UPCC) staff, the majority of poison exposures (78%) were managed on site with telephone follow-up. Children less than six years old are even more likely than older children or adults to be managed on site (91%). Treatment in a health care facility (hospital, clinic, and doctor's office) 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 8,047 poison exposures that were managed in a health care facility. The majority were successfully treated and released from an emergency department.

Breakdown of **8,047** cases managed in a health care facility.

| Management Site | Number | Percent of All Exposures |
|--------------------------------------|--------------|--------------------------|
| Treated and released from ED | 4,841 | 11.8% |
| Lost to follow-up and/or left AMA | 970 | 2.4% |
| Admitted to a non-critical care unit | 890 | 2.2% |
| Admitted to a critical care unit | 780 | 1.9% |
| Admitted to a psychiatric facility | 566 | 1.3% |
| Total | 8,047 | 19.6% |

MEDICAL OUTCOME



THE BEST HEALTH CARE DEAL AROUND

The health care debate has spurred a lot of conversation about the high cost of medical care. You may not know it, but the poison center is the best health care bargain around. Most poison exposures can be treated successfully at home, without a costly emergency department (ED) visit. For a possible adverse reaction or poison exposure, a call to the Utah Poison Control Center may save you time and money.

POISON CENTERS SAVE MONEY

For every **\$1 SPENT** → **\$13.39 SAVED**
 Every dollar invested in poison centers saves **\$13.39** in health care costs and lost productivity!

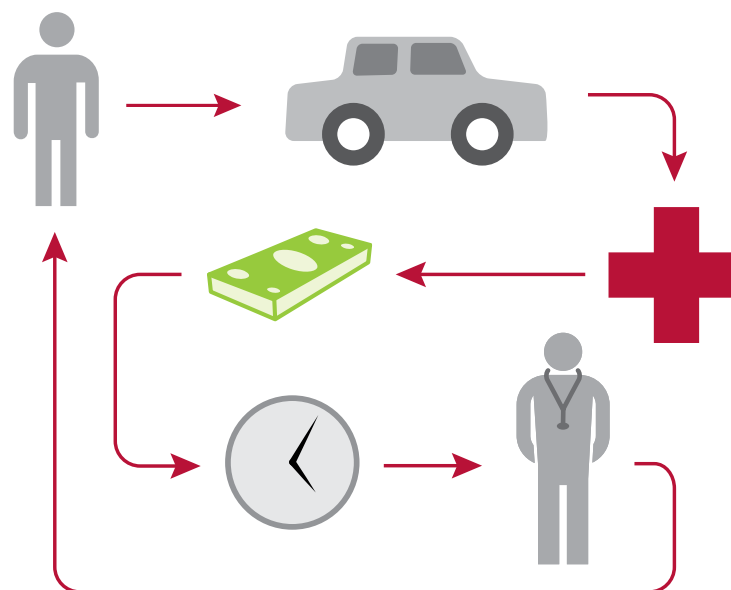
UTAH SAVES
\$24-48 Million EACH YEAR

Assuming \$1,000-\$2,000 per ED visit.

Call the Utah Poison Control Center



Visit an Emergency Department



**SATISFACTION
 GUARANTEED**

99.2%

Rated the specialists as good or excellent in terms of courtesy, knowledge, understanding, and helpfulness.

99.7%

Rated the UPCC overall as good or excellent.

99.8%

Will consult the UPCC again.

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:

Specialists In Poison Information

Kathleen T. Anderson, PharmD, CSPI*

Michael Q. Andrus, PharmD, CSPI*

Brad D. Dahl, PharmD, CSPI*

Thomas J. Davies, PharmD, CSPI*

Mike Donnelly, RN, BSN, CSPI*

Brittanie Hatch, PharmD, MS, CSPI*

Christy Hunter, RN, ASN, SPI

Ann S. Lystrup, RN, BSN, CSPI*

Kevin McFarland, PharmD, SPI

Sandee Oliver, RN, BSN, CSPI*

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Oregon Health and Sciences University Medical Toxicologists

What Our Callers Say

The specialist was awesome and she went above and beyond what she needed to do in order to make me feel better.

Don't go away. Don't ever lose funding. Thank you to everyone at Utah Poison Control. I genuinely mean that.

The specialist who helped me was kind, compassionate, and helpful. It may have been a routine call for him, but he didn't treat it as such.

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A FEW SECONDS ALONE IS ALL IT TAKES

It was vitamin time for my two boys, Gabriel and Garrett. Usually I shake out one of the chalky, old-fashioned vitamins and then put the bottle away. But this time, Garrett wanted to see the bottle. At that moment, Gabriel called to me from another room, so I ran to check on him. After just a few seconds, I realized that I had left Garrett alone with the bottle and ran back. I asked him if he had eaten any of the vitamins. He said three. Then, after a moment, he said four or five.

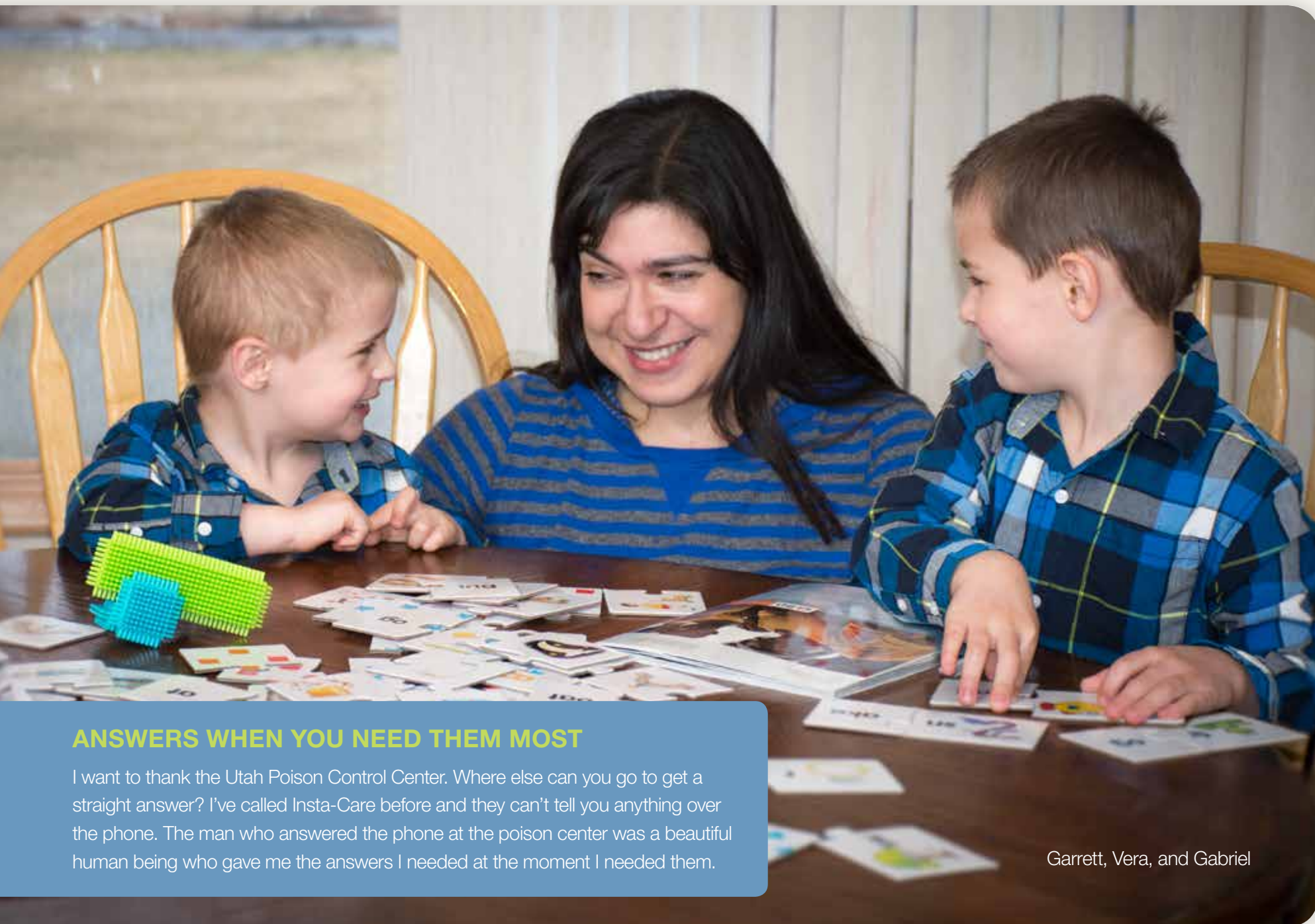
My heart sank. These boys are my little angels and the thought of anything bad happening to them just devastates me. Because they are under four, I only give the boys half a vitamin each day. I didn't know exactly how many Garrett had eaten and I didn't know how harmful they could be to his little body. I felt like I should rush him to the hospital.

Now I've taken my boys to the hospital before in what I thought was an emergency situation that turned out to not be an emergency. I know that trips to the hospital are extremely expensive, but at that moment, I was not thinking about costs.

Before I rushed out the door, I called my husband to tell him the situation. He told me to call the Utah Poison Control Center first—that they could give me answers and guidance on what to do. I knew about the poison center from my doctor. At one time, I had their phone number on a list of emergency numbers. But at some point, the list disappeared. Maybe I was confident that my kids would never be in a situation that required me to call the poison center. But with two young boys so interested in learning and exploring...the phone number to the poison center should be on everyone's refrigerator and on every parent's speed dial.

I called the poison center expecting to take a lashing for walking away from my child and a bottle of vitamins, but instead I got a beautiful human being on the phone. There was no blame. No judgment. He alleviated all the fears I had. Talking to him, I didn't feel so alone anymore. He was so kind and knowledgeable—and I had complete confidence in what he was saying.

Turns out, Garrett was completely fine. It actually seems probable that he didn't take any of the vitamins. But in the moment, I was panicked. It all happened so fast, I was thinking of the worst-case scenario.



ANSWERS WHEN YOU NEED THEM MOST

I want to thank the Utah Poison Control Center. Where else can you go to get a straight answer? I've called Insta-Care before and they can't tell you anything over the phone. The man who answered the phone at the poison center was a beautiful human being who gave me the answers I needed at the moment I needed them.

Garrett, Vera, and Gabriel



UNIVERSITY OF UTAH
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