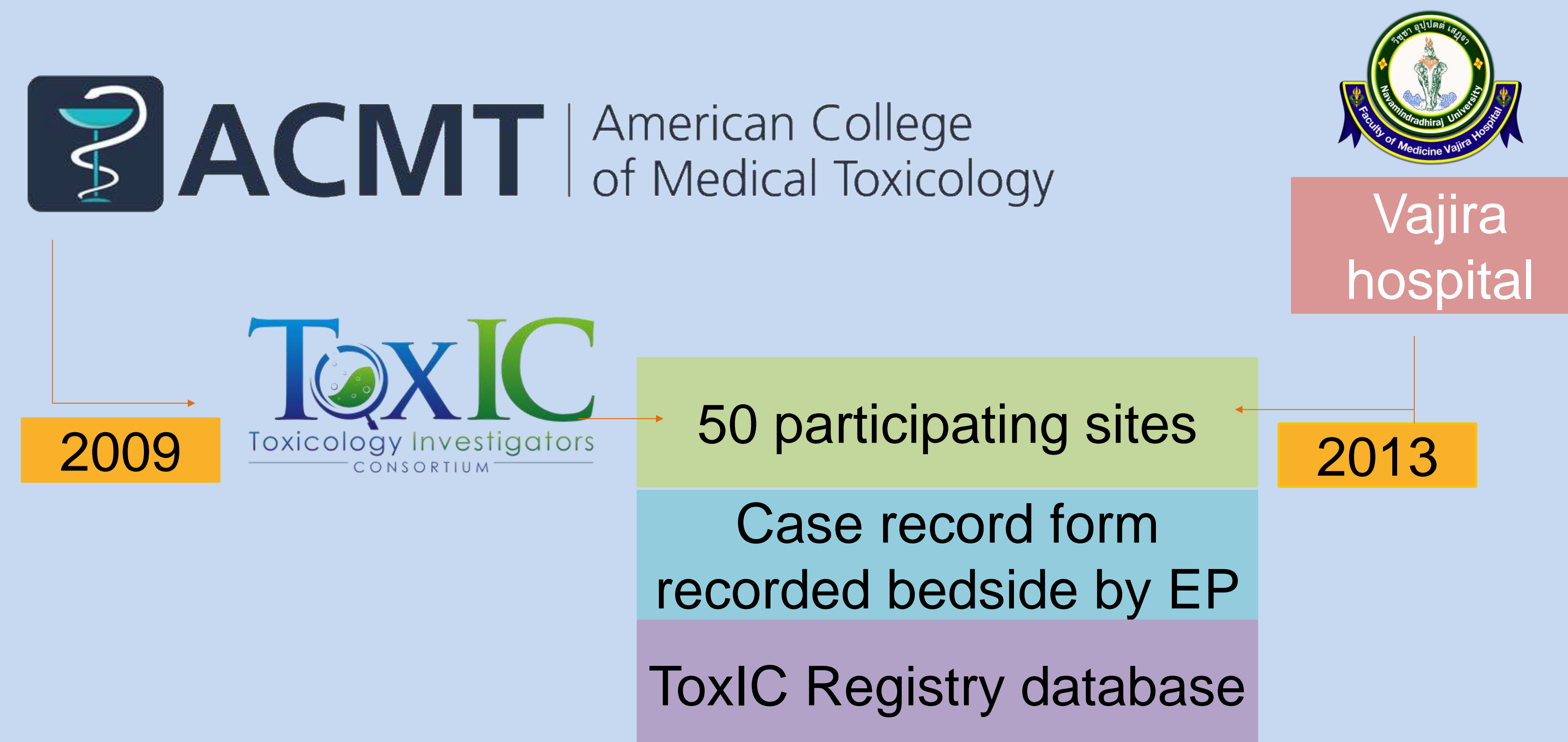


## Introduction

Toxicology consultation services, Department of Emergency Medicine, Vajira Hospital was started in 2012 and then has participated in the multisite Toxicology Investigators Consortium (ToxIC) Registry since August 2013. ToxIC is a national-wide research and collaboration network, initiated by the American College of Medical Toxicology (ACMT) to support multi-center research studies. Our objective was to determine the profile of toxicological management on poisoned patients in Vajira hospital, an urban academic hospital in Bangkok, reported in the ToxIC registry.

## Methods

This was a retrospective descriptive study. The ToxIC Registry database was queried for patients who had been consulted on to our services for the time period from August 2013 to December 2017, with a focus on toxicological management. The authors excluded those whom were recorded in the toxicological logbook but the case report forms (CRFs) and the corresponding data in the ToxIC database were missing.



## Results

Over the 53-month-period, 1,293 cases were reviewed. Toxicologic treatments were given to 525 (40%) cases. Regarding decontamination procedures, gastric lavage was performed on 23 (4.4%) patients, single- dose activated charcoal was administered to 31 (5.9%) patients, and whole-bowel irrigation had never been done. The most commonly administered antidotes included N-acetylcysteine (7.6%), naloxone (4.8%), and thiamine (4%), respectively. Snake antivenom was given to 8% of total patients bitten by venomous snakes. Of enhanced elimination interventions, multiple-dose activated charcoal (MDAC) was prescribed occasionally (3.4%). Only 3 (0.6%) patients received hemodialysis.

Toxicological treatment	N(%)
<b>Decontamination</b>	56 (10.7)
- Gastric lavage	23 (4.4)
- Single dose activated charcoal	31 (5.9)
- Whole bowel irrigation	0 (0.0)
- Skin irrigation	2 (0.4)
<b>Antidote</b>	120 (22.9)
- N-acetylcysteine	40 (7.6)
- Naloxone	25 (4.8)
<b>Antivenom</b>	19 (3.6)
<b>Enhanced elimination</b>	23 (4.4)
- CRRT	2 (0.4)
- HD	1 (0.2)
- Multidose activated charcoal	18 (3.4)
- Urinary alkalization	2 (0.4)
<b>Important supportive care</b>	36 (6.9)
- Intubation and ventilation	26 (5.0)
- Cardiopulmonary resuscitation	6 (1.1)
- Dextrose > 5%	2 (0.4)
- Therapeutic hypothermia	1 (0.2)
- Transcutaneous pacing	1 (0.2)

## Conclusion

Our study demonstrated that less than half of poisoned patients required toxicological treatments. Gastrointestinal decontamination and enhanced elimination were rarely done. The results were similar to those reported in the American Association of Poison Control Centers' National Poison Data System Annual Reports.