

Indiana Poison Center

Never complain about something unless you're willing to help make it change. The previous night on call in the emergency room had been difficult, especially with the poison exposure call that took considerable time. Wishard Hospital was a regional poison center and received calls from other hospitals in the area. The problem was that our poison center was a few books on toxicology and a microfiche system, with the doctors on call trying to answer the questions.

The next morning, I stopped by Dr. Carolyn Cunningham's office to bemoan the fact that we did not have a more sophisticated poison information system. In my internship in Rochester, New York I had experienced a state-of-the-art poison center and thought Indiana should have something similar. Carolyn was supportive but was running a large, busy emergency room with limited staff, and so she said, "We need to do something about it". She enlisted the support of Dr. William Painter, the medical director of the hospital and we began to think about possible options.

A few years earlier, the University of Pittsburgh had developed the Mr. Yuk program poison prevention program in their center. After initial discussions and my trip to Pittsburgh, we decided to implement the Mr. Yuk program in Indiana. Now all we needed was expertise and money.

We decided to approach Hook's Drugs, a large pharmaceutical chain in Indiana, for a donation. Their public relations director was very enthusiastic and arranged a presentation before their board of directors. After my presentation, an older member of the Hook family turned me and asked if we really we could can do this, and with my complete naïveté I enthusiastically assured him. The Hook's board decided to give a grant of \$25,000/year for four years and agreed to cover the cost of printing 3 million Mr. Yuk stickers which they would distribute in their stores throughout Indiana. We were off and running.

Next, we approached Blue Cross Blue Shield of Indiana on the theory that a poison center would decrease hospitalizations and emergency room visits. They saw great value in a poison center and gave a generous gift over two years. Dr. Painter eventually found room for the Center just adjacent to the emergency dispatch unit for the city. We then hired an assistant director, Nancy Orcutt, who did an amazing job of hiring and training an excellent 24-hour staff of nurses. We drew on expertise at the University, including Dr. Forney in toxicology and Dr. Minton, a physician and herpetologist on the medical faculty, who taught the staff about snake bites.

Calls began as soon as the center opened and in the first year we had received thousands of inquiries. Soon Mr. Yuk stickers were appearing all over Indiana. Most of the stickers were placed on hazardous materials and a few were on coffee pots where the quality of coffee being used was not appreciated. The proximity to the 911 dispatch proved to be especially important, saving lives in several cases and preventing many unnecessary emergency room visits for insignificant poison exposures.

The nursing staff became experts in toxicology and telemedicine. On one occasion a farmer called in with what was obviously an organophosphate exposure. The nurse instructed him to wash all his clothes and take the necessary precautions but, the next day, he called back with continued symptoms. The nurse on call began an extensive history to find out the source of the exposure and finally learned that, although he was changing his clothes, he was wearing the same shoes each day and they were soaked with the organophosphate pesticides. He had no further symptoms after changing his shoes.

A member network of hospitals was established in the State and each was given a fax machine to receive hardcopy information on poison exposures they were treating in their emergency rooms. Small training sessions for physicians on toxicology were also held in several areas in the state.

Funding was a constant problem since the Center did not generate income. I began knocking on legislators' doors to seek state funding but without much success. And then miraculously a state appropriation appeared. Many years later, I learned that the chair of the budget committee, who I had never met, liked the idea of a state poison center and slipped the appropriation into the state general funding bill.

When I joined the faculty in the Pediatric Department at Wishard Hospital, Dr. John Heubi supported me by allowing some administrative time to manage the center. But eventually it was realized that a full-time director would be needed in the long term. After an extensive search, Jim Mowry, PhD, who had a toxicology fellowship, was hired. Dr. Heubi, Dr. Phil Merk, and I continued to volunteer as back-up medical consultants to assist in complicated cases.

As the Poison Center grew, it became a financial liability for Wishard. The initial funding had run out and there was not adequate financial support to continue this full-time public service. Fortunately, Methodist Hospital saw the Center as a natural addition to its large emergency medicine department and agreed to adopt the program.