125. Development of an international registry of poisoned patients using toxic
Kathryn Kopec¹, Rais Vohra², Konstantin Brusin³, Eric A. Smith⁴, Jeffrey Brent⁵, Paul Wax⁴
¹Einstein Medical Center, Philadelphia PA USA; ²UCSF-Fresno Medical Center, Fresno CA USA;
³Sverdlovsk Regional Centre, Russian Federation; ⁴University of Texas Southwestern, Dallas TX USA;
⁵University of Colorado, Denver CO USA

Background: The international toxicology community has limited communication and collaboration
mechanisms. We attempted to address this issue by developing an international registry of poi- soned
patients to further collaboration, education, and research among physicians specializing in the management
of human poi- sonings globally. This registry is based on the current American College of Medical
Toxicology (ACMT) Toxicology Investigator’s Consortium (ToxIC) Registry, a multicenter reporting,
research, and toxicosurveillance network connecting over 50 sites in the USA on a web-based platform
since 2010.

Methods: We identified international colleagues with an interest or need in developing a registry for
poisoned patients. A web- based data form was utilized for the planning, designing, building, testing,
deploying and tracking of this health informatics project. The intent was to capture anonymized
demographic, clinical and management details of patients seen in bedside consultation by international
members of ACMT.

Results: The International ToxIC Registry has been active since 2/1/2013. So far, ToxIC Investigators in
Sverdlosk, Russia have entered a total of 56 cases in two months with 54 acute exposures, 1 chronic and 1
acute-on-chronic exposure. Forty-five patients presented with clinical signs of toxicity while 11 were
asymptomatic. Most common clinical presentations were: confusion, CNS depression, agitation, and
anticholinergic toxidrome. GI decontamination was performed on 13 patients, 10 receiving gastric lavage
and 3 receiving activated charcoal. Medical treatment was given to 21 patients including benzodiazepines
(14 patients), antipsychotics (6 patients), atro- pine (2 patients), and NAC, calcium, glucose, vasopressors,
high dose insulin euglycemic therapy, and intralipid (1 patient each.) The most common intoxicants were:
sympathomimetics, ethanol intoxication, barbiturates, cardiovascular drugs, carbon monoxide, acetic acid,
acetaminophen, and benzodiazepines. There were a total of 23 different substances ingested reported. Other
sites in the process of joining the International Registry are located in Thailand, India, Sri Lanka, and Iran.

Conclusion: Our experience suggests that an international, web- based toxicology registry is feasible. This
project has the potential for creating opportunities for collaborative research and education among
toxicologists, with the ultimate goal of improving the care of poisoned patients.