

2021 ANNUAL REPORT



1.800.222.1222 www.mdpoison.com

Celebrating **50 Years** at the University of Maryland School of Pharmacy

hile reflecting on the Maryland Poison Center's 2021 annual report, a message I heard regularly as a child kept coming to mind:

"The one constant in life is change."

The perspective of a child is very different than that of an adult. When I was younger, I didn't see a lot of change from day to day. As an adult, I now have the perspective to better understand that statement.

Things change. And the rate of change has been accelerating. The changes that have taken place over the past 50 years are hard to comprehend. I was nine years old in 1972, the year the Maryland Poison Center (MPC) joined the University of Maryland School of Pharmacy. Computers were only envisioned in science fiction TV shows or movies. No one had them at home. Telephones were large. connected to the wall, and had a rotary dial. A "mobile phone" was one with a really long cord. Making calls from your wrist was a Dick Tracy comic book fantasy. Cameras all used an actual roll of film. These days, everyone has a powerful device in their hands, their pockets, or bags that connects to a world of information AND takes stunning pictures and video. They can even use these devices to make calls!

In 1972, poison centers were a relatively new phenomenon. There were no standards for what a poison center was, meaning anyone could establish a "poison center." In 1972, there were approximately 600 poison centers in the United States. Many of these "centers" consisted of one telephone that was available in a hospital emergency department with no dedicated staff responsible for providing the service.

There were few information resources available - certainly no internet or computerized references, but also few textbooks devoted to clinical toxicology. There were no regional certified poison centers and no board certified toxicologists. When the MPC arrived at the University of Maryland School of Pharmacy, the very essence of what a poison center was supposed to be was still evolving. Initially, the MPC was staffed Monday through Friday from 8 a.m. to 5 p.m. by one person who had a master's degree in education. The remaining days and hours the service was "staffed" by pharmacy and medical students. The medical director of the MPC was a psychiatrist with no formal training in toxicology (it didn't exist!).

Initially, the service wasn't available for parents at home to call about children getting into toxic substances. The MPC's focus was on providing overdose information to physicians. The MPC expanded to home callers, with a statewide 1-800 number implemented in the late 1970s to allow anyone to call without cost. A health educator was added in the mid-1970s to help increase awareness of the service. Staffing was modestly expanded to meet the increased need; however, budget challenges continued during this time. Health professional students supplemented our staffing until 1996 when we were finally fiscally able to field a staff of trained health professionals 24 hours a day.

Despite these very modest beginnings, the MPC has maintained exceptional service. Lisa Booze, one of our former poison specialists, played a role in setting the standard for the certification of poison specialists in the U.S. Lisa and others were asked by the American Association of Poison Control Centers

(AAPCC) to pilot test a certification exam to ensure that it was a reasonable method for demonstrating



Bruce D. Anderson Executive Director

expertise as a poison specialist.

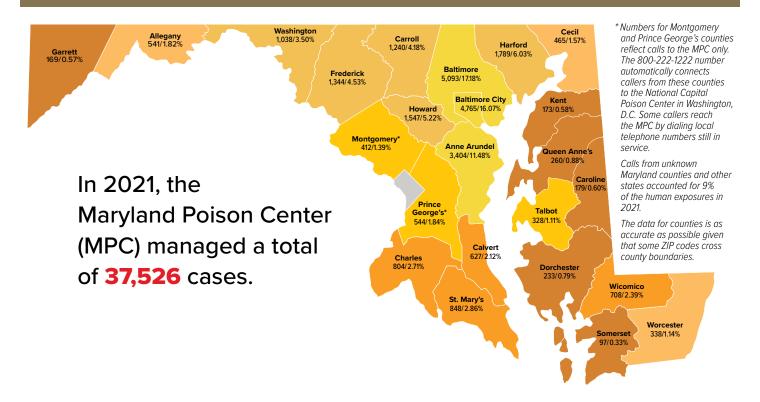
I half-jokingly refer to Lisa as the specialist by whom all others are judged.

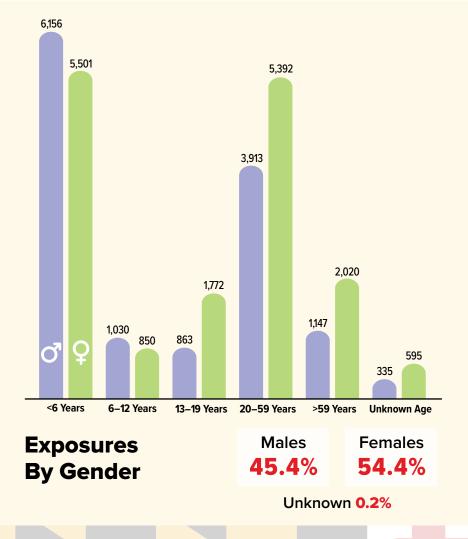
When the AAPCC developed the certification designation for poison centers, the MPC met the criteria and has maintained that distinction ever since. All the pharmacists and nurses who answers calls to the MPC are certified as poison specialists. I am a fellowship trained and board-certified clinical toxicologist, as is one of our poison specialists, Jimmy Leonard. Josh King, our medical director, is fellowship trained and board certified in internal medicine, nephrology, AND medical toxicology. Emily Paterson, our public health educator, is a Certified Health Education Specialist (CHES) and recent MPH graduate. In short, we have exceptional individuals who have incredible backgrounds, training, and experience.

As evidenced by the data and information in this 2021 annua report, the MPC today bears little resemblance to its 1972 version. Despite the outward differences, the commitment to providing the most accurate and appropriate information to our callers is the same today as it was 50 years ago.

Happy 50th to the Maryland Poison Center and to all the people who have helped to make this service successful!

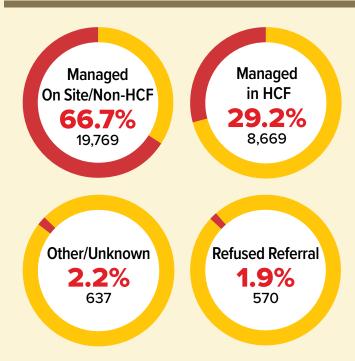
Human Exposures







Management Site



Managing cases safely at home:

- Saves millions of dollars in unnecessary health care costs compared with managing patients in a health care facility (HCF)
- Allows more efficient and effective use of limited health care resources

Of the cases managed in a health care facility, 54 percent were treated and released, 7.9 percent were admitted to a critical care unit, 12.7 percent were admitted to a non-critical care unit, 17.4 percent were admitted for psychiatric treatment, and 8 percent were lost to follow-up.

hen EMS providers or 911 consulted with the MPC in 2021 about patients, 19.9 percent of those patients were managed safely at home.

Exposures By Age

6 years 39.4% and under 11,665	6–12 years 6.3% 1,882	13–19 years 8.9% 2,637
20–59 years 31.4% 9,310	60 years 10.7% and over 3,167	Unknown 3.3% Age 984



Site of Caller



Residence **66.6**% 19,754



Health Care Facility 22.5% 6,671



EMS Provider 3.4% 999



School/School Nurse 1.4% 417



Workplace **0.7**% 196



Other/Unknown 5.4% 1.608

Residence can be the patient's residence or another residence.

Health care facilities include hospitals, doctor's offices, urgent care centers, clinics, and others,

Emergency medical services providers include EMS, paramedic, first responder, and emergency medical dispatcher (911 dispatcher).

90% of cases reported by the public were managed at home.

89% of cases involving children <5 yrs old were managed at home.

Circumstance

Reasons for poison exposures differ by age. In young children (under 6 years), 99 percent of exposures were unintentional, while in teens (13-19 years), only 28 percent of exposures were unintentional. Exposures in adults (20-59 years) were split more evenly with 53 percent being unintentional and 38 percent being intentional. In tweens (6-12 years) and older adults (60 years and older), most exposures were unintentional (85 percent and 74 percent respectively).

Unintentional **74.2**% 22.002

Unintentional exposures:

- general misuse of products
- occupational (workplace)
- environmental
- bites/stings
- therapeutic errors
- food poisoning

Intentional exposures:

- misuse
- abuse
- suicide attempts

Intentional **20.5%** 6,063

Adverse Reaction **3.5**% 1,047

Adverse reactions to:

- drugs
- food
- other substances

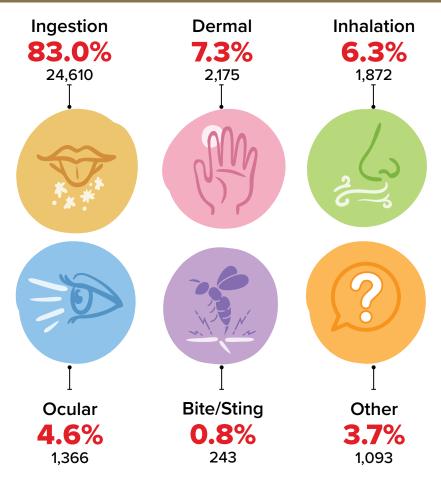
Other/ **Unknown reasons:**

- malicious
- contamination/ tampering

Other/ Unknown **1.8**% 533

herapeutic errors (double-doses, wrong medicines taken, etc.) accounted for 17 percent of total exposures.

Route of Exposure*





CAUSES OF POISONING

- 1. Pain relievers
- 2. Household cleaning products
- 3. Cosmetics and personal care products
- 4. Antidepressants
- 5. Heart medicines

61

Medical Outcomes

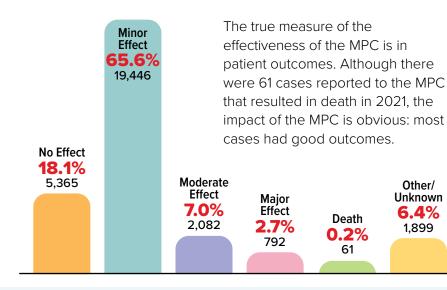
Other/

Unknown

6.4%

1.899

alling the MPC as soon as a poisoning or overdose is suspected is the best way to reduce the likelihood of developing severe toxicity.



Our mission is to decrease the cost and complexity of care while maintaining and/or improving patient outcomes. These data clearly show that we're fulfilling our mission.

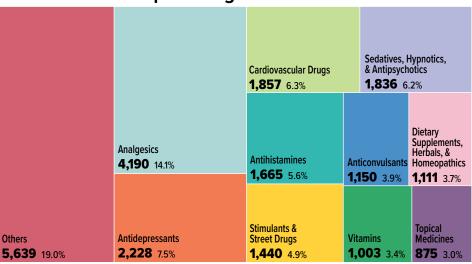
^{*} Some cases involved multiple routes of exposure. Percentages are based on the total number of human exposures.

Substances Involved in Poisonings

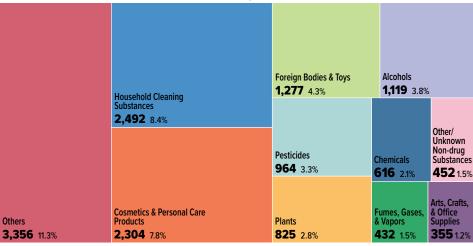
The diagrams below list the most common substances involved in poisonings and overdoses reported to the MPC in 2021. A patient may be exposed to more than one substance in a poisoning or overdose case.

56.7 percent of the poisoning and overdose cases managed by the MPC involved a drug, while **46.5** percent of cases involved a non-drug substance.

Top 10 Drug Substances



Top 10 Non-Drug Substances



Percentages in the graphics are based on the total number of human exposures.

2,220 cases involving older adults were about medicines (this is 70% of the cases about older adults!).



Exposure Reason By Age

<6 Years

Unintentional 99.3% 11.588

Adverse Reaction 0.4% 43

Other/Unknown

0.3% 34



Unintentional

85.4% 1,607

Intentional

11% 208

Adverse Reaction

2.4% 45

Other/Unknown

1.2% 22



Unintentional

28.2% 744

Intentional

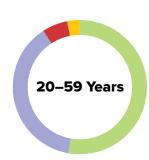
66.4% 1.752

Adverse Reaction

3.5% 91

Other/Unknown

1.9% 50



Unintentional

53.2% 4.956

Intentional

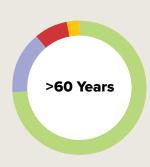
38.1% 3,542

Adverse Reaction

5.6% 525

Other/Unkno

3% 94



Unintentional

73.6% 2.331

Intentional

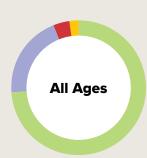
14.9% 474

Adverse Reaction

8.5% 268

Other/Unknown

3% 94



Unintentional

74.2% 22,002

Intentional

20.5% 6,063

Adverse Reaction

3.5% 1,047

Other/Unknown

1.8% 533

or every \$1 spent on poison center services, \$13 is saved in health care costs.

600

cases reported by grandparents.



Public Education and Satisfied Callers

Our focus

- Increase awareness of the poisons found in every home, business, and school.
- Help prevent poisonings from occurring by encouraging safe storage and proper use of household products and medicines.
- Highlight the expertise of the staff of the MPC and that calling will result in fast, free, confidential help.

Public Ed Spotlight

The mission of public education at the MPC is vital for the safety of the more than four million people in the MPC's service area. Through the work of our public health educator, assistant director of operations and public education, and numerous trainees across the state we ensure our various audiences such as health care students, parents, teachers, and older adults are aware of poisons, the MPC, steps to prevent poisonings,

Andrew
left a Google
Review in June 2021:
"They were kind, helpful,
knowledgeable, and didn't do
what I was expecting (project the
worst possible case and direct
me to the ER). HIGHLY
recommend!"

and steps to take when a poisoning happens. We use a combination of virtual and in-person educational programs to fulfill our mission.

Nursing students attend presentations on the MPC's services and our role as a member of the health care team in treating patients. They learn about poison risk factors and common poison exposures in

all age groups. Finally, we empower them to be our partners in teaching their communities about poison prevention and safety.

General audiences receive our materials at events such as health fairs, safety days, and education sessions. We also have presentations for parents on keeping their families and older adults safe and how the MPC can be a resource for them.

We also spend time educating community partners about poison safety and the importance of calling the MPC so they can share these messages with the communities they serve.

*Elizabeth Millwee, BSN, RN Certified Specialist in Poison Information



Kathleen responded to the MPC
Caller Satisfaction Survey in September

2021: "Elizabeth* was so calm and informative.

Elizabeth answered the phone immediately and advised me on what to do, what I can expect, and to call get back if anything changes. Fortunately, based on my situation, we did not have to worry, and the remedy was easy. Elizabeth's calm demeanor and offer to be available later if questions or concerns arose were very reassuring."



Caller Satisfaction, Guaranteed

- 100% rated their overall satisfaction with their call as extremely satisfied.
- 100% will consult the MPC again.
- 100% would recommend the MPC to others.

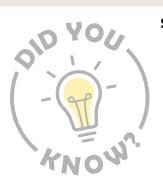
Public Education



Emily Paterson

Public Education and Communication Specialist

21 live and virtual programs attended by 600 people across Maryland.



Some of our public education partners:

- State and local health departments
- · Healthy Start programs
- State and local Safe Kids coalitions
- Head Start programs
- Fire/EMS/police
- Schools and childcare providers
- Physicians and hospitals
- Health insurers
- Local health improvement coalitions

More than 113,000 pieces of educational materials distributed.

MPC's eAntidote Blog

The MPC's blog, eAntidote, was launched in September 2017 as an additional educational resource for the more than four million people in the MPC's service area. The goal was to provide easy access to important information when it's most convenient for our readers. meeting them where they were. After four years and more than 4,000 visitors, the blog reached its 100th post in November 2021. Visit blog.mdpoison.com to find information on different topics regarding poison safety and prevention.

72%

of MPC Facebook followers are female.

- 19% increase in MPC
 Twitter followers.
- Our **20** YouTube videos were viewed 4,000 times with a total watch time of 135 hours.
- Facebook had activity from followers in 20 of the
 22 counties in our service area.



Social Media and Website

In an attempt to reach more Marylanders with our educational and awareness messages, the MPC continued to routinely update its social media in 2021 on **Facebook** (@MarylandPoisonCenter) and **Twitter** (@MDPoisonCtr). Posts often directed followers to information on our website, blog, and YouTube channel.

194 Facebook posts reached more than 48,000 people and generated an increase of 23 followers.

192 tweets lead to more than 181,000 impressions and a 19 percent increase in followers.



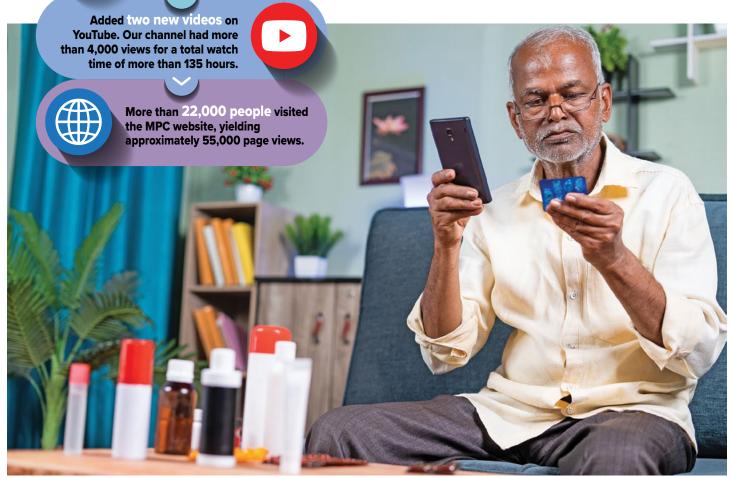


Approximately 600 visitors to our e-Antidote blog, yielding more than 1,300 page views.

Traditional Media

In 2021, the MPC and its staff appeared in the media at least eight times in web articles. Topics included **National Poison Prevention Week,** medicine absorption by activated charcoal, summer poison prevention tips, and copperhead snakes.





Health Professional Education

Professional education is designed to help clinicians better manage poisoning and overdose cases that end up in a health care facility by providing on-site training for physicians, pharmacists, nurses, and EMS providers. Over the years, we have seen decreases in calls coming from homes and increases in calls coming from health care facilities and first responders. In 2021, approximately one-fourth of calls to the MPC came from physicians, physician assistants, nurse practitioners, nurses, and emergency medical personnel.

The MPC's Twitter account for health care professionals (@MPCToxTidbits) posted clinical and medical toxicology content relevant for health care providers.

Program Spotlight

The mission of the MPC's Health Care Professional Education

Program is to increase the understanding of clinical toxicology concepts and improve the management of Maryland's poisoned and overdosed patients by providing on-site and virtual training programs to physicians, pharmacists, nurses, EMS providers, and health professions students.

Some of the programs offered in 2021 for physicians included:

- THC Edibles: An Emerging Threat for Children, given to a local hospital's pediatric residents
- Update on the Management of the Latest Drugs of Abuse, given to a local psychiatry practice's medical residents
- Calcium Channel Blocker
 Overdose Management, New
 Acetaminophen Overdose
 Management Approaches, and
 Toxicology Escape Room, all
 given to local internal medicine
 and emergency department
 medical residents

Education offerings for nursing students this year were:

- Poisoning and Overdose Management for Nurses
- Toxicology for Acute Care Doctor of Nursing Practice Students

Perilous Pediatric Poisonings:
 What Pediatric Doctor of Nursing
 Practice Students Need to Know

Additionally, a partnership exists between the Maryland Poison Center and the Chesapeake Critical Care Consortium - a collaboration of several central Maryland hospitals working together to train their critical care nurses - to teach a monthly class on poisonings and overdoses.

The MPC spoke at two nursing conferences this year:

- EVALI: E-Cigarette and Vaping Associated Lung Injury and the Vaping of Illicit Drugs - presented at the annual American Association of Emergency Nurses' Conference
- Calcium Channel Blocker
 Overdoses: Managing Fluid
 Overload from Life Saving Insulin
 Therapy was presented at ENA
 by the Bay, the annual conference
 for the Maryland Emergency
 Nurses' Association

- ▶ 18 programs and webinars reached more than 815 health care professionals.
- ▶ 157 health professionals participated in virtual MPC daily case conference rounds to learn about the assessment and treatment of poisoned patients.
- 59 tweets lead to more than 115,000 impressions, more than 12,000 engagements, and an increase of 253 followers.

One presentation was given at the invitation of a group of school nurses on the Eastern Shore.

For paramedics, topics presented included:

- Xylazine in the Maryland Drug Supply: How Does That Impact the Approach to the Overdosed Patient?
- What Happens When You Drink Antifreeze?

For paramedic students, presentations included Introduction to the Poison Center and Clinical Toxicology for EMS: The Approach to the Poisoned Patient, along with a virtual tour of the MPC.

Educating health care professionals about topics in clinical toxicology and the importance of consulting the MPC on poisoning and overdose cases is a vital part of our mission.

Poison Prevention Press and ToxTidbits



The MPC publishes **Poison Prevention Press**, an e-newsletter for the public, every other month. The newsletter highlights poison safety topics for all ages.

Topics presented in 2021 include:

- Carbon Monoxide
- Mr. Yuk's 50th Birthday
- A Day in the Life of a Poison Center
- What You Should Know About Delta-8-THC
- What Tweens and Teens Should Know About the Poison Center
- The 100th eAntidote Blog Post

Poison Prevention Press is sent to e-mail subscribers, who are encouraged to post and share the newsletter with others. In 2021, the contact list gained 118 new recipients.

Poison Prevention Press and ToxTidbits keep community members and health care providers up to date on poison-related topics.

ToxTidbits is a monthly newsletter for health professionals containing important toxicology information, updates, and news. Some of the topics addressed in 2021 include:

- Colchicine
- Tramadol Revisited
- Anavip® vs Crofab®, The Battle of the Antivenoms
- Delta-8 Distilled
- Levocarnitine for Valproic Acid Toxicity
- Pediatric Aripiprazole Ingestions

ToxTidbits is sent to email subscribers and faxed to every emergency department in our service area. In 2021, the contact list gained 85 new recipients.

To receive **ToxTidbits** or **Poison Prevention Press** by email, visit www.mdpoison.com and click on Receive Newsletter. Current and previous issues of both newsletters can be read and downloaded from the MPC website.



Research Publications and Presentations

Journals

Minhaj FS, Leonard JB, Seung H, Anderson BD, Klein-Schwartz W, King JD. In Vitro Analysis of N-acetylcysteine (NAC) Interference with the International Normalized Ratio. *Clinical Toxicology* 2021; DOI: 10.1080/15563650.2021.1979232.

Gardner-Yelton SE, **Leonard JB**, de la Uz CM, Wadia RS, Barnes SS. Flecainide Toxicity Secondary to Accidental Overdose: A Pediatric Case Report of Two Brothers. *Case Reports in Critical Care* 2021; DOI: 10.1155/2021/6633859.

Kim HK, **Leonard JB,** Corwell BN, Connors NJ. Safety and Efficacy of Pharmacologic Agents Used for Rapid Tranquilization of Emergency Department Patients with Acute Agitation or Excited Delirium. *Expert Opinion on Drug Safety* 2021; DOI: 10.1080/14740338.2021.1865911

Leonard JB, Minhaj FS, Paterson E, Klein-Schwartz W. Exposures in Pregnant
Patients Reported to United States Poison
Centers. *Clinical Toxicology* 2021; DOI:
10.1080/15563650.2021.1968420.

Minhaj FS, Leonard JB, Klein-Schwartz

W. Clinical Effects and Outcomes of Perampanel Overdoses Reported to U.S. Poison Centers. *Clinical Toxicology* 2021; DOI: 10.1080/15563650.2021.1945083.

Minhaj FS, Leonard JB, Seung H, **Klein-Schwartz W.** Time to Peak INR Rise in Acute and Acute on Chronic Warfarin Overdoses. *Journal of Cardiovascular Pharmacology* 2021; 78(3): 474-9.

Minhaj FS, Leonard JB. A Description of the Clinical Course of Severe Benzonatate Poisonings Reported in the Literature and to NPDS: A Systematic Review Supplemented with NPDS Cases. *Human & Experimental Toxicology* 2021; DOI: 10.1177/09603271211030560.

Minhaj FS, Leonard JB. Dangers of the TikTok Benadryl Challenge. *Contemporary Pediatrics Journal* 2021; 38(1).

Minhaj FS, Leonard JB. Evaluation of Level of Care for Toxic Alcohol Ingestions Receiving Fomepizole: A Case Series. *American Journal of Emergency Medicine* 2021; DOI: 10.1016/j.ajem.2021.03.016.

Posters

Minhaj FS, Leonard JB, Seung H, Ryan E, **King JD.** Determination of Risk Factors Associated with Toxic Alcohol Ingestion. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021.

Bourgeois K, **Leonard JB, Minhaj FS, Anderson BD.** Identifying Risk Factors for Severe Outcomes in Metformin Poisoning. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021.

Millwee E, Minhaj FS, Downs J, Leonard JB. Tea for Two: Forget the Mountain Wild Honey — Suspected Grayanotoxin Poisoning in a Nepali Couple. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021.

Leonard JB, Minhaj FS, Hu K, **King JD,** Heavner M. Fluid Volume and Balance Within the First 72 Hours of Hospitalization for Calcium Channel Blocker or Beta Blocker Overdose: A Case Series. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021

Paterson E, Leonard JB, Minhaj FS, Klein-Schwartz W. Self-harm Exposures in Pregnant and Non-pregnant Cases Reported to US Poison Centers: A Casecontrol Study. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021. Husak N, Minhaj FS, Anderson BD, Leonard JB, King JD. Severe Bupropion Overdose Mimicking Brain Death Necessitating Prolonged Extracorporeal Membrane Oxygenation. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021

Husak N, Leonard JB, Minhaj FS, Klein-Schwartz W. Skeletal Muscle Relaxants. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021.

Minhaj FS, Klein-Schwartz W, Anderson BD, King JD. Esophageal Perforation Linked to Kratom Exposure. North American Congress of Clinical Toxicology, Virtual Meeting. Poster. Oct. 16-18, 2021.

Presentations

Paterson, E. Program Evaluation Workshop. North American Congress of Clinical Toxicology, Virtual Meeting. Presentation. Oct. 17, 2021.

Leonard JB. TCAs and Bupropion Poisoning. Academic Toxicology Education Alliance of the Mid-Atlantic (A-TEAM), Virtual Meeting. Presentation. January and monthly, 2021.

Minhaj FS, Leonard JB. Not Status Asthmaticus. Poison Control Center Grand Rounds Case Conference: Academic Toxicology Education Alliance of the Mid-Atlantic (A-TEAM), Virtual Meeting. Presentation. March 2021.

Paterson, E. Peer Learning Session - Ideas for Partnering with Local Poison Control Centers. 2021 Safe Kids Worldwide Injury Prevention Convention (PrevCon). Virtual. July 15, 2021.

Maryland Poison Center Staff 2021

Executive Director

Bruce D. Anderson, PharmD, DABAT, FAACT

Assistant Director, Operations and Public Education

Angel Bivens, BS Pharm, MBA, CSPI

Medical Director

Joshua D. King, MD

Medical Toxicologist

Elizabeth Quaal Hines, MD

Professor Emeritus

Wendy Klein-Schwartz, PharmD, MPH, FAACT

Clinical Toxicologist

James Leonard, PharmD, DABAT

Clinical Toxicology Fellows

Faisal Syed Minhaj, PharmD Nicholas Husak, PharmD Angela Lam, PharmD

Coordinator of Health Professional Education

Eric Schuetz, BS Pharm, CSPI

Public Education and Communication Specialist

Emily Paterson, BS, CHES®

Senior IT Specialist

Larry Gonzales, BS

LAN Administrator

Pedro Gamez

Quality Assurance Specialist

Lyn Goodrich, BSN, RN, CSPI

Specialists in Poison Information

Lisa Aukland, PharmD, CSPI

Lisa Booze, PharmD, CSPI

Denise Couch, BSN, RN, CSPI

Josh Dennis, PharmD, CSPI

Amber Ferrell, PharmD, CSPI

Laura Hignutt, PharmD, BCPS, CSPI

Michael Joines, BS Pharm, CSPI

Jennifer Malloy, PharmD, MPH, CSPI

Rebecca Mestas, PharmD, CSPI

Heather Mialki, PharmD, CSPI

Elizabeth Millwee, BSN, RN, CSPI

Heather Sellman, PharmD

Chris Wolff, PharmD, CSPI

Jeanne Wunderer, BS Pharm, CSPI

Program Management Specialist

Nicole Dorsey

Office Assistants

Patricia Campbell

Darren Stokes



Acknowledgments

The following organizations deserve special thanks for their continued support of the Maryland Poison Center:

- University of Maryland School of Pharmacy
- · University System of Maryland
- Maryland Department of Health
- U.S. Department of Health and Human Services, Health Resources and Services Administration
- Maryland Institute for Emergency Medical Services Systems (MIEMSS)
- Priority Partners MCO
- Safe Kids Maryland State and Local Coalitions
- · PharmCon, Inc.
- Baltimore County Department of Aging
- · Partnership for a Safer Maryland



CALL 410-706-7604 OR VISIT

www.mdpoison.com

to see how you can support the Maryland Poison Center.

