Poison Control Center Communication

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Background:
The Poison Control Center (PCC) receives approximately 2.4 million calls annually related to toxic exposure and poisonings. Specialists in Poison Information (SPIs) are highly trained in clinical toxicology, but have virtually no professional training in health communication. The purpose of the current research is to begin to define best practices in Poison Control Center communication.

Methods:
In collecting data, the NICE audio-recording system and TOXICALL databases were used to link a sample of calls for communication coding and data analysis. This was done by listening to the NICE recording of individual calls and matching them with medical histories from the TOXICALL database. On average, this process took 13.8 minutes per call. Trained coders assessed communication effectiveness for each individual call to the Utah PCC. This coded data was then merged with the linked TOXICALL electronic record.

Descriptive Results of Call Variables:
Of the 62 calls that have been coded and linked at this stage in the project, 34 were placed by males and 28 were placed by females. The age of the exposed individual ranged from two years to eighty-one years, with just over half the calls (n=22, 51.6%) being placed in reference to younger patients (< 18 years). Over half the calls (n=39, 62.9%) were in regards to unintentional toxic exposures, although approximately a quarter of the calls (n=15, 24.2%) were in reference to intentional exposures related to abuse or misuse of toxic substances. Of the thirty patients for which complete follow-up data was obtained, nearly half (n=13; 43.3%) experienced no medical effects as a result of their exposure. The majority (n=17; 56.2%) of patients experienced minor to moderate medical effects as a result of their toxic exposure.

Implications:
Due to the fact that this research is still in the preliminary stages, we are unable to make any conclusive statements about Poison Control communication patterns at this time.