

# The Role of Poison Centres in the Information Era

2de Lage Landen Symposium Intoxicaties



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# Belgian Poison Centre

- 24/24 h access
- By phone (toll free emergency number, R.D. 09/10/2002)
- Medical staff (n=13)
- Accessible to public & medical professionals
- Website: [www.poisoncentre.be](http://www.poisoncentre.be)

# Belgian Poison Centre: calls

- 50 à 55.000 calls/year
- 78/18% calls from public/professionals
- 80% calls exposure related
  - Exposure  $\neq$  poisoning
- 50% adults, 44% children, 6% animals
  - ↳ • 23% deliberate and > 1 product involved

# Belgian Poison Centre: website

- ± 190.000 Belgian visits to website
- ± 20 % visits to professional webpages versus public
- Most popular pages

The screenshot shows the website interface for the Centre Antipoisons. The main heading is "Piqûre de guêpe, d'abeille, de frelon et de bourdon". A green checkmark icon indicates a frequently asked question. The text describes the symptoms of insect stings, such as pain, redness, and swelling, and provides advice on first aid, including washing the area and using antihistamines. A sidebar on the left contains a search bar and a list of categories like "Alcool, tabac" and "Allergies".

The screenshot shows the website interface for the Centre Antipoisons. The main heading is "La chenille processionnaire". A green checkmark icon indicates a frequently asked question. The text explains that the caterpillar causes allergic reactions and that medical intervention is necessary. It also mentions that the caterpillar is active from May to September. A sidebar on the left contains a search bar and a list of categories like "Alcool, tabac" and "Allergies".

# Which information provided?

- To the public (78%):
  - First aid advice
  - Triage:
    - referral to appropriate medical resource
    - Avoid overuse of medical resources
- To medical professionals (18%)
  - Risk assesment
  - Product information
  - Symptoms to be expected
  - Specific treatment, analysis
- To government agencies
  - Statistics, warnings, etc

# Role of the PCC?

- Internet information versus phone calls?
- Patients
  - Direct contact with a MD:
    - Information is not always enough, they ask for communication
    - Avoids a lot of costs, interventions, misery
    - Fast and effective intervention favoured
  - Difficult to find their way: language barrier, searching skills, information overflow, quality of info, difficulty interpreting... → e.g. silicagel

# Searching skills



# *Answers.com* - The Most Trusted Place for Answering Life's Questions

- Silica gel may be doped with a moisture indicator that gradually changes its color when it transitions from the anhydrous (dry) state, to the hydrated (wet) state. Common indicators are cobalt(II) chloride and methyl violet. Cobalt (II) chloride is deep blue when dry and pink when wet. **It is toxic and carcinogenic**, and was reclassified by the European Union in July 2000 as a toxic material.



# Role of the PCC?

- Internet information versus phone calls?
- Medical professional
  - Toxicology has a VERY modest place in medical curriculum
  - Some exposures are very rare (pesticides, chemicals, plants, animals...) e.g. *Tityus discrepans*
  - Some intoxications are unusual, combination of drugs
  - Unexperienced doctors? → statistics: how many patients should one see to become an expert?

# Role of the PCC?

The poison centre is a way of bundling experience

## ALERT BOX - for hospital doctors

This agent is potentially very toxic and clinicians managing patients are encouraged to discuss **serious** cases with your poisons information service: in the UK NPIS 0844 892 0111, in Ireland NPIC (01) 809 2566.

Click [here](#) for details you may be required to give when telephoning NPIS.

# Role of the PCC?

- Internet information versus phone calls?
- Medical professional
  - Has the clinician / patient been able to identify the agent?
    - Yellow powder near the swimming pool to keep the snakes away
    - My patient took 50 unknown white pills with the imprint « xyz »
    - Product to remove rust, but original package lost.
    - Fluid from solar boiler, no package
  - Are we talking about the right product and the right situation?
    - My patient inhaled  $H_2SO_4$  (does not mention the presence of hypochlorite in the mixture)
    - My patient is burned by PUR (does not mention smoking)
  - Dangerous products have to be declared to the Poison Centre / non-dangerous: voluntary base.
    - As the composition is confidential, there is no other way but consulting the poison centre
  - Misunderstanding of information: e.g.  $H_2SO_4$ : S30 « never add water to product » understood as «rinse with water contraindicated »

# Role of the PCC?

- Internet information versus phone calls?
- Do medical professional find the right information on the internet?

[PDF] **Glyphosate** Herbicide Information Profile - USDA For...

[www.fs.fed.us/outernet/r6/nr/fid/pubsweb/gly.pdf](http://www.fs.fed.us/outernet/r6/nr/fid/pubsweb/gly.pdf) ▼ Vertaal deze pagina

door PN Region - 1997

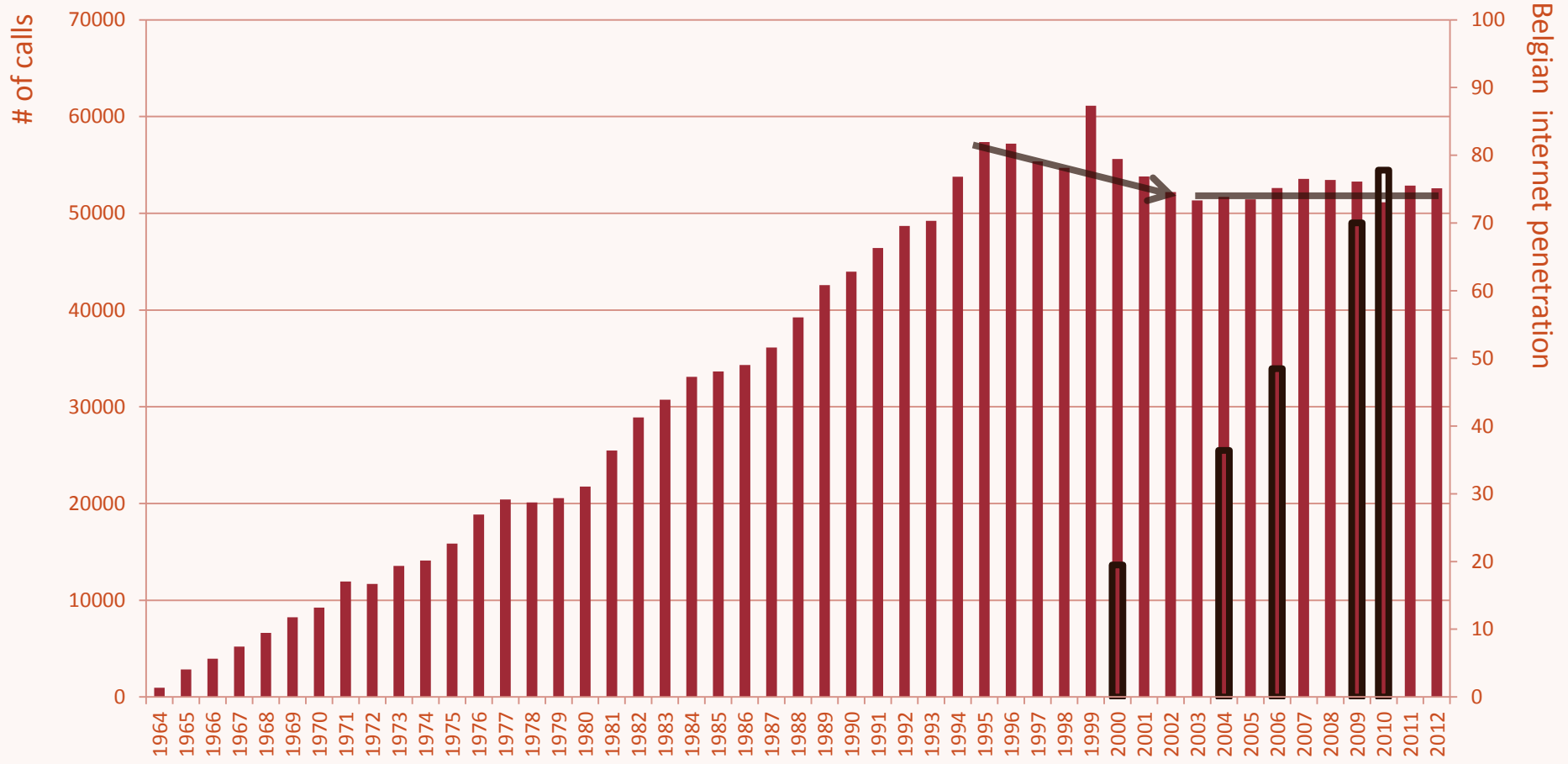
(tests in male & female rats). (tests on rabbits). **Glyphosate**. Median **lethal dose**: 4,320 mg/kg. Median **lethal dose** (males): 5,010 mg/kg. Slightly toxic (Category III ).

## 80% glyphosate soluble granules

[www.sidapesticide.com/english/products\\_view.asp?id...](http://www.sidapesticide.com/english/products_view.asp?id...) ▼ Vertaal deze pagina

29 nov. 2012 - **Glyphosate**: rabbit acute oral **LD50**> 5000mg/kg, rabbit acute dermal **LD50** 4320mg/kg. On the skin. Eyes and upper respiratory tract irritation. **Glyphosate**: Acute ...

# Internet versus calls



# Role of the PCC: currently versus future?

- Some things do change:
  - Finance gets tighter
  - Commercial and academic online databases
  - Generic internet material
  - Transmission of pictures (identification),...



# Role of the PCC: currently versus future?

- Some things never change
  - There will always be inexperienced MDs in smaller hospitals
  - Bundle clinical expertise – collect follow-up data
  - Identification of products (formulas deposited in the PC)
  - Need to deliver or locate (rare)antidotes
  - Education general public + professionals
  - They keep asking for our data (statistics), even more than before
  - Advice to government agencies and feedback to industry
  - Research capability? Less for smaller countries (smaller public with less data – local finance...)
  - Intervention can be location-specific and source can be unsuspected  
→ e.g. intervention for CO different if different source, different regulation,...
  - **P311** Call a POISON CENTER or doctor/physician

# Role of the PCC: currently versus future?

- Some things never change
  - TRIAGE because we serve the general public
    - We avoid a lot of costs, interventions, misery
    - We favour a fast and effective intervention
  - Surveillance: pick up early risk signals/trends (regular drugs + all kinds of toxicosurveillance) + regulatory intervention
  - Preventive actions based on the actual handling of the dangerous products



# Conclusion

- Poison centres have a unique role in healthcare
- If we continue to adapt to future developments

