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**The Toxicology Investigators Consortium (ToxIC) Registry – Establishing Its Viability**

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Background: In 2009, ACMT's ToxIC group established that 10–15,000 patients are directly evaluated each year by medical toxicologists; either at the bedside or in the clinic. It may be feasible to obtain a large amount of data on exposed patients based on this experience. Therefore, starting in January 2010, a trial registry of direct consultations was initiated.

Objective: To determine if a national ToxIC case registry that includes cases cared for directly by medical toxicologists is viable. Methods: A password protected, online, HIPAA compliant database was created that is accessible via the ACMT website. The database balances sufficient data collection to allow case insight with minimal time for case upload. Data elements include: Location of encounter (ED, inpt, ICU, outpt.), Age, Encounter type (ADR, Pharm vs. NonPharm agent exposure, Environmental, Occupational, Envenomation, Lab data interpretation, Organ failure), Agent classes (ex antipsychotics, metals, pesticides), Specific agent names, Clinical syndromes (ex acute lung injury, agitation, hyperthermia, rash), & Treatment (e.g. albuterol, dialysis, Chelation, pyridoxine, liver transplant, pacemaker). Complete case information is maintained on the investigators' institutional computers and is deidentified other than a unique code that facilitates later identification.

Results: On January 15, 2010, four centers began pilot data collection. On March 1, 2010, seven more centers were added. As of April 5, 2010, 309 cases are in the database. Time required to enter data is ~1 min/pt. The data elements continue to evolve.

Conclusions: The ToxIC registry is a viable tool to identify cases that medical toxicologists see in direct consultation at multiple sites across the country. Following identification in the database, access to the case details will provide complete clinical records of consultations seen by medical toxicologists. The development of this registry provides a potential new toxicosurveillance source for research, education, healthcare, and public health.