Welcome

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The Iowa Poison Control Center: Here to Answer the Call

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Iowa Poison Control Center
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712-293-7752
National 1-800 Phone Number

Works just like 911
24 hours a day - 7 days a week
Federally funded by HRSA

Program your cell phone!

Poison Control at your fingertips.

Text POISON to 797979
to add Poison Control as a contact in your mobile phone.

BE PREPARED ANYTIME & ANYWHERE WITH #POISONHELP
History of PCCs

1953  Nation’s 1st PCC in Chicago

1978  661 PCCs in U.S.; several in Iowa
      – Centers based in ERs or pharmacies
      – Staff w/o tox training; varying levels of service

1985  319 PCCs
      – Regionalization; national standards
      – Improvement in quality of services

2020  55 nationally accredited PCCs in U.S.
Back then.....many Iowa PCCs

Iowa - The Hawkeye State
Hired Medical Director in 2002

- Full-time at IPCC; 24/7 call
- Board certified:
  - Internal Medicine
  - Critical Care Medicine
  - Medical Toxicology
- *Only* board-certified medical toxicologist in Iowa until 2016 (2 Med Tox at UIHC)
- Serves as State Medical Toxicologist, Iowa Department of Public Health
Fast forward… the IPCC now

- >25,000 cases per year;
  >40,000 follow-up calls per year
- 70% of exposure calls come from the public; 30% health care providers
  - Primarily hospital ER doctors and nurses
- Nationally accredited
- Toxicology specialists include nurses, pharmacists, physicians
- >100 education programs annually

Visit us online @ www.iowapoison.org
Public-Private Partnership

- Independent 501(c)(3) nonprofit organization
- Funding support:
  - All Iowa hospitals
  - State appropriation and matching federal/CHIP dollars
  - Federal grant (HRSA)
  - Other private funding
  - In-kind services: UPH (HR, IT, legal, tax) and MidAm
- Managed by 10-member Board of Directors
Outstanding in Our Field
Employee of the Month!
Our Mission

To reduce injuries, deaths and costs associated with poisoning and overdose
Poisoning is the #1 cause of injury-related deaths in the United States.

Self-poisoning is now the leading cause of suicide attempts among adolescents, especially girls.
What Poison Centers Do

We Help People of All Ages - in All Types of Situations

Available for hearing-impaired & non-English speaking
Ingestion of Household Products

Nearly half of calls involve children <6 years old
Drug Overdoses
(therapeutic, illegal, foreign, and veterinary drugs)

Food & Drug Recalls
Pills & Thrills that Kill

OPIOIDS

HEROIN

Synthetic Drugs

Adderall

Molly

IS “She” Worth Dying For?

PUBLIC SCHOOL

1-800-222-1222
Plant and mushroom poisoning

Snake bites and spider bites

Small animal poisonings
Chemical Exposures and Hazardous Materials Spills

Eye Exposures
Biological, chemical and radiological events and terrorism
Drug identification

- Parents
- Seniors
- Law Enforcement

Drug information

Awareness of lab and antidote capabilities
Research

Trends in Teenagers' Nonopioid Substance Exposures Reported to Poison Control Centers, 2010-2015

Brad Wright, PhD, Samantha Mestan, MSW, Monica Ahrens, and Edward Bottei, MD

Objective To describe current trends in nonopioid substance exposures and associated outcomes among teenagers nationwide.

Study design In this cross-sectional study, we used 2010-2015 data from the American Association of Poison Control Centers’ National Poison Data System and Poisson tests to document trends in the rate of calls to poison control centers involving adolescents stratified by sex, exposures by substance category, proportion of intentional exposures, and severity of exposures.

Results The number of calls per 1000 persons increased from 5.7 to 6.8 for teenage girls and decreased from 4.7 to 4.3 for boys. Reported exposures to prescription and over-the-counter medications and illicit street drugs increased between 24% and 73%, and reported opioid exposures decreased by 16%. Among teenage girls, intentional exposures increased from 57% to 68%, with cases increasingly managed in health care facilities and more likely to result in worse health outcomes.

Conclusions The increase in intentional nonopioid substance exposures among teenage girls, with serious and potentially life-threatening consequences, is a matter of serious concern. Similar trends were not observed among teenage boys. (J Pediatr 2017;■■■■-■■■■).
Poison Prevention and Public Education

Professional Education
EM and FP resident physicians, pharmacy students, pharmacy residents, medical students, nursing students
Poison Prevention Materials

Available to order for FREE on our website!

- Teaching Children
- Safe Laundry Practices
- Teaching Seniors
  – Including medication and food poisoning
- Ordering Bulk Material
- Information to Download

http://www.iowapoison.org/order-material/
National Poison Prevention Week: March 15-21, 2020

Almost anything can be poisonous ...

... if it is used in the wrong way, in the wrong amount, or by the wrong person.

If you suspect a poisoning, don’t take a chance. Call 1-800-222-1222.
IPCC also interacts with...
Real-time Surveillance

American Association of Poison Control Centers
Health and Economic Benefits

- 90% of public callers are managed at home
- If IPCC wasn’t available, 73% would go to ERs
  - >$12.6M direct savings to Iowa from cost avoidance
- 44% callers are covered by Medicare, Medicaid or HAWK-I resulting in savings of $5.7 million

\[
\begin{array}{c|c}
\text{Dollars Spent} & \text{Dollars Saved} \\
$1 & $13.40 \\
\end{array}
\]
Continuous 24/7 operations

- **Emergency routing:**
  - Seamless and transparent to the caller
  - Reciprocal coverage: Louisiana, Wisconsin, Minnesota (+ North and South Dakota)
  - Local relocation to St. Luke’s and remote workers

- **Call Coverage with Louisiana PCC:**
  - Monthly staff meetings (routinely)
  - Emergencies (ex. telecom failure, MEC evacuation)
  - IPCC provided assistance during Hurricane Katrina and Gulf Oil Spill
Tips for Counseling

• Remind patients about proper medication storage and keeping out of reach of children

• Store medications in original vials
  – Don’t combine vials or reuse old vials

• Encourage the use of a pill organizer if needed
  – But keep the original vial to refer to label and directions

• Teach patients the 5 “rights” of taking medicine:
  – Right patient
  – Right drug
  – Right dose
  – Right route
  – Right time
Tips for Counseling

- Secure medications when they are transported
  - i.e. Plastic sandwich bags are never a safe option
- Keep an up-to-date medication list and have a copy available at all times
  - Include OTC and herbal medications as well
- Don’t keep expired or unneeded medications
- If your pharmacy isn’t open, the IPCC is available 24/7/365 to answer questions about medications
One Pill Can Kill (10 kg toddler)

- Antimalarials (chloroquine, hydroxychloroquine)
- Calcium channel blockers & beta blockers
- Colchicine and podophyllin
- Clonidine and guanfacine, topical imidazolines
- Methyl Salicylate (oil of wintergreen)
- Opioids
- Sulfonylureas
- Tricyclic Antidepressants
One Patch Can Kill

• Deadly Patches
  – Fentanyl
  – Nicotine

• Potentially Deadly Patches
  – Clonidine
  – Oxybutynin
  – Nitroglycerin
  – Scopolamine
  – Lidocaine
  – Seligiline

Children can get large amounts of drug into their systems just by licking, sucking or holding patches in their hands.
Also Deadly in Small Doses

- Alcohols
- *Amanita virosa* mushroom
- Benzocaine
- Camphor
- Corrosives
- Cyanide
- Hydrocarbons
- Hydrofluoric acid
- Liquid Nicotine
- Organophosphate insecticide
The Case

A woman in labor is given fentanyl for pain. She delivers a healthy baby with only moderately low Apgar scores. Child is supposed to receive naloxone 0.4 mg IM but instead is accidentally given digoxin 0.5 mg IM. Within a few hours the child develops significant **bradycardia**, **first degree heart block** and **severe hyperkalemia**. At this time the PCC is called.
The Case

A young adult was found minimally responsive with shallow respirations and pinpoint pupils. He’s brought to the ER and given naloxone 0.4 mg IV for opioid toxicity. He wakes up and tells staff he took oxycontin 20 mg to get high. Subsequently, while in the ER he is awake, alert, oriented and talking to staff. Within the hour he’s discharged back home. Later that day his mom finds him dead in his bedroom from the original oxycontin overdose. Naloxone wore off and he re-sedated.
The Case

A 4 y/o F was found unresponsive, pulseless and apneic. PMH: Previously healthy. Upon physical exam, child was comatose, with blood coming from mouth and nares. Child was brought to ER as a suspected trauma. During resuscitation a chest radiograph was obtained to check positioning of the ET tube and a foreign body was noted in the esophagus.
Button Batteries

Photos Courtesy Steven Marcus, MD, NJ PCC

3 hours later
The Case

A 15 year old presents to the ER after ingesting several tabs of Coricidin HBP Cough & Cold® in an effort to get high. He is hallucinating. Vitals WNL.

Coricidin HBP Cold and Flu® is commonly mistaken for the Coricidin Cold and Cough® which contains acetaminophen!
The Case

A female in her 80s was transported to the hospital from a nursing home “acting goofy” after a possible overdose. The patient is a poor historian. She seems flushed and is having trouble breathing but family attributed these symptoms to her taking a walk on a very hot day. Family describes her as becoming more confused and not making sense when she talks. Sugar normal and pulse ox 98%. She presents with a severe metabolic acidosis.
The Case

Family ate at a restaurant now everyone is not feeling well. Sx: N, V, HA, dizziness. It’s late at night and cold outside and caller wonders if they need to go to the ER. PC tells caller that food poisoning symptoms generally improve with time and fluids…if it’s food poisoning. Caller is asked if they have a CO detector in the home. They do not. PC rec’d leaving the home and calling local gas company or FD to inspect for CO. FD arrives and CO level so high the home is “red-tagged” and not fit for inhabitation.
The Case

63 guests from a wedding reception presented to local ER’s after consuming a peculiar-tasting punch. Within 15 mins of drinking the punch, they experienced **headaches, dyspnea, dizziness, and nausea**. Thirteen had **cyanosis, unrelieved with oxygen**, and nine collapsed. Pulse ox remained in the mid 80’s despite oxygen therapy.
We Get Calls

- Dairy goats ate box of rat/mouse poison. Wondering if they can still use the milk to make cheese.
- Turkey in the oven to cook and son turned oven off not knowing turkey was in and thought oven was left on.
- Dog ate the Viagra. Will dog be ok?
- $20 dare to eat sea anemone preserved in formaldehyde
- Male drinking with friends and had his gluteal cleft filled with expanding foam sealant. Victim then threw the can at the perpetrator and caused a laceration on his forehead.
- Toddler superglued foot to floor. Tried for 45 min to remove before calling PCC. Called back later to tell PCC that rec’s worked!
- Countless instances of all ages brushing their teeth with hydrocortisone cream, Preparation H, etc.
“There are very few areas of emergency medicine where, we as EDP’s, can phone someone and get “the definitive answer.” It is tremendously comforting on chaotic circumstances of overdoses that we can call an 800 # anytime, and hear the calm voice of reason and professionalism. Thank you for this service.”

Iowa ER physician
THANKS FOR ATTENDING!

JOIN US TUESDAY, FEBRUARY 11:
THE ROLE OF PHARMACISTS IN
STD PREVENTION

Questions? Contact IPA at IPA@iarx.org or 515-270-0713