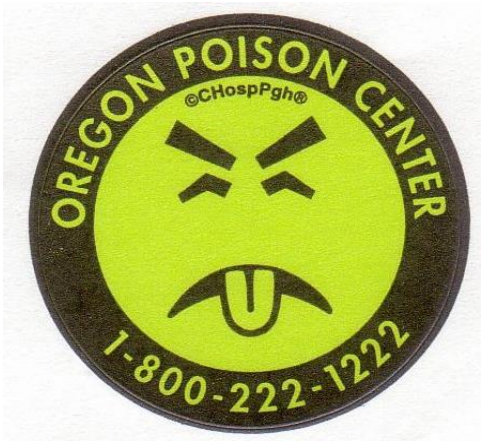
Introduction to the Oregon Poison Center

Our Function in the Community

May 21, 2025. Presented by; Charisse Pizarro-Osilla, MS, RN, CSPI
Poison Center Director
Oregon, Alaska, Guam

Mission of Poison Control Centers

"To promote the reduction of morbidity and mortality from poisonings"



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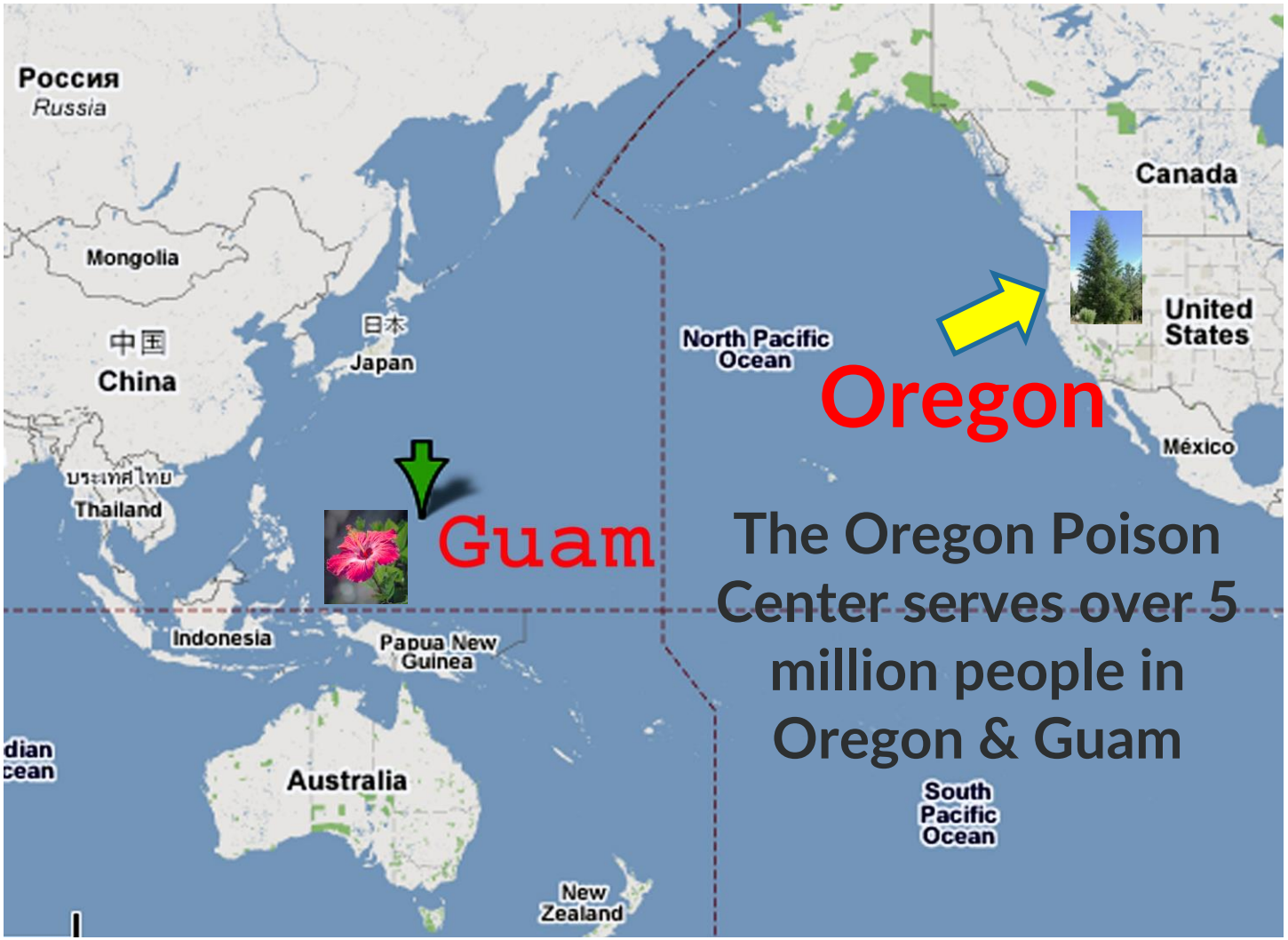
American Association of Poison Control Centers

- First US PC: Chicago 1953
- 53 poison centers in the US
  - Serve 50 states
  - District of Columbia
  - Puerto Rico
  - American Samoa
  - Micronesia
  - Guam
  - U.S. Virgin Islands
- Oregon Poison Center
  - Established in 1978
  - Oregon Legislature



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Oregon Health & Science University

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Role of the Oregon Poison Center

- To provide immediate treatment advice and management for poison emergencies
- To provide poison prevention information through outreach
- To educate healthcare professionals and students
- To provide Homeland Security toxicosurveillance
- 24-hour service, 7 days a week

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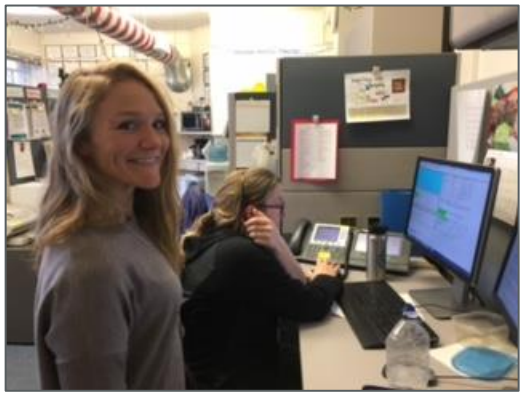
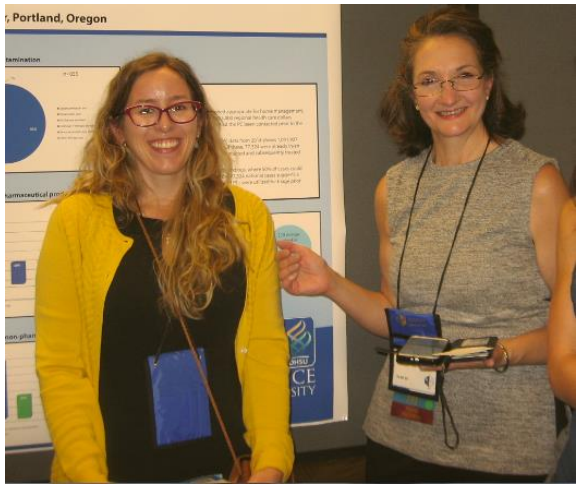
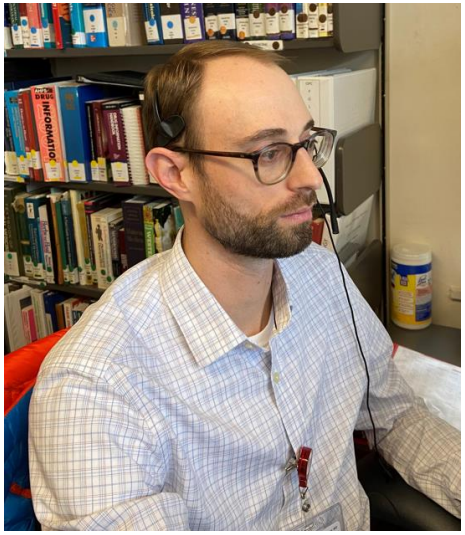
OPC Staff







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Poison Center's Triage Priorities:

1. Acute exposure
2. Immediate assessment & treatment
3. Symptoms to expect
4. Healthcare referral, recommendations and follow-up as appropriate

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Over 43,500 Cases in 2024
Managed 40,300 Human Exposures

Family Members

Pharmacists

Physicians/Nurses

EMT/Paramedics

School Staff

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Confidential Patient Information

- All information given to the poison center is part of a confidential record
- Federal law, HIPAA, protects the patient's privacy
- Our policy is available on request

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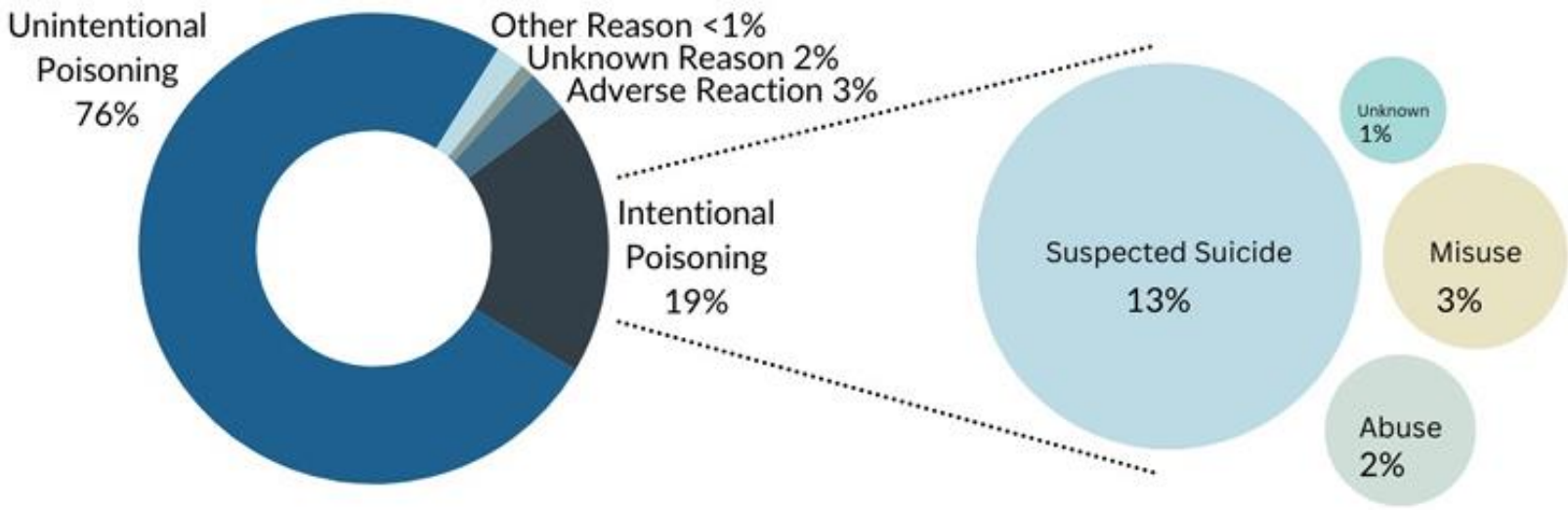
2023 Exposure Reasons



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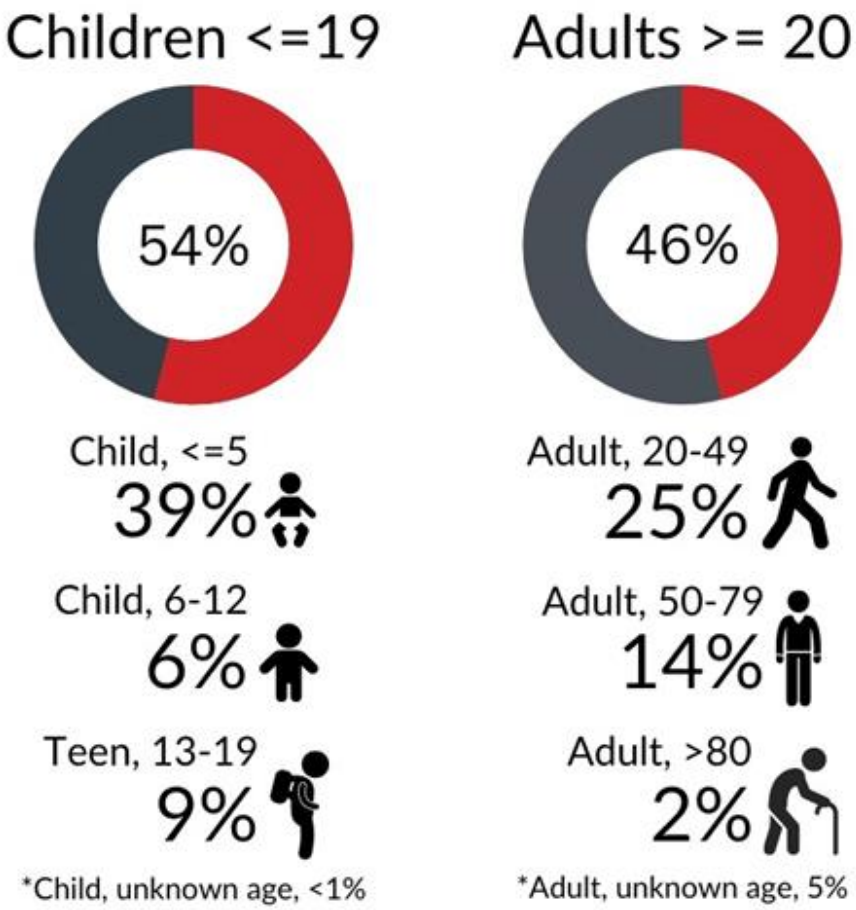
2023


Children <=19
54%
Child, <=5
39%
Child, 6-12
6%
Teen, 13-19
9%
*Child, unknown age, <1%
Adults >= 20
46%
Adult, 20-49
25%
Adult, 50-79
14%
Adult, >80
2%
*Adult, unknown age, 5%

Top Exposure Categories by Age, 2023

	Total/All Ages	Children <=5	Children/Teens 6-19	Adults >=20
Rank	Substance	Substance	Substance	Substance
1	Analgesics	Cleaning substances (household)	Analgesics	Analgesics
2	Antidepressants	Cosmetics/personal care products	Antidepressants	Antidepressants
3	Cleaning substances (household)	Analgesics	Antihistamines	Cardiovascular drugs
4	Cardiovascular drugs	Foreign bodies/toys/ disc batteries	Stimulant and street drugs	Sedative/hypnotics/ antipsychotics
5	Cosmetics/personal care products	Dietary supplements/herbal/ homeopathic	Cardiovascular drugs	Alcohols

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2023:
93% exposure calls are managed at home

- Saved over $23 million in health care costs.
- Every dollar invested in the PC system, saves $13.39 in medical costs.

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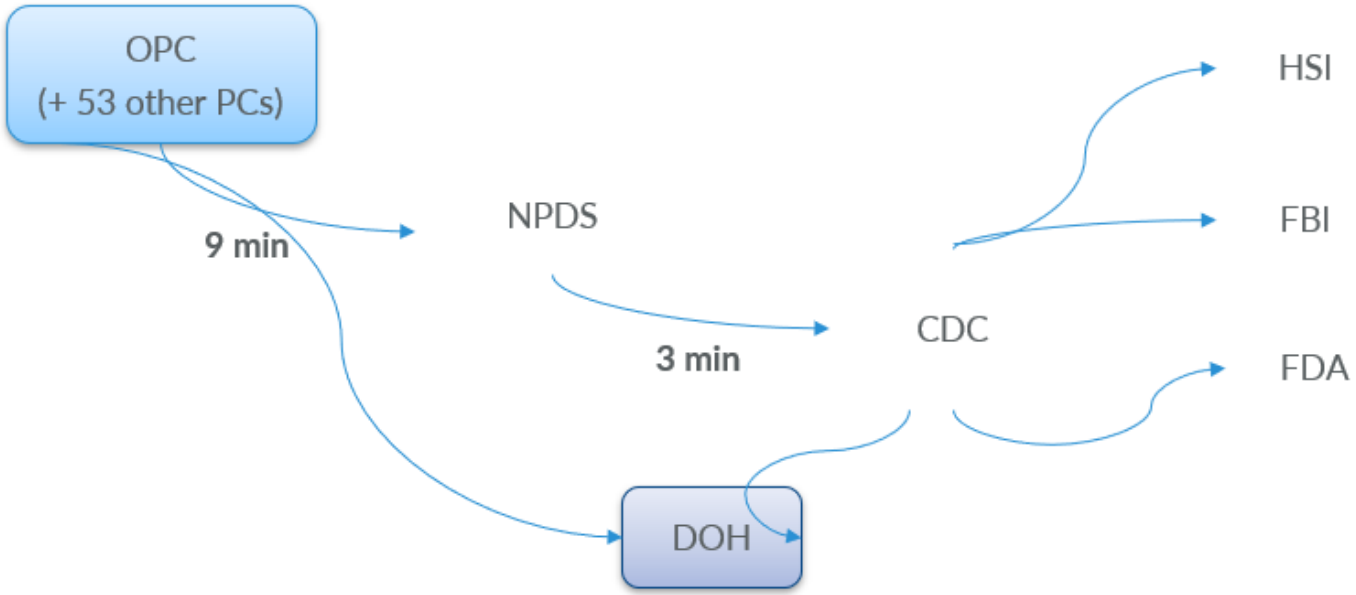
Poison Centers part of Homeland Security team

Poison Centers provide toxicosurveillance information:

- find hazardous products quickly
- follow substance abuse trends
- detect chem/bioterrorism incidents



Real-time Data

All Hazards Preparedness

We provide medical information on:

- Biologic agents
- Radiologic agents
- Biologic toxins
- Chemical agents
- Hazardous materials
- Industrial chemicals

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This information is current as of the date faxed and for the patient specified ONLY. Do not use this information for other patients without contacting the Poison Center at 1-800-222-1222.

RICIN: Health Care Information

Ricin is a highly potent toxin that is extracted from the castor bean (Ricinus communis). It may be used as a weapon of mass destruction as an aerosolized liquid or powder, or introduced into the food or water. Ricin may be inhaled or ingested. There is no significant dermal absorption of ricin. Ricin toxin is transported into the body's cells, binds to ribosomes, and stops protein synthesis. This leads to a delayed-onset diffuse cellular toxicity and capillary leak.

Recognition and Triage: After an **inhalational exposure**, patients remain asymptomatic for several hours. Approximately 4 to 8 hours after exposure, respiratory symptoms begin (**dyspnea, mucosal irritation, cough, pulmonary edema), followed hours later by** diffuse systemic toxicity (**vomiting, diarrhea, diaphoresis**) and a diffuse systemic inflammatory response syndrome and capillary leak (**SIRS, ARDS, hypotension**).

After **ingestion** of ricin, **gastrointestinal and systemic symptoms** predominate and pulmonary complaints are rare.

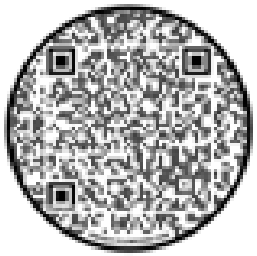
Personal Protective Equipment (PPE) (at the health care site): Airborne exposure/powder: Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions. Food/water exposure: No PPE other than universal precautions is necessary.

Decontamination (at the health care site): Airborne exposure/powder: Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. Food/water exposure: No external decontamination is necessary.

Diagnosis and Treatment: Diagnosis may be made by sending a **25 mL urine sample** to the Oregon State Health Lab. In unknown chemical events, draw and send **3 purple top and one green (or gray) top tube** of blood to the Oregon State Health Lab (see attached chemical specimen sheet).

Poison Center National Number

1-800-222-1222



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Thank you

Questions? Comments?

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