

Why call the Regional Poison Center?

A five-year-old boy swallowed wiper fluid that had been put into a sports drink bottle for storage in the car. After some tests in the emergency room, the child was ready to go home when a Poison Center staff member asked for one more test. It showed a very high blood methanol level, a level at which neurological toxicity and blindness can result. The child was transferred to a teaching hospital and given a new antidote with guidance from Center staff. The child went home the next day without any complication.

A three-year-old child playing with an Epi-Pen, epinephrine injector, stuck himself in the finger. The parents went to a local walk-in clinic in a panic when the thumb turned blue. When the doctor's treatment was not effective, the Poison Center was called. The Center staff sent the child to the local hospital and instructed the emergency room staff on the use of the antidote. The thumb improved right away and the child was sent home.

A thirty-year-old woman swallowed aspirin in an intentional overdose. When she came into the emergency room she was alert and complaining of nausea and vomiting. The lab reported a very high aspirin level. The Poison Center staff questioned the inconsistent profile and called the lab. The tests showed high levels of acetaminophen not aspirin. That explained the patient's nausea. The antidote was immediately recommended. The patient recovered without complication.

A forty-two year old man buffing floors had a chemical kicked up in his eye. Due to excruciating pain, he went the local emergency room. The doctor called the Poison Center to find out more about the chemical. When that did not explain the pain, the Poison Center staff recommended the doctor look in the other eye. A piece of metal was found and removed. With the problem removed and the pain gone, the patient was discharged.



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Regional Center for Poison Control and Prevention

SERVING MASSACHUSETTS AND RHODE ISLAND



2000 ANNUAL REPORT

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Introduction

Children's Hospital has sponsored the Massachusetts Poison Control Center since 1955. In January 2000, the Center began to provide service to the citizens of Rhode Island. The name of the Center was changed to the Regional Center for Poison Control and Prevention (the Center) to reflect the broader service area as well as increase focus on prevention, education and outreach.

The Regional Center for Poison Control and Prevention has a mission to provide assistance and expertise in the medical diagnosis and management of poisoning cases involving the citizens of Massachusetts and Rhode Island. The Center seeks to improve the quality of medical care given to poisoned patients by maintaining a standard of excellence in both clinical research activities and professional education endeavors. In addition, the Center develops innovative strategies to prevent unnecessary injuries due to intentional and unintentional poisonings and toxic exposures.

Center goals and objectives set for the year 2000 included:

1. Deliver high quality services
 - A. Execute an efficient transition to a two-state poison Center
 - B. Establish an Advisory Committee for the new Regional Center
 - C. Stabilize financing for the Center
2. Strengthen outreach and public education efforts with a focus on prevention
 - A. Establish a Health Education Committee
 - B. Develop and implement a comprehensive educational plan
 - C. Explore potential partnerships

The major goals for the future are the following:

- ~ Implement Education Plan in a cost-effective manner
- ~ Stabilize Center staffing
- ~ Increase outreach and education to cities and counties where penetrance is low
- ~ Complete American Association of Poison Control Centers (AAPCC) certification
- ~ Improve data reporting
- ~ Enhance capacity to meet the needs of non-English speaking residents
- ~ Develop partnerships with the New Hampshire and Connecticut Poison Centers

Historical Timeline

1955	Boston Poison Control Center established. First of its kind in the state and third center in the nation.
1973	Additional poison control centers established in Worcester, Fall River, New Bedford and Springfield.
1976	Congress passed the National Emergency Medical Services System Act. Massachusetts Department of Public Health appointed a Poison Committee to create a statewide poison system.
1978	Massachusetts Poison Control System replaced the local poison centers.
1981	Rhode Island Poison Center began operations as a community service funded by Rhode Island Hospital.
JANUARY 1999	Lifespan, through its affiliate Rhode Island Hospital, announced closing the Rhode Island Poison Center.
MARCH 1999	Rhode Island General Assembly allocated state funding for Poison Center services.
AUGUST 1999	Massachusetts and Rhode Island Departments of Health issued joint request for proposals for poison center services.
JANUARY 2000	Regional Center for Poison Control and Prevention serving Massachusetts and Rhode Island established at Children's Hospital.
FEBRUARY 2000	President Clinton signed into law the Poison Control Center Enhancement and Awareness Act, which allocated federal funding to Poison Center.
MARCH 2000	Massachusetts and Rhode Island Departments of Health convened first meeting of the Regional Poison Center Advisory Committee.

Financials

In 2000, The Massachusetts Department of Public Health and Rhode Island Department of Health provided the majority of the funding for Center operations. Additional funding came from voluntary contributions from hospital partners, Harvard Pilgrim Health Care and Blue Cross / Blue Shield of Massachusetts. The following table highlights revenue and expenditures for the year 2000.

JULY 2000 - JUNE 2001 (FY01)

Operating Revenue

Department Public Health, Massachusetts	\$ 540,000
Department of Health, Rhode Island	\$ 300,000
Funding Partners*	\$ 112,200
Contracts and Donations	\$ 23,550
Pharmacy Training Programs	\$ 5,500
Other	\$ 4,650
Children's Hospital In-Kind	\$ 320,000
Sub-Total	\$1,305,900

Direct Expenses

Salaries and Benefits	\$ 995,460
Toxicall Software Licensing fee	\$ 28,130
Telephone	\$ 23,000
Printing and postage	\$ 13,300
Supplies	\$ 4,650
Travel	\$ 4,155
Dues/membership	\$ 3,250
Other	\$ 1,600
Indirect	\$ 320,000
Sub-Total	\$1,493,545
Revenue - Expenses	(87,654)

* Complete list of funding partners is in Appendix D.

Public Education

The goal of the Center's public education program is to reduce the number of unintentional and intentional poisonings through education, outreach and promotion of services. In 2000, a Health Education Committee was organized to advise the Center staff. A list of members is included in Appendix C. The committee produced a strategic plan, which identified target audiences, determined effective outreach strategies and established priorities for moving forward.

The guiding principles adopted by the committee in creating a strategic educational plan include:

- ~ Use a systematic approach to deliver messages about poison prevention and services.
- ~ Evaluate activities, messages and programs to determine the effectiveness outcome on behavior.
- ~ Assure that programs and messages are culturally and developmentally appropriate.
- ~ Utilize the resources, contacts and expertise of committee members.
- ~ Form partnerships to further extend the prevention message through existing networks and collaboration.

Public Education Accomplishments:

- ~ Developed a comprehensive educational plan (available upon request).
- ~ Developed a new logo in partnership with Amica Insurance.
- ~ Coordinated with state public health agencies and public health programs to disseminate information.
- ~ Partnered with the University of Rhode Island School of Pharmacy in the development of pre-service curriculum for child and family development students for Poison Prevention Week.
- ~ Placed poison prevention articles in patient education newsletters for Health Maintenance Organizations reaching more than 1.2 million members.
- ~ Enhanced regional awareness about the Center and poison prevention through health fairs and community events.
- ~ Distributed more than 85,000 telephone stickers and refrigerator magnets.

MATERIALS AVAILABLE
THROUGH THE CENTER:

TELEPHONE STICKERS

REFRIGERATOR MAGNETS

EMERGENCY ACTION CARDS

FACT SHEETS AVAILABLE
THROUGH THE CENTER:

PREVENT POISONING IN YOUR HOME

CHILDREN ACT FAST...SO DO POISONS!

WHAT IS IPECAC SYRUP?

SAFE PLANTS / DANGEROUS PLANTS

Professional Education

The Professional Education program at the Regional Center for Poison Control and Prevention is comprised of three components. Accomplishments during 2000 include:

Continuing Education for Center Staff

- ~ Presented ten in-service programs to the staff. Topics included: Carbon Monoxide, Lead, Pesticides, Heavy Metals, and Management of the Poisoned Patient.

Education for Health Professionals – Center Based

- ~ Fellowship Program in Medical Toxicology – Two physicians completed the second half of a two-year postgraduate fellowship in medical toxicology with the Center.
- ~ Doctor of Pharmacy Clerkship – Students from Massachusetts College of Pharmacy, Northeastern University and a CVS-sponsored internship program in Rhode Island participated in a one-month rotation through the Regional Poison Center. During the rotation, students received training, answered hotline calls, attended lead clinic and prepared a lecture or a review of the toxicology of a substance.
- ~ Emergency Medicine Resident Clerkship – Third-year residents from Boston Medical Center, Brigham and Women’s Hospital, Massachusetts General Hospital, Rhode Island Hospital, University of Massachusetts, and the Harvard University-affiliated hospitals participated in a one-month rotation through the Center where they learn basic pharmacological and toxicological principles.

Education for Health Professionals – Extramural

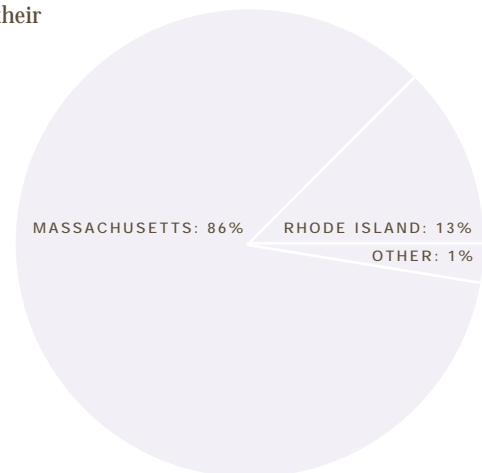
- ~ Published monthly Clinical Toxicology Review (CTR). The CTR is mailed to health professionals in Massachusetts and Rhode Island and posted on the Center web-site.
- ~ Massachusetts College of Pharmacy – Toxicology Course. Conducted lectures on clinical toxicology.
- ~ Lectured at various teaching hospitals, community hospitals and continuing education courses for health professionals.
- ~ Authored books / chapters and contributed articles, abstracts and letters to various professional journals. A complete list of these publications is included in the Appendix F.

Whom do we serve and why do they call?

In 2000 the Regional Center for Poison Control and Prevention managed 57,000 incoming calls, including 47,821 exposure calls and 9,179 information calls. Below is a breakout by state of incoming exposure and information calls for the year 2000.

	MASSACHUSETTS	RHODE ISLAND	OTHER STATES	TOTAL
INFORMATION CALLS	7959	1053	167	9,179
EXPOSURE CALLS	40637	6583	601	47,821
TOTAL CALLS	48,596	7636	768	57,000

The total population for the two-state area served by the Center is 7,361,057 residents. Massachusetts' population is 6,349,097 (86%) and Rhode Island's population is 1,011,960 (13%). The number of calls received from each state is proportional to their population. Massachusetts population is approximately 6 times greater than Rhode Island population, accordingly the number of calls for Massachusetts is 6 times greater than that from Rhode Island.



CALL VOLUME IN 2000: BY STATE



The American Association of Poison Control Centers defines penetrance as the number of human poison exposure calls handled per 1,000 population. In 2000, the Center managed 47,821 exposure calls with a population base of approximately 7.3 million, for a 6.5 penetrance rate.

The tables below highlight penetrance rates by county in Massachusetts and by core city in Rhode Island. This analysis will allow the Center to target and evaluate the effectiveness of its outreach and education efforts.

CALL PENETRANCE BY COUNTY IN 2000: MASSACHUSETTS

COUNTY	HUMAN EXPOSURES	POPULATION	PENETRANCE
BARNSTABLE	1358	222,230	6.1
BERKSHIRE	711	134,953	5.3
BRISTOL	3063	534,678	5.7
DUKES	147	14,987	9.8
ESSEX	4861	723,419	6.7
FRANKLIN	390	71,535	5.5
HAMPDEN	2467	456,228	5.4
HAMPSHIRE	776	152,251	5.1
MIDDLESEX	9458	1,465,396	6.5
NANTUCKET	72	9,520	7.6
NORFOLK	4229	650,308	6.5
PLYMOUTH	3377	472,822	7.1
SUFFOLK	4285	689,807	6.2
WORCESTER	4333	750,963	5.8
MA STATE	40,637	6,349,097	6.4

CALL PENETRANCE BY CORE CITY IN 2000: RHODE ISLAND

CORE CITIES	HUMAN EXPOSURES	POPULATION	PENETRANCE
CENTRAL FALLS	42	17,197	2.5
NEWPORT	206	28,184	7.3
PAWTUCKET	363	71,784	5.1
PROVIDENCE	1298	156,727	8.3
WOONSOCKET	345	43,377	8.0
ALL OTHERS	4329	694,691	6.5
RI STATE	6583	1,011,960	6.5

Population data source: US Census Bureau, 2000

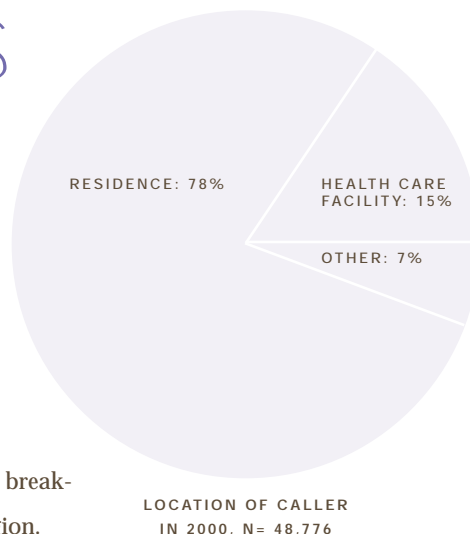
Where do poisonings occur?

Of the 47,821 exposure calls managed by the Center, over 90% (43,398) were exposures in a residence with less than 10% (4,423) occurring in other locations such as schools, workplaces and other public areas.



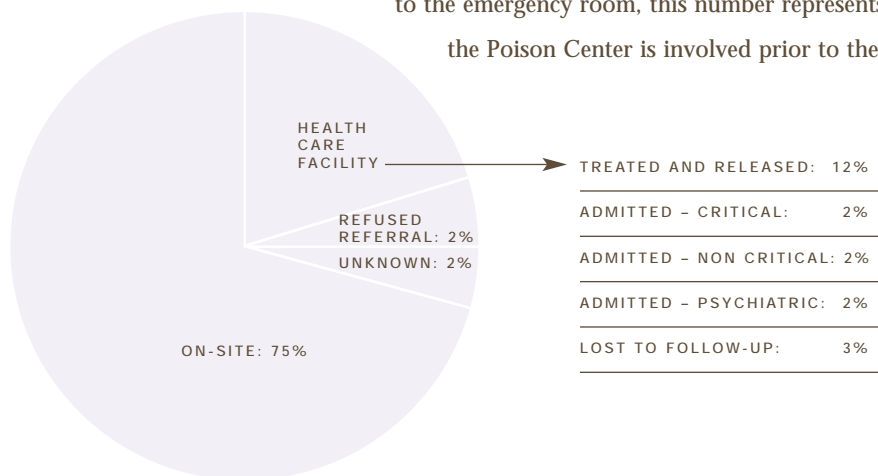
Where do calls come from?

Almost 80% of the exposure calls came from residences, 15% (7,366) from health care facilities and medical professionals with the remaining 7% (3,101) coming from various sources such as public areas, schools and workplaces. In only two cases was the location unknown. This distribution is similar to that of other poison centers across the nation. Appendix E contains a breakdown of the number of calls by Hospital across the two-state region.



Where are poisonings managed?

Of the 47,821 exposure calls managed, the management site was captured for 47,813 cases. On-site management, defined as management in the same place as it occurred, was recorded for 35,813 (74.9%) calls. Of interest are the 5,666 (12%) calls that were managed at a health care facility but were treated and released. While it is unclear whether a pre-hospital call could have prevented a trip to the emergency room, this number represents potential cost savings if the Poison Center is involved prior to the hospital.

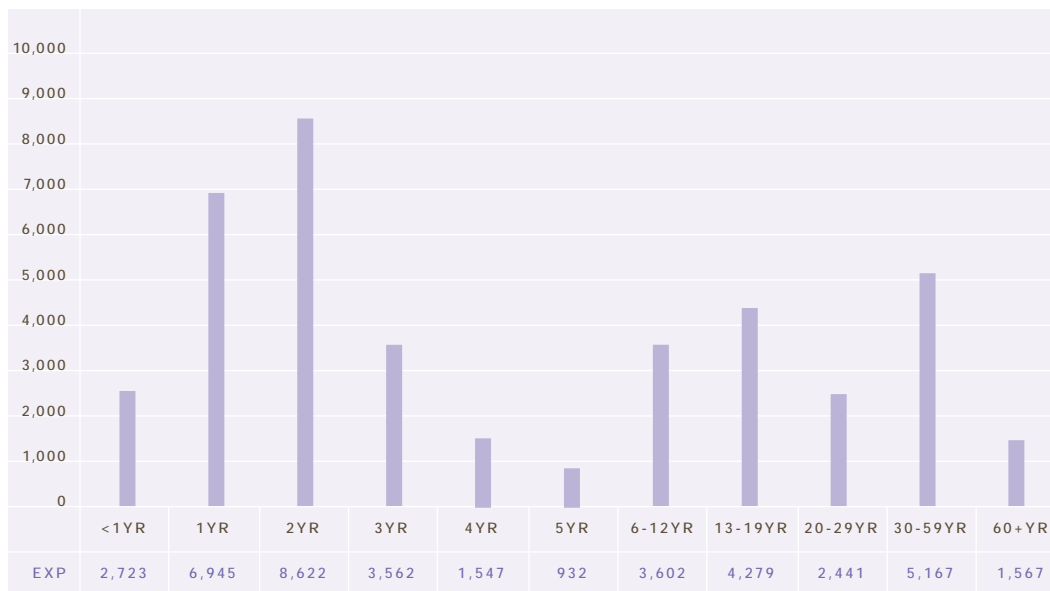


Who were the poisoned victims?

Of the 47,821 exposure calls, age was captured for 41,387 cases. Over half (24,212) of the exposure calls involved children 5 years and younger. Specifically, the greatest numbers of exposure calls involve two-year-olds; 8,622 calls were received, representing 20.8% of the total exposure calls.

Overall the number of exposures seen in males and females was about equal. While a male predominance is found among poison victims younger than 13 years of age, the gender distribution is reversed in teenagers and adults.

CALL VOLUME BY AGE



MALES	23,649
FEMALES	23,587
TOTAL	47,236

What are the most common agents of poison?

Products involved in poisonings are regularly divided into drug and non-drug categories. Non-drug products comprise 55.4% (26,469) of total exposures and include cosmetic/personal care products and household cleaning products.

NON-DRUG RELATED EXPOSURES: TOP FIVE SUBSTANCES, 2000, N= 15,825

SUBSTANCE	N	PERCENT OF TOTAL EXPOSURES (47,821)	MOST COMMON PRODUCTS
COSMETICS / PERSONAL CARE PRODUCTS	5,252	11.0%	TOOTHPASTE WITH FLUORIDE, HAND/BODY CREAMS, LOTIONS, MAKE-UP, PERFUME, COLOGNE, AFTERSHAVE
CLEANING SUBSTANCES	3,765	7.9%	BLEACH, DRAIN OPENER, SOAPS
FOREIGN BODIES	2,735	5.7%	THERMOMETERS
PLANTS	2,530	5.3%	NON-TOXIC PLANTS
ARTS / CRAFTS / OFFICE SUPPLIES	1,543	3.2%	PEN INK

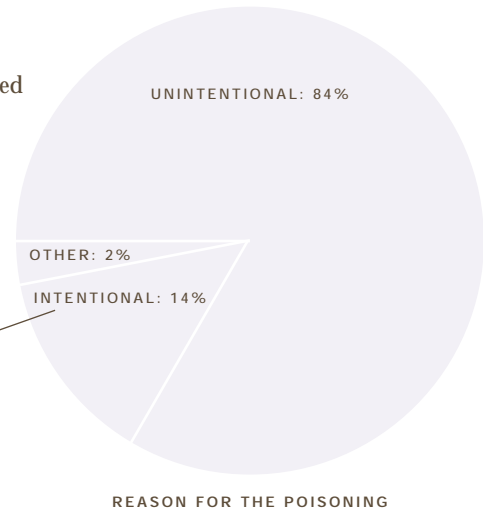
Drugs were the reported agent in 44.6% (21,324) of all poisoning, with substances such as aspirin and acetaminophen at the top of the list.

DRUG RELATED EXPOSURES: TOP FIVE SUBSTANCES, 2000, N= 11,956

SUBSTANCE	N	PERCENT OF TOTAL EXPOSURES (47,821)	MOST COMMON PRODUCTS
ANALGESICS	4,749	9.9%	IBUPROFEN, ACETAMINOPHEN, ASPIRIN
SEDATIVES / HYPNOTIC	1,742	3.6%	BENZODIAZEPINES
TOPICALS	2,083	4.4%	DIAPER PRODUCTS
ANTIDEPRESSANTS	1,664	3.5%	SEROTONIN RE-UPTAKE INHIBITORS
COLD AND COUGH	1,718	3.6%	WITHOUT NARCOTIC, DEXTROMETHORPHAN

What is the reason for the poisoning?

A vast majority of poison exposures were unintentional. Suspected suicides (3,644) were listed in the majority of the intentional poisonings managed by the Center in 2000. These data are consistent with national poisoning statistics reported by the American Association of Poison Control Centers (AAPCC).



SUSPECTED SUICIDE	8%
ABUSE	4%
MISUSE	1%
UNKNOWN	1%

What is the result of the poisoning?

Of the 47,821 exposures, only four had unknown outcomes. Of the 47,817 outcomes recorded, 38,843 (81.3%) did not require follow-up due to minimal effects and were categorized as follows:

CASES NOT FOLLOWED

MINIMAL EFFECT THE EXPOSURE WAS LIKELY TO RESULT IN ONLY MINIMAL TOXICITY OF A TRIVIAL NATURE.	32,891	(68.8%)
JUDGED NONTOXIC THE AGENT WAS NONTOXIC, THE AMOUNT IMPLICATED WAS INSIGNIFICANT AND OR THE ROUTE WAS UNLIKELY TO RESULT IN CLINICAL EFFECT.	4,332	(9.1%)
UNABLE TO FOLLOW, POTENTIALLY TOXIC THE EXPOSURE WAS SIGNIFICANT AND MAY HAVE RESULTED IN TOXIC MANIFESTATIONS WITH CLINICAL EFFECTS GREATER THAN MINOR EFFECT.	1,670	(3.5%)
TOTAL	38,893	(81.3%)

The remaining 8,928 (18.7%) were followed for medical outcomes.

Definition of Cases Followed:

[1] NO EFFECT: The patient developed no symptoms as a result of the exposure.

[2] UNRELATED EFFECT: Based upon all information available, the exposure was probably not responsible for the effect(s).

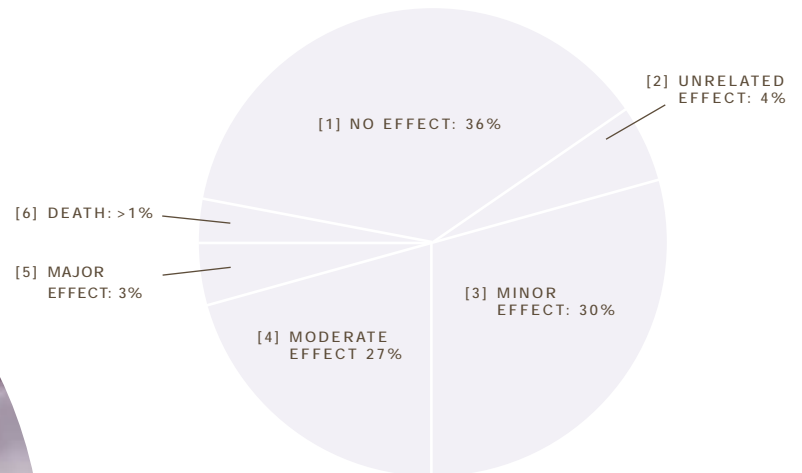
[3] MINOR EFFECT: The patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient. The patient has returned to a pre-exposure state of well being and has no residual disability or disfigurement.

[4] MODERATE EFFECT: The patient exhibited symptoms as a result of the exposure that are more pronounced, more prolonged or more of a systematic nature than minor symptoms.

[5] MAJOR EFFECT: The patient has exhibited some symptoms as a result of the exposure. The symptoms were life-threatening or resulted in significant residual disability or disfigurement.

[6] DEATH: The patient died as a result of the exposure or as a direct complication of the exposure which was unlikely to have occurred had the toxic exposure not preceded the complication.

Only included are those deaths which are probably or undoubtedly related to the exposure.



MEDICAL OUTCOME FOR POISON EXPOSURES FOLLOWED BY THE CENTER, N= 8,928



Summary of death cases

Less than one percent of all exposures reported to the Center resulted in the death of the victim. In 2000, 30 deaths were associated with poisonings, 20 of these poisonings were intentional acts.

DEATHS BY SUBSTANCE INVOLVED

AGE	N	SUBSTANCE
0-5 YEARS	1	OPIATES
6-12 YEARS	0	
13-19 YEARS	2	GAMMA HYDROXYBUTYRIC ACID, ETHANOL, ECSTASY
20-29 YEARS	3	OLANZAPINE, LITHIUM, HEROIN, ACETAMINOPHEN
30-39 YEARS	3	COCAINE, HEROIN, AMITRIPTYLINE, DILTIAZEM, DIPHENYDRAMINE, GABAPEUTIN, ZOLPIDEM
40-49 YEARS	8	MORPHINE, ALPRAZOLAM, HYDROCODONE AND ACETAMINOPHEN, HYPOCHLORITES, ISONIAZID, CARBAMAZEPINE, OXYCODONE AND ACETAMINOPHEN
50-59 YEARS	4	ACETAMINOPHEN, FLUPHENAZINE, QUETIAPINE
60-69 YEARS	2	PHENOBARBITAL, DIGOXIN
70-79 YEARS	3	ACETAMINOPHEN, OPIATES
80-89 YEARS	1	BRODIFACOUM, WARFARIN
90-91 YEARS	2	ACETAMINOPHEN, DIGOXIN
UNKNOWN	1	LITALOPRAM, NORTRIPTYLINE
TOTAL	30	



Appendix A

CENTER STAFF: 2000 REGIONAL CENTER FOR POISON CONTROL AND PREVENTION

Medical Director

Alan Woolf, MD, MPH

Managing Director

Thomas Quail

Staff Toxicologists

Michael Shannon, MD, MPH

Michele Burns, MD

Toxicology Consultants

Sophia Dyer, MD

Susan Farrell, MD

Mike Burns, MD

Clinical Fellows

Edward Boyer, MD

Lawrence Quang, MD

Health Educator

Stephanie Lentz

Chief Specialist in Poison Information

Judith Woodard-Jenkins, RN, CSPI

Associate Chief Specialists in Poison

Information

Arlyne Barnett, RN, CSPI

Howard Wine, RPh, CSPI

Senior Specialists in Poison Information

Mary Houlihan, RN, CSPI

Anita Rossiter, RPh, CSPI

Adina Sheroff, RN, CSPI

Specialists in Poison Information

Keith Chrisanthus, RPh, CSPI

Virginia Fortin, RN, CSPI

Susan Gavin, RN, CSPI

Margaret Girouard, RN

Anne Kearney, RN

Bill Partridge, RN, CSPI

Bette Pyne, RN

Jim Rorick, RPh, CSPI

Katherine Saunders, RN, CSPI

Richard Simon, RPh, CSPI

Ann Tramonte, RN

Poison Information Providers

Amanda Lofton, PharmD candidate

Erdogan Memili, PhD

Nancy Park, PharmD candidate

Rachel Dubroff, medical student

Tara Holzman-Ball, PharmD candidate

Lisa Rachel Moran, PharmD candidate

Administrative Assistants

Victor R. Jarrell

Bruce Zippin



Appendix B

ADVISORY COMMITTEE

Cynthia Aaron, MD
University of Massachusetts Health Care

Sally Andrews
Children's Hospital Boston

Kathy Austin
The Providence Center

Melinda Butterworth
Caritas House

L. Anthony Cirillo, MD
Memorial Hospital of Rhode Island

Gary Cummins, MD
Rhode Island Academy of Family Physicians

Andy Erickson
AMICA Insurance

Kathy Fabiszewski
Salem State University

Susan Gallagher
Education Development Center

Dale Rogoff Greer, RN
Neighborhood Health Plan of Rhode Island

Daniel Halpren-Ruder, MD
Emergency Medicine Physician

Wendy Krupa, RN
Rhode Island School Nurse Teachers Association

Victor Lerish, MD
American Academy of Pediatrics, RI Chapter

William Lewander, MD
Rhode Island Hospital

Glenn Luedtke
Cape and Island Emergency Medical Service

Tim Maher, PhD
Massachusetts College of Pharmacy
and Applied Health Sciences

Patricia Melaragno
Kent County Hospital

Paula McGarr, RN
Memorial Hospital of Rhode Island

Thomas Needham, Ph.D
School of Pharmacy, University of Rhode Island

David Savastano
Johnston Fire Department

Linda Simone
Consumer

Barbara Tausey, MD
U.S. Dept. of Health and Human Services

Susan Webb
Massachusetts Medical Society

Massachusetts Department of Public Health

Sally Fogerty
Cindy Rodgers
Janet Berkenfield

Rhode Island Department of Health

William H. Hollinshead, MD
Laurie Petrone

Regional Poison Center Representatives

Alan Woolf, MD
Stephanie Lentz, MSW
Tom Quail, RN



Appendix C

HEALTH EDUCATION SUB-COMMITTEE

Kathy Fabiszewski
Salem State University

Susan Gallagher
Education Development Center

Sharon Galzarano
CVS

Dale Rogoff Greer
Neighborhood Health Plan

Anara Guard
Join Together

Wendy Krupa
Rhode Island School Nurse Teachers Association

Stephanie Lentz
Regional Poison Center

Barbara McEachern
Consumer Product Safety Commission

Patti Melaragno
Kent County Hospital

Laurie Petrone
Rhode Island Department of Health

Cindy Rodgers
Massachusetts Department of Health

Julie Ross
Education Development Center

Linda Simone
Consumer

Kathy Stimson
Massachusetts Department of Health



Appendix D

FUNDING PARTNERS

The Poison Control Center wishes to acknowledge the support it has received over the past year from the following Massachusetts hospitals and managed care institutions.

Anna Jaques Hospital
 Athol Memorial Hospital
 Baystate Medical Center
 Berkshire Medical Center
 Beth Israel Deaconess Medical Center
 Beverly Hospital
 Boston Medical Center
 Brigham & Women's Hospital
 Brockton Hospital
 Cambridge Somerville Hospital
 Cape Cod Hospital
 Caritas Norwood Hospital
 Caritas Southwood Hospital
 Children's Hospital
 Cooley Dickinson Hospital
 Dana-Farber Cancer Institute
 Deaconess-Glover Hospital Corp
 Deaconess-Nashoba Hospital
 Edith N Rogers Veterans Hospital
 Emerson Hospital
 Falmouth Hospital
 Faulkner Hospital
 Franciscan Children's Hospital
 Franklin Medical Center
 Hale Hospital
 Harrington Memorial Hospital
 Heywood Hospital

Holy Family Hospital & Medical Center
 Holyoke Hospital
 Hubbard Regional Hospital
 Jordan Hospital
 Lahey Clinic Hospital
 Lawrence General Hospital
 Martha's Vineyard Hospital
 Mass Eye & Ear Infirmary
 Massachusetts General Hospital
 Milford-Whittinsville Regional Hospital
 Milton Hospital
 Morton Hospital & Medical Center
 Mount Auburn Hospital
 Nantucket Cottage Hospital
 New England Medical Center
 Newton-Wellesley Hospital
 Noble Hospital
 North Adams Regional Hospital
 Saint Anne's Hospital
 Saint Vincent Hospital
 Saints Memorial Medical Center
 Southcoast Hospitals Group
 Southern Regional MC Nashua
 Stillman Infirmary, Harvard University
 University of Massachusetts, Worcester
 Winchester Hospital

Blue Cross Blue Sheild of Massachusetts

Harvard Pilgrim Health Care of Massachusetts



Appendix E

HOSPITAL CALLERS

Hospitals in Massachusetts

Facility	Number of Calls		
Addison Gilbert Hospital	40	Cooley Dickinson Hospital	70
Anna Jaques Hospital	134	Cushing Hospital	1
Arbour Hospital	12	Dana Farber Cancer Institute	1
Athol Memorial Hospital	51	Deaconess Boston	3
Atlanticare Medical Center	5	Deaconess Glover	11
Baldpate Hospital	1	Deaconess Nashoba Hospital	24
Bay State Health System	281	Deaconess Waltham	60
Berkshire Medical Center	81	Emerson Hospital	47
Beth Israel Hospital	28	Fairview Hospital	17
Beverly Hospital	174	Fallon Medical Centers & Clinics	13
BMC (University)	37	Falmouth Hospital	53
Boston Floating Hospital	1	Faulkner Hospital	65
Boston Medical Center	225	Franciscan Hospital	1
Bournwood Hospital	4	Franklin Medical Center	55
Braintree Hospital	1	Fuller Memorial Detox	5
Brigham & Womens Hospital	41	Good Samaritan Medical Center	81
Brockton Hospital	256	Hahnemann Hospital	1
Burbank Hospital	6	Hale Hospital	176
Cable Hospital	8	Hanscomb Air Force Base Hospital	1
Cambridge Hospital	154	Harrington Memorial Hospital	80
Cape Cod Hospital	95	Harvard Community Health Centers	41
Caritis Norwood Hospital	144	Harvard University Health Service	7
Carney Hospital	116	Harvard University Stillman Infirmary	8
Charles River Hospital	2	Heywood Hospital	141
Charlton Memorial Hospital	83	Hillcrest Hospital	2
Children's Hospital	362	Holy Family Hospital	114
Clinton Hospital	14	Holyoke Hospital	76

HRI Hospital	1	Milford Whitinsville Hospital	22
Hubbard Regional Hospital	43	Milton Hospital	48
Hunt Memorial	1	MIT Infirmary	6
Jordan Hospital, Inc	99	Morton Hospital & Medical Center	144
Lahey Clinic Hospital, Inc.	86	Mount Auburn Hospital	62
Lahey North	5	Nantucket Cottage Hospital	14
Lawrence General Hospital	58	New England Baptist	5
Lawrence Memorial Hospital	58	New England Medical Center	69
Lemuel Shattuck	4	New England Rehabilitation	1
Leominster Hospital	64	Newton Wellesley Hospital	79
Lowell General Hospital	88	Noble Hospital	162
Lynn Union Hospital	31	North Adams Regional Hospital	41
Malden Hospital	5	North Shore Medical Center	143
Marlborough Hospital	21	Parkwood Hospital	1
Martha's Vineyard Hospital	38	Pembroke Hospital	7
Mary Lane Hospital	22	Quigley Memorial	1
Mass Eye & Ear Infirmary	9	Quincy Hospital	42
Mass General Hospital	167	Saints Memorial Med Center	75
Mass General~ Chelsea	6	Salem Hospital	76
MCCM~ Hannemann	1	Sancta Maria Hospital	1
MCCM~ Memorial	32	Somerville Hospital	35
McLean Hospital	9	South Shore Hospital	273
MCMM~ City	4	Southcoast Hospital – St Lukes' Hospital	119
Medfield State Hospital	2	Southern Regional Medical Center	1
Medical East	1	Southwood Community Hosp.	8
Medical West	2	Spaulding Rehabilitation	1
Melrose Wakefield	124	St Annes' Hospital	73
Mentally Challenged /Retarded	99	St Elizabeths' Medical Center	106
Mercy Hospital	52	St John Of God	1
Metrowest ~ Natick	56	St Johns Med Ctr~ West St Josephs	2
Metrowest~ Framingham	140	St Vincents' Hospital	47
Milford Hospital	46	Sturdy Memorial Hospital	118

Symmes Medical Center	1
Tewksbury Hospital	5
Tobey Hospital	34
Tufts University Health Services	2
U Mass Health Services	16
U Mass Medical Center	142
VA Bedford	3
VA Brockton	2
VA Jamaica Plain	26
VA Northamrton	4
VA West Roxbury	3
Westborough State	4
Westwood Lodge	5
Whidden Memorial Hospital	154
Wilmington~Winchester Urgent Care	5
Winchester Hospital	192
Wing Memorial	36
Winthrop Hospital	1

Other facilities in Massachusetts

Facility	Number of Calls
Car Phone, Plane	14
Nurse Practitioner/ Physician Assistant	77
Chronic Care	223
Detox Facility	23
Doctors Offices	483
Fire, Police, EMT	255
Pharmacies	73
School, VNA, Occupational site, Prison	288
Shelters	13
Veterinarians	1
Walk In Clinics	89

Hospitals in Rhode Island

Facility	Number of Calls
Butler Hospital	35
Emma Pendleton Bradley Hospital	1
Kent County Memorial Hospital	312
Landmark Medical Center	159
Memorial Hospital of Rhode Island	120
Miriam Hospital	52
Newport Hospital	80
Newport Naval Hospital	4
RI Hospital / Hasbro Children's Hospital	552
Roger Williams Hospital	57
South County Hospital	124
St Joseph Health Services	51
The Westerly Hospital	52
VA RI Hospital	17
Women And Infants Hospital	5

Other facilities in Rhode Island

Facility	Number of Calls
Nurse Practitioner/ Physician Assistant	12
Chronic Care	38
Detox Facility	7
Doctors Office	97
Fire, Police, EMT	82
Mentally Challenged /Retarded	12
Pharmacy	14
School, VNA, Occ, Prison	38
Shelters	1
Walk In Clinics	34



Appendix F

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