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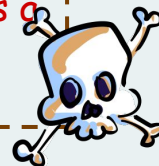
THE DRUG INFORMATION & POISON CONTROL



Objectives

? Yup, it is not given >_<

The doctor explained this
lecture in 8-5 mins (:
Nothing to worry about, it is a
piece of cake!



NOTES EXTRA BOOK IMPORTANT GOLDEN NOTES

{ Poison Center }



What is a Poison Center?

Facility that provides immediate, free, and expert treatment advice in case of exposure to poisonous or hazardous substances

Poison control center answer questions about potential **poisons** in addition to providing treatment management advice about **household products, medicines, pesticides, plants, bites and stings, food poisoning, and fumes.**

More than 72% of poison exposure cases are managed simply by phone, reducing the need for costly hospital visits. *Most of these exposures are subtoxic or non-toxic so the center give advices by phone and this helps to decrease the load on the hospital*



DO YOU KNOW HOW TO CONTACT THIS CENTER? [CLICK HERE!](#)



The Goals of this center:

Apart from giving information to physicians or the public about management of the toxins they also do:

1

As source of rapid access to **information for physicians** which is valuable in assessing and treating poisonings timely and accurately

2

Training to the professional and paraprofessionals on first-aid, management and prevention of poisoning.

3

Provides **toxicological laboratory services** for therapeutic as well as forensic investigation (to approve any lab results related to medico-legal stuff). Also To look at toxicological or therapeutic levels of different medication.

4

In developing **contingency plans for chemical disaster** with other responsible bodies.
Like chemical exposure or radiation.

5

The center carries out **epidemiological and experimental studies.** *By collecting information from calls.*

Poison Center

King Saud University Poison Control Service



The Pharmacy Services Department of King Khalid University Hospital (KKUH) established a Poison control service in conjunction with their drug information center in October 1983.



offer expert advice from well-trained clinical pharmacists who are trained on toxicology

Information on poisoning management was targeted towards physicians.



The service was made available 24 hours a day (calls received from 7:30 am to 4:00 pm were managed by the Drug and Poison Information Center [DPIC], while after-hours consultations were managed by on-call clinical pharmacists).
You should know DIC mainly for physicians and PIC for public

Data from KKUH Poison Center:

Contact Detail 71500



Substance ingested	Children <5 years (%)	Children 6-12 years (%)	Adults (%)	
Drugs	CNS depressants	70	30	
	Birth control pills	7.6		
	Iron/Multivitamins	7.6		
	Paracetamol	5.7		
	NSAIDs	5.7	7.6	30
	Unknown	2.6	23	
	Antibiotics	2.6		
	Others	27	27.4	
Household Products	Cosmetics & Chlorox	5.1		
	Disinfectants/deodorizers	3.2		
	Elemental mercury	3.2		
	Naphthalene	2		
	Others	4.4		7
Industrial Products	4.4		9	
Bites/Stings	1.2	30.4	12	
Food poisoning and plants	<1			
Plants		7.6		

Most of the ingestions at our poison center were in children where they ingested NSAIDs so paracetamol is one of the commonest ingestion that you will see.

{ Poison Center }

Differences between DIC & PIC

	Poison information center (PIC)	Drug information center (DIC ¹)
Clientele	88% poison center calls are placed by public	9-10% calls are placed by public but MOSTLY by health care professionals
Call Volume	103 calls per day, it ranges from 33 to 213 calls per day, depending upon: -Service population size -Poison center awareness in that area -Poisoning rates	Fewer than 7 calls per day <small>Doctors pride; they know it all! (: "Remember this"</small>
Hrs of operation/cost	-Operates 24 hrs a day year round -More expensive	-Operates 9 am - 5 pm -Less expensive
Staffing	They use a wider variety of health care professionals <small>"Man! This is 24 hrs job! We need more ppl"</small>	They rely on pharmacists <small>"lazy pharmacists, don't work for too long"</small>
Funding	Public funding	Sponsored by hospitals or medical centers

¹-Don't confuse it with Disseminated intravascular coagulation



The data currently being tracked through the TESS include:

Once you call the poison center this is the kind of information they expect from you!

TESS= toxic exposure surveillance system



General epidemiological data- date and time of call, reason for exposure



Caller characteristics- site of caller, city and state.



Patient characteristics- age and sex, pregnancy status.



Exposure characteristics- substance, route of exposure, site of exposure, amount of exposure, time elapsed.



Clinical course- clinical manifestations and therapeutic interventions recommended and perform and outcome of exposure.

{ Poison Center }



Resources used as reference for exposures:

-Micromedex **poisindex**(a database of more than 8,00,000 household products, chemicals, and medications).

-General **product formulations** are found in Clinical Toxicology Of Commercial Products by Gosselin, Smith, and Hodge.

-In addition they often maintain **manufacture files** with recent product formulations.

-Internal protocols, journals, medical literatures.



RESOURCES
RESOURCES



Poison information specialists:



- ❑ They directly interact with the public and health care professionals.
- ❑ Poison information specialists must be both clinicians and counselors.
- ❑ They must elicit a complete history, correctly assess the potential severity of exposure using the most appropriate management plan to the caller.
- ❑ In addition, poison information specialists must be able to focus callers who are unable to give cohesive history.
- ❑ Specialists should be able to communicate in a calm, reassuring manner at all levels of education. Both nurses and pharmacists are suitable poison information specialists.

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Summary

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Poison control center answer questions about potential **poisons** in addition to providing treatment management advice about **household products, medicines, pesticides, plants, bites and stings, food poisoning, and fumes.**

Goals of poison center:

- Provide rapid access to **information for physicians** .
- **Training to the professional** and paraprofessionals on first-aid, management and prevention of poisoning.
- Provides **toxicological laboratory services** .
- In developing **contingency plans for chemical disaster** with other responsible bodies.
- The center carries out **epidemiological and experimental studies.**

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-Serves the public
 -Receives more calls and depends on many factors such as population size
 -Operates all day and night!
 -Costs lots of money but no worries, the public will pay (:
 -Also, it needs a lot of money for hiring many health care professionals

“Jeez! we do all the job, what about DIC >_<”

PIC

-Serves health care professionals who are lazy to read more about toxicology
 -They are also lazy to call the center so fewer calls are received
 -Annoyed pharmacists won't work 24 hrs but from 9 am to 5 pm
 -Hospitals have to fund their lazy workers

“But you don't have to deal with an angry consultant!”

DIC

{

How toxic is your knowledge

}

1-Which of the following is commonly ingested by a 3 year old child?

- A) Paracetamol
- B) CNS depressants
- C) Beta blockers
- D) Chlorox

2-PIC costs less money and deliver knowledge about toxins to teachers.

- A) True
- B) False

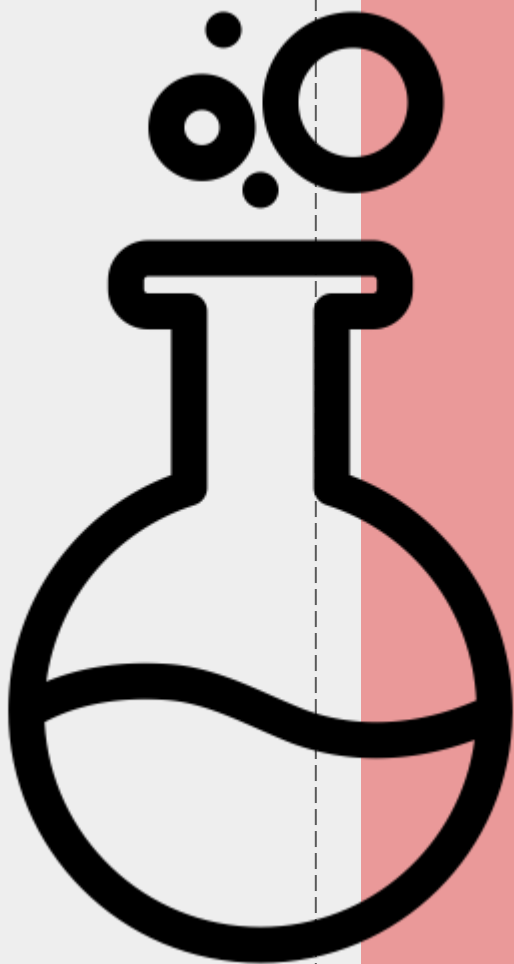
3-As a poison center specialist, which of the following you would ask your client

- A) Their last meal
- B) Their location
- C) How they took the toxin
- D) B and C



1-B
2-B
3-D

THANK YOU AND GOOD LUCK!



VERY TOXIC BUT YOU ARE
GONNA DO IT!

A+ is yours (:

• Email us at:

436toxicology@gmail.com

How well do you think we have done? We are waiting for your feedback!



Click here!

- THEME WAS DESIGNED BY: ASEEL BADUKHON
- LOGO WAS DESIGNED BY: NORAH ALHOGAIL

E diting! ✓
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