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### **125. Development of an international registry of poisoned patients using toxic**

Kathryn Kopec<sup>1</sup>, Rais Vohra<sup>2</sup>, Konstantin Brusin<sup>3</sup>, Eric A. Smith<sup>4</sup>, Jeffrey Brent<sup>5</sup>, Paul Wax<sup>4</sup>

<sup>1</sup>Einstein Medical Center, Philadelphia PA USA; <sup>2</sup>UCSF-Fresno Medical Center, Fresno CA USA;

<sup>3</sup>Sverdlovsk Regional Centre, Russian Federation; <sup>4</sup>University of Texas Southwestern, Dallas TX USA;

<sup>5</sup>University 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 poisoned patients to further collaboration, education, and research among physicians specializing in the management of human poisonings 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 Sverdlovsk, 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), atropine (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.