

The Toxicology Investigators Consortium (Toxic) Registry: A National Registry of Patients Seen by Medical Toxicologists at the Bedside

Wax PM, University of Texas, Southwestern, Dallas, TX, USA. Brent J, University of Colorado, Denver, CO, USA

Objective: In 2009, a survey of US based medical toxicologists established that 10,000-15,000 patients are directly evaluated each year by medical toxicologists; either at the bedside or in the clinic. The American College of Medical Toxicology subsequently established the Toxic Investigators Consortium (Toxic) to develop a Registry of toxicology patients seen at the bedside and to provide a national network infrastructure for multicenter collaborative research. Beginning in February 2010 Toxic began a Registry of patients seen at the bedside by medical toxicologists. We report on this Registry to date.

Methods: An on-line, HIPAA compliant database was created that is accessible via the ACMT website. After an initial pilot test, toxicology sites were recruited to participate in this program. Data elements that were collected included: location of encounter (inpatient, outpatient, ER), age, encounter type (ADR, pharm vs nonpharm agent exposure, environmental, occupational, envenomation), agent class, specific agent names, clinical signs and symptoms, and treatment.

Results: 3230 cases were enrolled into the Toxic database during the first 10 months of data collection. The data was collected by 26 sites who consulted and cared for toxicology patients at 44 medical centers. Over 80 medical toxicologists participated in the data collection. Additional sites are currently being recruited to participate in the Registry. The time required to enter data is ~ 1min/pt. Updates in the data collection tool have facilitated ease of using the collected data for toxicosurveillance.

Conclusion: The Toxic registry is a viable tool to identify cases that medical toxicologists see at the bedside at multiple sites. 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 novel toxicosurveillance source for research, education, and improved public health. Such a registry could be expanded to international collaborators.