A special contribution from the American Association of Poison Control Centers.



# 1988 Annual Report of the American Association of Poison Control Centers National Data Collection System

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The American Association of Poison Control Centers (AAPCC) National Data Collection System has grown since its inception in 1983, with a dramatic annual increase in the number of participating poison centers, population served by those centers, and reported human exposures (Table 1).<sup>1-5</sup> This report in-

cludes 1,368,748 human exposure cases reported by 64 participating poison centers during 1988.

### **CHARACTERIZATION OF PARTICIPATING CENTERS**

Of the 64 reporting centers, 61 submitted data for the entire year. Thirty-two of the 64 centers were cer-

From the Data Collection Committee, American Association of Poison Control Centers.

The authors acknowledge the generous contribution of Micromedex, Inc, to the programming and processing of this annual report.

Centers participating in this report include Children's Hospital of Alabama Poison Control Center, Birmingham, AL; Alabama Poison Center, Tuscaloosa, AL; Arizona Poison Control System, Tucson, AZ; Samaritan Regional Poison Center, Phoenix, AZ; Fresno Regional Poison Control Center, Fresno, CA; University of California Irvine Regional Poison Center, Orange, CA; University of California Davis Regional Poison Control Center, Sacramento, CA; San Diego Regional Poison Center, San Diego, CA; San Francisco Bay Area Regional Poison Center, San Francisco, CA; Santa Clara Valley Medical Center, San Jose, CA; Rocky Mountain Poison Center, Denver, CO; National Capital Poison Center, Washington, DC; Florida Poison Center, Tampa, FL; Idaho Poison Control Center, Boise, ID; Indiana Poison Center, Indianapolis, IN; St Luke's Poison Center, Sioux City, IA; Mid-America Poison Center, Kansas City, KS; Kentucky Regional Poison Center of Kosair Children's Hospital, Louisville, KY; Louisiana Regional Poison Control Center, Shreveport, LA; Maryland Poison Center, Baltimore, MD; Children's Hospital of Michigan Poison Control Center, Detroit, MI; Blodgett Regional Poison Center, Grand Rapids, MI; Saginaw Region Poison Center, Saginaw, MI; Hennepin Poison Center, Minneapolis, MN; Minnesota Poison Control System, St Paul, MN; Cardinal Glennon Children's Hospital Regional Poison Center, St Louis, MO; Mid-Plains Poison Control Center, Omaha, NE; New Jersey Poison Information and Education System, Newark, NJ; Triad Poison Center, Greensboro, NC; North Dakota Poison Center, Fargo, ND; Nassau County Medical Center's Long Island Regional Poison Control Center, East Meadow, NY; New York City Poison Center, New York, NY; Akron Regional Poison Center, Akron, OH; Stark County Poison Control Center, Canton, OH; Cincinnati Drug and Poison Information Center, Cincinnati, OH; Greater Cleveland Poison Control Center, Cleveland, OH; Central Ohio Poison Control Center, Columbus, OH; Mahoning Valley Poison Center, Youngstown, OH; Oregon Poison Center, Portland, OR; LeHigh Valley Poison Center, Allentown, PA; Keystone Region Poison Center, Altoona, PA; Hamot Poison Center, Erie, PA; Northwest Poison Center, Erie, PA; Capital Area Poison Center, Hershey, PA; Delaware Valley Regional Poison Control Center, Philadelphia, PA; Pittsburgh Poison Center, Pittsburgh, PA; Rhode Island Poison Center, Providence, RI; Dakota-Midlands Poison Control Center, Aberdeen, SD; McKennan Poison Center, Sioux Falls, SD; Southern Poison Center, Inc., Memphis, TN; Middle Tennessee Regional Poison Center, Nashville, TN; North Texas Poison Center, Dallas, TX; Intermountain Regional Poison Control Center, Salt Lake City, UT; Blue Ridge Poison Center, Charlottesville, VA; Tidewater Poison Center, Norfolk, VA; Central Virginia Poison Center, Richmond, VA; Seattle Poison Center, Seattle, WA; Spokane Poison Center, Spokane, WA; Mary Bridge Poison Center, Tacoma, WA; Central Washington Poison Center, Yakima, WA; West Virginia Poison Center, Charleston, WV; Green Bay Poison Center, Green Bay, WI; University of Wisconsin Hospital Regional Poison Control Center, Madison, WI; Milwaukee Children's Hospital Poison Center, Milwaukee, Wl.

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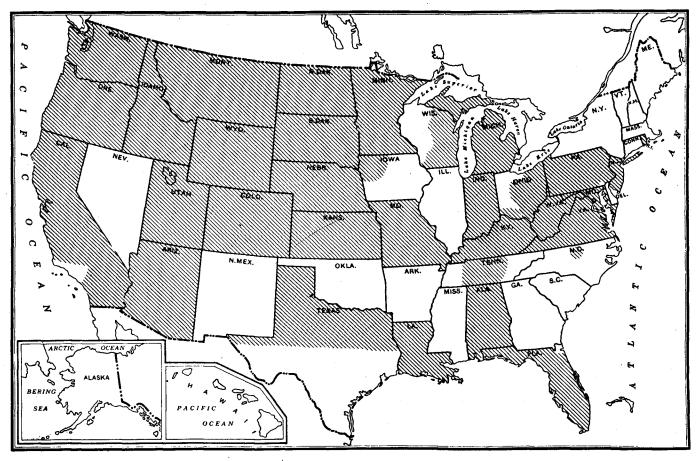


FIGURE 1. Sixty-four poison centers participated in the Data Collection System in 1988. The cross-hatched areas denote regions served by reporting centers. (Map adapted from Hammond's Outline Map of the United States.)

tified as regional poison centers by the AAPCC. Annual center call volumes (human exposure cases only) ranged from 340 to 61,014 (mean, 21,387). Center penetrance ranged from 3.7 to 19.0/1,000, with a mean of 8.8 reported exposures per 1,000 population. (Penetrance is defined as the number of human poison exposure cases reported to a center divided by the population served by that center).

A total population of 155.7 million was served by the participating centers, including portions of 34 states and the District of Columbia (Fig 1). Noting the 245.8 million estimated US population, the data presented represent an estimated 63% of the human poison ex-

**TABLE 1.** Growth of the AAPCC National Data Collection System

Year	No. of Participating Poison Centers	Population Served (Millions)	Human Exposures Reported
1983	16	43.1	251,012
1984	47	99.8	730,224
1985	56	113.6	900,513
1986	57	132.1	1,098,894
1987	63	137.5	1,166,940
1988	64	155.7	1,368,748

posures which precipitated poison center contacts in the United States during 1988. Extrapolating from the 1,368,748 human poison exposures reported in this database, more than two million human poison exposures are estimated to have been reported to all US poison centers in 1988. However, extrapolations from the number of reported poisonings to the number of actual poisonings occurring annually in the United States cannot be made from these data alone because considerable variations in poison center penetrance were noted. Indeed, assuming all centers reached the penetrance level of 19.0 poisonings/1,000 population

**TABLE 2.** Site of Caller and Site of Exposure, Human Exposure Cases

	Site of Caller	Site of Exposure
	(%)	(%)
Residence	81.1	91.8
Workplace	1.5	2.6
Health Care Facility	15.2	0.6
School	0.6	0.9
Other	1.2	2.0
Unknown	0.4	2.1
Total	100.0	100.0

TABLE 3. Age and Sex Distribution of Human Poison Exposure Cases

Age	Male		Female		Unknown		Tot	al	Cumulative Total	
(yr)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<1	57,515	(4.2)	51,420	(3.8)	1,466	(0.1)	110,401	(8.1)	110,401	(8.1)
1	134,495	(9.8)	118,266	(8.6)	2,064	(0.2)	254,825	(18.6)	365,226	(26.7)
2	144,977	(10.6)	123,647	(9.0)	2,318	(0.2)	270,942	(19.8)	636,168	(46.5)
3	69,478	(5.1)	56,239	(4.1)	1,061	(0.1)	126,778	(9.3)	762,946	(55.7)
4	29,447	(2.2)	22,644	(1.7)	548	(0.0)	52,639	(3.8)	815,585	(59.6)
<b>5</b> .	15,553	(1.1)	12,206	(0.9)	302	(0.0)	28,061	(2.1)	843,646	(61.6)
6-12	40,875	(2.9)	30,398	(2.2)	651	(0.0)	71,924	(5.3)	915,570	(66.9)
13-19	32,760	(2.4)	48,067	(3.5)	408	(0.0)	81,235	(5.9)	996,805	(72.8)
20-29	40,978	(2.9)	47,107	(3.4)	321	(0.0)	88,406	(6.5)	1,085,211	(79.3)
30-39	30,009	(2.2)	36,928	(2.7)	273	(0.0)	67,210	(4.9)	1,152,421	(84.2)
40-49	13,381	(0.9)	18,259	(1.3)	105	(0.0)	31,745	(2.3)	1,184,166	(86.5)
50-59	6,780	(0.5)	9,864	(0.7)	54	(0.0)	16,698	(1.2)	1,200,864	(87.7)
60-69	4,882	(0.4)	7,828	(0.6)	46	(0.0)	12,756	(0.9)	1,213,620	(88.7)
70-79	2,866	(0.2)	5,156	(0.4)	20	(0.0)	8,042	(0.6)	1,221,662	(89.3)
80-89	1,327	(0.1)	3,031	(0.2)	18	(0.0)	4,376	(0.3)	1,226,038	(89.6)
90-99	262	(0.0)	637	(0.0)	4	(0.0)	903	(0.0)	1,226,941	(89.6)
Unknown adult	58,350	(4.3)	75,537	(5.5)	7920	(0.6)	141,807	(10.4)	1,368,748	(100.0)
Total	683,935	(50.0)	667,234	( <del>4</del> 8.7)	17,579	(1.3)	1,368,748	(100.0)	1,368,748	(100.0)

TABLE 4. Distribution of Age and Sex of 545 Fatalities

Age (yr)	Male	Female	Unknown	Total	%	Cumulative %
<1 .	2	1	0	3	0.6	0.6
1	10	6	Ō	16	2.9	3.5
2	2	Ö	0	2	0.4	3.9
3	3	1	0	4	0.7	4.6
4	. 2	0	0	2	0.4	5.0
5	2	1	0	3	0.6	5.5
6-12	1	2	0	3	0.6	6.1
13-19	29	28	0	57	10.5	16.5
20-29	75	43	0	118	21.7	38.2
30-39	61	47	0	108	19.8	58.0
40-49	31	31	0	62	11.4	69.4
50-59	20	21	0	41	7.5	76.9
60-69	17	28	0	45	8.3	85.1
70-79	14	20	0	34	6.2	91.4
80-89	11	13	0	24	4.4	95.8
90-99	1	2	0	3	0.6	96.3
Unknown adult	7	12	1	20	3.7	100.0
Total	288	256	. 1	545	100.0	100.0

reported for one state, then 4.7 million poisonings would have been reported to poison control centers in 1988. Because of the growth and development of this relatively new data collection project, with increasing center participation from year to year, the data do not directly identify a trend in the overall incidence of poisonings in the United States. However, an analysis of data from 53 centers that participated for the entirety of 1987 and 1988 indicates a 5.6% increase in reported poison exposures from 1987 to 1988 within the regions served by these 53 centers. This increase may reflect greater public awareness of poison center services rather than an actual increase in poisonings.

**TABLE 5.** Number of Substances Involved in Human Poison Exposure Cases

No. of Substances	No. of Cases	% of Cases
1	1,284,991	93.9
2	62,474	4.6
3	13,690	1.0
4	3,805	0.3
5	1,475	0.1
6	610	0.0
<b>7</b> .	337	0.0
8	121	0.0
9	52	0.0
≥10	237	0.0
Unknown	956	0.1
Total	1,368,748	100.0

TABLE 6. Reason for Human Exposure Cases

Reason	No.	%
Accidental		
General	1,130,588	82.6
Misuse*	42,049	3.1
Occupational	25,368	1.9
Environmental	7,565	0.6
Unknown	1,426	0.1
Total	1,206,996	88.2
Intentional		
Suicidal	91,757	. 6.7
Misuse†	16,040	1.2
Abuse‡	14,589	1.1
Unknown	13,885	1.0
Total	136,271	10.0
Adverse reaction		
Drug	11,273	0.8
Food	4,921	0.4
Other	1,907	0.1
Total	18,101	1.3
Unknown	7,380	0.5
Total	1,368,748	100.0

<sup>\*</sup> Improper use of a substance where therapeutic or beneficial results were intended, eg, an overdose occurring because both parents gave the same medication to a child and neither was aware (at the time) of the other's action or a case in which misreading the label of a product results in an unintended exposure.

## **REVIEW OF THE DATA**

The 1,368,748 human poison exposures reported to the AAPCC in 1988 represent the largest poison exposure database ever compiled in the United States and a 17.3% increase in total reports from 1987. An analysis of the data indicates that 91.8% of exposures occurred in the home (Table 2). Two unlikely sites of poisonings, health care facilities and schools, accounted for 7,929 (0.6%) and 12,003 (0.9%) poison exposures, respectively. Poison center peak call volumes were noted from 5 to 9 pm, although call frequency remained consistently high between 9 AM and 10 PM, with 82% of calls logged during this 13-hour period.

The age and sex distribution of human poison exposure victims is outlined in Table 3. Children aged <3 years were involved in 46.5% of cases; 62.0% of the cases occurred in children aged <6 years. A male predominance is found among poison exposure victims aged <13 years, but the gender distribution is reversed in teenagers and adults. Table 4 gives the age and sex distribution for 545 fatalities.

A single substance was implicated in 93.9% of reports, and only 1.4% of patients were exposed to more than two possibly poisonous drugs or products (Table 5). Most cases of human exposure were acute (98.1%), as were most poison-related fatalities (88.3%). (Chronic exposures were arbitrarily defined as re-

TABLE 7. Distribution of Reason for Exposure by Age, Human Exposure Cases Only

	<6 Ye	ears	6-12 Y	ears	13-17	ears/	18-64	Years	>64 Y	ears	Unkn	own	Tota	al
Reason	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Accidental	840.511	(61.4)	67,409	(4.9)	28,056	(2.0)	245.539	(17.9)	15,707	(1.1)	9,774	(0.7)	1,206,996	(88.2)
Intentional	2,556	(0.2)	3,910	(0.3)	31,350	(2.3)	93,927	(6.9)	2,138	(0.2)	2,390	(0.2)	136,271	(10.0)
Adverse														
reaction	2.151	(0.2)	1,122	(0.0)	847	(0.0)	13,010	(1.0)	774	(0.0)	197	(0.0)	18,101	(1.3)
Unknown	572	(0.0)	406	(0.0)	1,049	(0.0)	4,599	(0.3)	295	(0.0)	459	(0.0)	7,380	(0.5)
Total	845,790	(61.8)	72,847	(5.3)	61,302	(4.5)	357,075	(26.1)	18,914	(1.4)	12,280	(0.9)	1,368,748	(100.0)

TABLE 8. Distribution of Reason for Exposure and Age for 545 Human Fatalities

Reason	<6 Years	6-12 Years	13-17 Years	>17 Years	Total
Accidental					
General	16	0	0	10	26
Environmental	6	0	0	. 9	15
Misuse	5	0	0	24	29
Occupational	0	0	1	17	18
Total	27	0	1	60	88
Intentional					
Suicide	0	1	24	272	297
Misuse	1	. 1	· 1	19	22
Abuse	0	. 0	12	62	74
Unknown	0	o	1	32	33
Total	1	2	. 38	385	426
Adverse reaction	O	<u> </u>	0	3	3
Unknown	Ô	Ô	Ō	28	28
Total	28	2	39	476	545

<sup>†</sup> Intentional incorrect use of a substance where psychotropic effect was not sought, eg, intentional excessive dosing to obtain a more rapid or superior pharmacological effect for presumed "therapeutic purposes."

<sup>‡</sup> Improper use of a substance where the patient was seeking a psychotropic effect.

**TABLE 9.** Distribution of Route of Exposure for Human Poison Exposure Cases and 545 Fatalities

	All Ca	<b>Fatalities</b>			
Route	No.	(%)	No.	(%)	
Ingestion	1,113,101	(77.9)	424	(75.6)	
Dermal	97,631	(6.8)	4	(0.7)	
Ophthalmic	83,885	(5.9)	0	(0.0)	
Inhalation	76,592	(5.4)	72	(12.8)	
Bites and stings	45,318	(3.2)	1	(0.2)	
Parenteral	4,258	(0.3)	31	(5.5)	
Other/unknown	8,979	(0.6)	29	(5.2)	

Multiple routes of exposure were observed in many poison exposure victims. Percentage is based on the total number of exposure routes (1,429,764 for all patients, 561 for fatal cases) rather than the total number of human exposures (1,368,748) or fatalities (545).

**TABLE 10.** Symptom Assessment at Time of Initial Call to Poison Center

Symptom Assessment	No.	(%)
Asymptomatic	883,728	(64.6)
Symptomatic, related to exposure	372,647	(27.2)
Symptomatic, unrelated to exposure	21,179	(1.5)
Symptomatic, unknown if related	63,045	(4.6)
Unknown	28,149	(2.1)
Total	1,368,748	(100.0)

**TABLE 11.** Management Site of Human Poison Exposure Cases

No.	(%)
993,681	(72.6)
176,726	(12.9)
169,881	(12.4)
28,460	(2.1)
1,368,748	(100.0)
	993,681 176,726 169,881 28,460

peated exposures to the same toxic substance or a single exposure lasting longer than eight hours.)

The vast majority (88.2%) of poison exposures were accidental; suicidal intent was present in 6.7% of cases (Table 6). Nearly a quarter (23.0%) of cases with suicidal intent occurred in patients who were 13 through 17 years old. Accidental poisonings outnumbered intentional poisonings in all age groups except 13- to 17-year-olds, in whom they were nearly equal (Table 7). In contrast, of the 545 human poisoning fatalities reported, 81% of deaths in adults (aged >17 years) were intentional (Table 8).

Ingestions accounted for 77.9% of poison exposures (Table 9), followed in frequency by dermal exposures, ophthalmic exposures, inhalation, bites and stings, and parenteral exposures. For the 545 fatalities, ingestion, followed by inhalation and parenteral exposure, was the predominant exposure route.

Table 10 displays the symptom assessment at the time of the initial call to the participating poison center. In addition to the 27.2% of patients with initial symptoms clearly related to the exposure, symptoms developed during the subsequent course in 11,499 initially asymptomatic patients. Thus symptoms definitely related to the exposure eventually developed in at least 28.1% of patients.

The majority of cases reported to poison centers were managed in a non-health care facility (72.6%), usually at the site of exposure, the patient's own home (Table 11). Treatment in a health care facility was rendered or recommended in 25.3% of cases; of these, 54.5% involved treatment and release, 18.4% involved admission for medical care, and 2.8% involved admission for psychiatric treatment; 8.2% refused referral, and 16.1% were lost to follow-up.

Table 12 displays the medical outcome in the human poison exposure victims distributed by age, emphasizing the more severe outcome observed in the older age groups. Table 13 compares medical outcome and rea-

TABLE 12. Medical Outcome of Human Poison Exposure Cases by Patient Age

	<6 Years		6-12 Years		13-17	13-17 Years		>17 Years		Unknown		Total	
Outcome	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
No effect	450,916	(32.9)	25,735	(1.9)	15,423	(1.1)	66,468	(4.9)	2.971	(0.2)	561,513	(41.0)	
Minor effect	114,958	(8.4)	22,152	(1.6)	24,415	(1.8)	158,245	(11.6)	2,149	(0.1)	321,919	(23.5)	
Moderate effect	7,152	(0.5)	1,545	(0.1)	3,513	(0.3)	25,265	(1.8)	342	(0.0)	37,817	(2.8)	
Major effect	426	(0.0)	76	(0.0)	369	(0.0)	3,260	(0.2)	56	(0.0)	4,187	(0.3)	
Death	30	(0.0)	. 3	(0.0)	39	(0.0)	473	(0.0)	0	(0.0)	545	(0.0)	
Unknown, nontoxic* Unknown, potentially	242,828	(17.7)	18,303	(1.3)	9,279	(0.7)	61,882	(4.5)	4,673	(0.3)	336,965	(24.6)	
toxic†	17,488	(1.3)	3,023	(0.2)	6.971	(0.5)	45.012	(3.3)	2,319	(0.2)	74.813	(5.5)	
Unrelated effect	11,616	(0.8)	1,957	(0.1)	1,227	(0.1)	15.053	(1.1)	268	(0.0)	30,121	(2.2)	
Unknown	376	(0.0)	53	(0.0)	66	(0.0)	331	(0.0)	42	(0.0)	868	(0.0)	
Total	845,790	(61.8)	72,847	(5.3)	61,302	(4.5)	375,989	(27.5)	12,820	(0.9)	1,368,748	(100.0)	

<sup>\*</sup>No follow-up provided because exposure was assessed as nontoxic.

<sup>†</sup> Patient lost to follow-up. Exposure was assessed as potentially toxic.

TABLE 13. Distribution of Medical Outcome by Reason for Exposure for Human Poison Exposure Victims

	Accide	ntal	Intent	ional	Adve Reac		Unkr	nown	Tot	al
Outcome	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
No effect	532,906	(38.9)	26,314	(1.9)	1,030	(0.1)	1,263	(0.1)	561,513	(41.0)
Minor effect	263,194	(19.2)	47,826	(3.5)	9,030	(0.7)	1,869	(0.1)	321,919	(23.5)
Moderate effect	23,171	(1.7)	12,686	(0.9)	1,329	(0.1)	631	(0.0)	37,817	(2.8)
Major effect	1,197	(0.1)	2,744	(0.2)	81	(0.0)	165	(0.0)	4,187	(0.3)
Death	88	(0.0)	426	(0.0)	3	(0.0)	28	(0.0)	545	(0.0)
Unknown, nontoxic Unknown, potentially	317,293	(23.2)	15,595	(1.1)	3,133	(0.2)	944	(0.1)	336,965	(24.6)
toxic	42,613	(3.1)	28,634	(2.1)	1,704	(0.1)	1,862	(0.1)	74,813	(5.5)
Unrelated effect	25,870	(1.9)	1,884	(0.1)	1,776	(0.1)	591	(0.0)	30,121	(2.2)
Unknown	664	(0.0)	162	(0.0)	15	(0.0)	27	(0.0)	868	(0.1)
Total	1,206,996	(88.2)	136,271	(10.0)	18,101	(1.3)	7,380	(0.5)	1,368,748	(100.0)

son for exposure, emphasizing the greater frequency of serious outcome in intentional exposures.

Table 14 outlines the use of initial decontamination procedures, specific antidotes, and measures to enhance elimination in the treatment of patients reported

TABLE 14. Therapy Provided in Human Exposure Cases

Therapy	No.
Initial decontamination	
Dilution	548,084
Irrigation/washing	250,513
lpecac syrup	115,157
Activated charcoal	89,026
Cathartic	76,270
Gastric lavage	32,601
Other emetic	3,282
Measures to enhance elimination	
Alkalinization (with or without diuresis)	4,060
Hemodialysis	389
Forced diuresis	370
Hemoperfusion (charcoal)	108
Acidification (with or without diuresis)	47
Exchange transfusion	32
Peritoneal dialysis	30
Hemoperfusion (resin)	24
Specific antidote administration	
Naloxone	5,308
N-acetylcysteine (oral)	4,762
Hydroxocobalamin	704
Atropine	620
Deferoxamine	594
Antivenin/antitoxin	394
Ethanol	381
FAB fragments	331
Physostigmine	269
N-acetylcysteine (IV)	173
Pralidoxime (2-PAM)	157
Penicillamine	139
Dimercaprol (BAL)	138
Cyanide antidote kit	113
Pyridoxine	105
Methylene blue	66
EDTA	53

in this database. These must be interpreted as minimum frequencies because of the limitations of telephone data gathering. Ipecac syrup was administered in 8.4% of cases. In children, ipecac syrup was most often administered outside a health care facility (Table 15).

A summary of the 545 fatal exposures is presented in Table 16. Each of these cases was abstracted and/or verified by the reporting center, with only those exposures deemed "probably" or "undoubtedly" responsible for the fatality included in this compendium. Confirmation of the cause of death by a postmortem report was obtained in 35.8% of cases. The highest blood level of implicated substances is provided where available to the reporting poison center. Cases with prehospital cardiac or respiratory arrests are indicated. Prehospital arrests occurred in 28.6% of all fatalities. Abstracts are provided in the appendix for interesting or unusual cases.

Tables 17 and 18 provide comprehensive demographic data on patient age, reason for exposure, medical outcome, and use of a health care facility for all 1,368,748 exposures, presented by category. Table 17 focuses on nonpharmaceuticals; Table 18 presents drugs. A breakdown of plant exposures is provided for those most commonly implicated (Table 19). The reader is cautioned to interpret this as frequency of involvement of plants in calls to poison centers with no correlation to severity of toxicity. Indeed, several of the plants on this list pose little if any ingestion hazard. Table 20 presents the most common categories listed by frequency of exposure. Table 21 lists the substance categories v th the largest number of reported deaths. Note the more than twofold increase in cocaine deaths from 1987 to 1988. A remarkable chronologic constancy of selected demographic data elements is demonstrated in Table 22, despite the considerable overall growth of the data collection system. Note the decline in ipecac use and the corresponding increase in activated charcoal use over the past few years.

TABLE 15. Ipecac Administration by Site and Age

Age	Non–Health Care Facility			Health Care Facility		Unknown		Total	
(yr)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
<1	1,077	(0.9)	1,557	(1.4)	10	(0.0)	2,644	(2.3)	
1	11,481	(10.0)	7,821	(6.8)	42	(0.0)	19,344	(16.8)	
2	21,325	(18.5)	13,346	(11.6)	80	(0.1)	34,751	(30.2)	
3	10,360	(9.0)	6,317	(5.5)	. 51	(0.0)	16,728	(14.5)	
4	3,463	(3.0)	1,943	(1.7)	16	(0.0)	5,422	(4.7)	
5	1,283	(1.1)	723	(0.6)	8	(0.0)	2,014	(1.7)	
6-12	1,390	(1.2)	1,325	(1.2)	3	(0.0)	2,718	(2.4)	
13-17	428	(0.4)	9,361	(8.1)	12	(0.0)	9,801	(8.5)	
>17	1,035	(0.9)	19,914	(17.3)	27	(0.0)	20,976	(18.2)	
Unknown	230	(0.2)	527	(0.5)	2	(0.0)	759	(0.7)	
Total	52,072	(45.2)	62,834	(54.6)	251	(0.2)	115,157	(100.0)	

TABLE 16. Summary of Fatal Exposures

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
Case No.				11000011	
Alcohols	•				
1*	2 d	Ethanol (70%)	Parenteral	Acc misuse	150 mg/dL, 7 h
2*	3 yr	Ethanol	Ingestion	Acc gen	45 mg/dL, >12 h
3	35 yr	Ethanol	Ingestion	int abuse	610 mg/dL
4	38 yr	Ethanol	Ingestion	Int abuse	315 mg/dL
5	40 yr	Ethanol	Ingestion	Int abuse	•
6†	46 yr	Ethanol	Ingestion	Int abuse	
7‡	48 yr	Ethanol	Ingestion	Int suicide	480 mg/dL
8	54 yr	Ethanol	Ingestion	Int suicide	-
		beta blocker (unspecified) calcium channel blocker (unspecified)			
9‡	25 yr	Ethanol chlordiazepoxide	Ingestion	Int suicide	190 mg/dL§ 0.5 μg/dL§
10†	31 yr	Ethanol chlordiazepoxide	Ingestion Parenteral	Int abuse	207 mg/dL 10.9 μg/mL
11	45 yr	Ethanol diazepam	Ingestion	Int abuse	380 mg/dL 0.2 μg/mL
12	31 yr	Ethanol diazepam aspirin/butalbital/caffeine	. Ingestion	Int suicide	
13	18 yr	Methanol	Ingestion	Int misuse	
14*	20 yr	Methanol	Ingestion	Int suicide	1,200 mg/dL, 38 h
15	62 yr	Methanol	Ingestion	Int suicide	907 mg/dL, >24 h

See also cases 27, 156, 172, 173, 204, 208, 211, 221, 249, 254, 255, 256, 257, 263, 269, 289, 300, 304, 306, 321, 323, 324, 339, 400, 435, 442, 451, 460, 461, 470, 471, 512, 513, 514, 529, 539, 540 (ethanol); 541 (isopropyl alcohol).

ice supplies				
14 yr	Typewriter correction fluid (trichloroethane/trichloroethylene)	Inhalation	Int abuse	
19 yr	Typewriter correction fluid (trichloroethane/trichloroethylene)	Inhalation	Int abuse	
20 yr	Typewriter correction fluid (trichloroethane/trichloroethylene)	Inhalation	Int abuse	
ircraft/boat ;	products	4.5		
25 yr	Ethylene glycol antifreeze	Ingestion	Int unknown	38 mg/dL
29 yr	Ethylene glycol antifreeze	Ingestion	Int suicide	
34 yr	Ethylene glycol antifreeze	Ingestion	Int suicide	209 mg/dL§
50 yr	Ethylene glycol antifreeze	Ingestion	Int suicide	17.3 mg/dL
59 yr	Windshield washer solvent (methanol)	Ingestion	Int abuse	22 mg/dL, 2 d
enomations				
47 yr	Red wasp sting	Bite/sting	Adv rxn	
	14 yr 19 yr 20 yr ircraft/boat r 25 yr 29 yr 34 yr 50 yr 59 yr	14 yr Typewriter correction fluid	14 yr Typewriter correction fluid (trichloroethane/trichloroethylene)  19 yr Typewriter correction fluid (trichloroethane/trichloroethylene)  20 yr Typewriter correction fluid (trichloroethane/trichloroethylene)  ircraft/boat products  25 yr Ethylene glycol antifreeze Ingestion  29 yr Ethylene glycol antifreeze Ingestion  34 yr Ethylene glycol antifreeze Ingestion  50 yr Ethylene glycol antifreeze Ingestion  59 yr Windshield washer solvent (methanol) Ingestion	14 yr Typewriter correction fluid Inhalation Int abuse (trichloroethane/trichloroethylene)  19 yr Typewriter correction fluid Inhalation Int abuse (trichloroethane/trichloroethylene)  20 yr Typewriter correction fluid Inhalation Int abuse (trichloroethane/trichloroethylene)  ircraft/boat products  25 yr Ethylene glycol antifreeze Ingestion Int unknown 29 yr Ethylene glycol antifreeze Ingestion Int suicide 34 yr Ethylene glycol antifreeze Ingestion Int suicide 50 yr Ethylene glycol antifreeze Ingestion Int suicide 59 yr Windshield washer solvent (methanol) Ingestion Int abuse venomations

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TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Leveis
Chemicals					
25*	40 yr	Ammonium nitrate (50%) ice pack	Ingestion	Int suicide methemoglobin	50%
26	48 yr	Carburetor cleaner (40%-60% methylene chloride, 20% cresylic acid)	Dermal	Acc gen	
27*	62 yr	Chloroform ethanol	Ingestion	Int suicide	140 mg/dL
28‡	18 yr	Cyanide	Ingestion	Int suicide	4.7 μg/mL
20‡ 29‡	33 yr	Cyanide	Ingestion	Int suicide	11.8 μg/mL
29‡ 30*‡	-	Cyanide	Ingestion	Int suicide	11.0 μg/IIIL
•	35 yr		•		
31	36 yr	Cyanide	Ingestion	Int suicide	4.06
32	36 yr	Cyanide cocaine	Ingestion	Int suicide benzoylecgonine	4.96 μg/mL§ 1.09 μg/mL
33	28 yr	Hard water ring and stain remover (HF/HCL)	Ingestion	Int suicide	-
34	24 yr	Ethylene glycol	Ingestion	Unknown	25 mg/dL
35	48 yr	Ethylene glycol	Ingestion	Int suicide	
36‡	56 yr	Ethylene glycol	Ingestion	Int suicide	31 mg/dL
37*	58 yr	Formaldehyde/methanol solution	Ingestion	Int suicide	33.1 mg/dL
38*	19 yr	Hydrogen cyanide	Inhalation	Acc occup	2.5 μg/mL
39*‡	21 yr	Hydrogen cyanide	Inhalation	Acc occup	(g
40*‡	25 yr	Hydrogen cyanide	Inhalation	Acc occup	
41*‡	29 yr	Hydrogen cyanide	Inhalation	Acc occup	
42*‡	29 yr	Hydrogen cyanide Hydrogen cyanide	Inhalation	Acc occup	
43	30 yr	Methylene chloride carburetor and	Ing/Inh/Derm	Acc occup	
40	. 30 yı	parts cleaner	mg/mm/Demi	Acc occup	
Cleaning sub		nide); 305 (ethylene glycol).  Aluminium brightener (HF)	Ingestion	Int suicide	
	•	cocaine	-	Accons	
45	17 yr	Cleaner concentrate (KOH, sodium silicate) quarternary ammonium detergent	Inhalation	Acc occup	
46*	2 yr	Drain opener (NaOH)	Ingestion	Acc gen	
47	20 yr	Drain opener liquid (sodium hypochlorite, NaOH, Na silicate)	Ingestion	Int suicide	
48	22 yr	Drain opener (hydrofluosilicic acid)	Ingestion	Acc gen	
49	70 yr	Drain opener (sodium hypochlorite, NaOH, sodium silicate)	Ingestion	Int suicide	
50*	71 yr	Drain opener (65% KOH)	Ingestion	Int suicide	
<sub>,</sub> 51	83 yr	Drain opener (93% H <sub>2</sub> SO <sub>4</sub> )	Ingestion	Unknown	
52	90 yr	Drain opener (H₂SO₄)	Ingestion	Int suicide	
53*	· 70 yr	Enzyme laundry detergent	Ingestion	Acc gen	
54*	81 yr	Laundry detergent	Ingestion	Acc gen	
55	32 yr	Phenol disinfectant	Ingestion	Int suicide	
56*	52 yr	Pine oil cleaner	Ingestion	Int suicide	
57 <b>*</b>	20 yr	Rust stain remover (4.9% HF)	Ingestion	Int suicide	
58	22 yr	Toilet bowl cleaner (23% HCL)	Ingestion	Int unknown	
59	37 yr	Toilet bowl cleaner (21.8% HCL)	Ingestion	Int suicide	
60*	37 yr	Toilet bowl cleaner (23% HCL)	Ingestion	Int suicide	
61	>17 yr	Toilet bowl cleaner (acid)	Ingestion	Int unknown	
62	>17 yr	Toilet bowl cleaner (15% HCL)	Ingestion	Int suicide	
-		ernary ammonium detergent).			
•	ersonal care			lat above	
63‡	16 yr	Antiperspirant (aerosol)	Inhalation	Int abuse	
64	83 yr	Denture cleaning tablets	Ingestion	Acc gen	
65*‡	17 yr	Nail enamel dryer (n-butane, propane, and other volatiles)	Inhalation	Int abuse	

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
Deodorizers			<u></u>		
66*‡	16 yr	Air freshener (propane, isobutane)	Inhalation	Int abuse	
•		• •	**		
oreign bodie See also ca:		rated charcoal).			
umes, gases,	, and vapors				
67*‡	15 mo	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	48%
68‡	22 mo	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	57%
69*‡	2 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	>50%
70*‡	3 yr	Carbon monoxide	Inhalation	Acc environ	33.4%
71‡	5 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	•
72‡	11 yr	Carbon monoxide	Inhalation	Unknown	60.7%
73	18 yr	Carbon monoxide	Inhalation	Acc environ	2.2%
74‡	22 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	34%
75*‡	24 yr	Carbon monoxide	Inhalation	Acc environ	49%
76‡	25 yr	Carbon monoxide	Inhalation	Int suicide	30%
77‡	33 yr	Carbon monoxide	Inhalation	Int suicide	
78‡	35 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	40%
79‡	37 yr	Carbon monoxide	Inhalation	Acc environ	97%
80‡	40 yr	Carbon monoxide	Inhalation	Acc environ	•
81‡	45 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	>40%
82‡	53 yr	Carbon monoxide	Inhalation	Int suicide	38.2%
83‡	55 yr	Carbon monoxide	Inhalation	Int suicide	78%
84‡	65 yr	Carbon monoxide	Inhalation	Int suicide	16.6%, 1 h
85±	72 yr	Carbon monoxide	Inhalation	Int suicide	·40.7%
86	84 yr	Carbon monoxide	Inhalation	Int suicide	62%
87‡	. 85 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	
88‡	. 83 yr 88 yr	Carbon monoxide/smoke inhalation	Inhalation	Acc environ	37%
89‡	>17 yr	Carbon monoxide	Inhalation	Int suicide	<b>07</b> 70
•	•	Carbon monoxide	Inhalation	Int suicide	
90	>17 yr		Inhalation	Int suicide	
91	>17 yr	Carbon monoxide			43%
92*‡	4 yr	Carbon monoxide	Inhalation	Acc environ	
		cyanide	111	to a contation	0.1 μg/mL 30%
93	37 yr	Carbon monoxide	Inhalation	Int suicide	30%
		propoxyphene	Ingestion		
94*‡	16 yr	Freon television tuner cleaner spray	Inhalation	Int abuse	
95‡	24 yr	Hydrogen sulfide	Inhalation	Acc occup	
96‡	25 yr	Hydrogen sulfide	Inhalation	Acc occup	
97‡	. 30 yr	Hydrogen sulfide	Inhalation	Acc occup	
98*‡	30 yr	Hydrogen sulfide	Inhalation	Acc occup	
99*‡	32 yr	Hydrogen sulfide	Inhalation	Acc occup	
100‡	32 yr	Hydrogen sulfide	Inhalation	Acc occup	
101*	34 yr	Hydrogen sulfide	Inhalation	Acc occup	
102‡	>17 yr	Methane	Inhalation	Acc occup	
103	14 yr	Propane or butane	Inhalation	Int abuse	
104‡	17 yr	Propane	Inhalation	Int abuse	
105	20 yr	Propane	Inhalation	int abuse	
106*‡	53 yr	Sulfur dioxide	Inhalation	Acc occup	
Fungicides See also ca	ise 107 (ben	omyl).			
Heavy metals					
107*	69 yr	Copper chloride benomyl	Derm & Inh	Acc gen	
108*†	49 yr	Elemental mercury	Inhalation	Acc occup	710 μg/mL
109*	83 yr	Thallium coyote killer	Ingestion	Int suicide	
Herbicides			•		
110*	52 yr	2,4-D herbicide	Ingestion	Int suicide	
111	78 yr	2,4-D herbicide	Ingestion	Int suicide	
	. J , .	-1 110101010	9-0	54.0140	

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
112*	16 yr	Diquat	Ingestion	Int suicide	9.6 μg/mL, 3.5 h
113*	34 yr	Diguat	I	Int suicide	, ,
114*	34 yr	Paraquat (29.1%)	Ing/Inh/Derm	Acc occup	0.192 μg/mL
	-	. 4.4944 (20.170)	g	7.00 000ap	0u_ p.gu_
ydrocarbons					
115*‡	16 yr	Butane	Inhalation	Int abuse	622 μg/mL§
116*‡	16 yr	Butane lighter fluid	Inhalation	Int abuse	0.8%§
		marijuana		Ingestion	1 ng/mL§
		diazepam	Ingestion		0.2 μg/mL+
117‡	13 yr	Fabric protector (trichloroethane/freon propellant)	Inhalation	Int abuse	
118	- 18 mo	Lamp oil (kerosene)	Ingestion	Acc gen	
119*	20 mo	Methylene iodide	Ingestion	Acc gen	
120*	25 yr	Red furniture polish (mineral seal oil)	Ingestion	Unknown	
121‡	32 yr	Refrigerant (freon)	Inhalation	Int unknown	
See also cas	se 521 (trich	loroethane).			
secticides a	nd pesticide				
122	53 yr	Cythioate	Ingestion	Int suicide	
1001		chlordiazepoxide/clindinium	t	1	
123*	65 yr	Diazinon	Ingestion	Int suicide	
124	78 yr	Diazinon	Ingestion	Int suicide	
125	40 yr	Endosulfan	Ingestion	Int suicide	•
126	34 yr	Malathion	Ingestion	Int unknown	
127	60 yr	Malathion	Ingestion	Int suicide	•
128	74 yr	Malathion	Ingestion	Int suicide	
129	. 49 yr	Malathion	Ingestion	Int suicide	11.8 μg/mL§
		cocaine			0.59 μg/mL§
				benzoylecgonine	1.41 μg/mL§
130	86 yr	Organophosphate	Ingestion	Unknown	
131‡	49 yr	Organophosphate	Ingestion	Int suicide	
400*	e=	brodifacoum rodenticide	In	to a containing	
132*	57 yr	Sodium arsenate ant killer	Ingestion	Int suicide	10.0E0
400**	10	Unknown two dies and billian	Ingestion		0,859 μg/L
133*‡	18 mo	Unknown type fire ant killer	Ingestion	Acc gen	
Noth repellen See also ca		hballs, unspecified type)			
Plants		•			
134*‡		Olasika dasimlaali kusakan banda alib			
•	42 yr	Cicuta douglasii (water hemlock)	Ingestion	Acc gen	
Rodenticides	·		•	•	
Rodenticides 135*†	36 yr	Warfarin rodenticide	Ingestion	Acc gen	
Rodenticides 135*† See also ca	36 yr se 131 (brod		•	•	
Rodenticides 135*† See also cas Sporting equi	36 yr se <i>131 (brod</i> pment	Warfarin rodenticide	Ingestion	int suicide	
Rodenticides 135*† See also ca	36 yr se 131 (brod	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic	•	•	
Rodenticides 135*† See also ca Sporting equi 136*	36 yr se 131 (brod pment 18 mo	Warfarin rodenticide	Ingestion	int suicide	
Rodenticides 135*† See also ca Sporting equi 136*	36 yr se 131 (brod pment 18 mo ucts	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)	Ingestion	Int suicide Acc gen	
lodenticides 135*† See also ca porting equi 136*	36 yr se 131 (brod pment 18 mo	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic	Ingestion	int suicide	
odenticides 135*† See also can porting equif 136* obacco prod 137* nalgesics	36 yr se 131 (brod pment 18 mo ucts 18 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids	Ingestion Ingestion	Int suicide  Acc gen Int suicide	
dodenticides 135*† See also can porting equif 136* Cobacco prod 137* Inalgesics 138*†	36 yr se 131 (brod pment 18 mo ucts 18 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult)	Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse	215 μg/mL
lodenticides 135*† See also can porting equif 136* obacco prod 137* nalgesics 138*† 139*†	36 yr se 131 (brod pment 18 mo ucts 18 yr 5 yr 8 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult)	Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse	14 μg/mL
dodenticides 135*† See also can porting equif 136* obacco prod 137* nalgesics 138*† 139*† 140	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult)	Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse	14 μg/mL 16 μg/mL >60
dodenticides 135*† See also can porting equil 136* Cobacco prod 137* unalgesics 138*† 139*† 140 141	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen	Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse	14 μg/mL 16 μg/mL >60
dodenticides 135*† See also can porting equif 136* obacco prod 137* nalgesics 138*† 139*† 140	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult)	Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide	14 μg/mL 16 μg/mL >60
odenticides 135*† See also can porting equif 136* obacco prod 137* nalgesics 138*† 139*† 140 141	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen	Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse	14 μg/mL 16 μg/mL >60
odenticides 135*† See also cal porting equi 136*  obacco prod 137* nalgesics 138*† 139*† 140 141 142	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr 23 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen Acetaminophen	Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse Int misuse Int misuse	14 μg/mL 16 μg/mL >60 29 μg/mL, 24 h 133 μg/mL, 2 h
codenticides 135*† See also ca porting equi 136* obacco prod 137* analgesics 138*† 139*† 140 141 142 143	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr 23 yr 25 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen Acetaminophen (adult)	Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse Int misuse Int misuse Int misuse Int suicide	14 μg/mL 16 μg/mL >60 29 μg/mL, 24 h 133 μg/mL, 2 h
codenticides 135*† See also can porting equip 136* obacco prod 137* analgesics 138*† 139*† 140 141 142 143 144 145†	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr 23 yr 25 yr 25 yr 28 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen Acetaminophen Acetaminophen Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult)	Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse Int suicide Int suicide Int suicide Int suicide Int suicide Acc misuse	14 μg/mL 16 μg/mL >60 29 μg/mL, 24 h 133 μg/mL, 2 h 160 μg/mL, 18 h 100 μg/mL
codenticides 135*† See also can porting equip 136* cobacco prod 137* cobacco prod 137* cobacco prod 138*† 139*† 140 141 142 143 144 145† 146	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr 23 yr 25 yr 25 yr 28 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen Acetaminophen Acetaminophen Acetaminophen (adult)	Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse Int suicide	14 µg/mL 16 µg/mL >60 29 µg/mL, 24 h 133 µg/mL, 2 h 160 µg/mL, 18 h 100 µg/mL 203 µg/mL, 20 h
Rodenticides 135*† See also ca. Sporting equil 136*  Tobacco prod 137* Analgesics 138*† 139*† 140 141 142 143 144 145†	36 yr se 131 (brod pment 18 mo  ucts 18 yr 5 yr 8 yr 15 yr 19 yr 23 yr 25 yr 25 yr 28 yr	Warfarin rodenticide  lifacoum rodenticide)  Saddle dressing (aliphatic hydrocarbons)  Nicotine alkaloids  Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen Acetaminophen Acetaminophen Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult) Acetaminophen (adult)	Ingestion	Int suicide  Acc gen  Int suicide  Int misuse Int misuse Int suicide Int misuse Int suicide Int suicide Int suicide Int suicide Int suicide Acc misuse	14 μg/mL 16 μg/mL >60 29 μg/mL, 24 h 133 μg/mL, 2 h 160 μg/mL, 18 h

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
····		Acataminanhan	Ingostion	Int outside	290a/ml
149	43 yr	Acetaminophen	Ingestion	Int suicide	289 μg/mL
150†	63 yr	Acetaminophen (adult)	Ingestion	Int misuse	
151	64 yr	Acetaminophen (adult)	<ul> <li>Ingestion</li> </ul>	Int unknown	8 μg/mL, >24 h
152	87 yr	Acetaminophen (adult)	Ingestion	Int suicide	720 μg/mL
53*†	>17 yr	Acetaminophen (adult)	Ingestion	Int misuse	37 μg/mL
154*	62 yr	Acetaminophen (adult) aspirin	Ingestion	Int unknown	338 μg/mL 48 mg/dL
155*	25 yr	Acetaminophen desipramine	Ingestion	Int suicide	669 μg/mL, 10-24
156†	42 yr	flurazepam Acetaminophen	Ingestion	Int misuse	48 μg/mL
		ethanol	_	•	5 mg/dL
157	21 yr	Acetaminophen` iron	Ingestion	Int suicide	134 μg/mL, 9 h 304 μg/dL, 9 h
158	>17 yr	Acetaminophen nortriptyline	Ingestion	Unknown	
159†	40 yr	Acetaminophen/codeine	Ingestion	Int misuse	
160†	64 yr	Acetaminophen/codeine acetaminophen (adult)	Ingestion	Int misuse	21.8 μg/mL, <sup>  </sup> 25 h
161†	61 yr	Acetaminophen/codeine acetaminophen/aspirin	Ingestion	Int misuse	95 μg/mL <sup>  </sup> 60 mg/dL¶
162	60 yr	aspirin/butalbital/caffeine Acetaminophen/codeine	Ingestion	Int suicide	130 μg/mL, <sup>  </sup> 16 h
163	77 yr	alprazolam Acetaminophen/codeine	Ingestion	Acc misuse	50.6 μg/mL $^{\parallel}$
164	. 30 yr	aspirin Acetaminophen/codeine	Ingestion	Int suicide	92 μg/mL, <sup>  </sup> 36 h
165‡	22 yr	carisoprodol Acetaminophen/codeine cyclobenzaprine	Ingestion	Int unknown	
166‡	27 yr	Acetaminophen/codeine diazepam	Ingestion	Int abuse	5.1 μg/mL, <sup>  </sup> >15.5 h
167‡	30 yr	Acetaminophen/opiates ephedrine	Ingestion	Unknown	
168	58 yr	Acetaminophen/oxycodone diazepam	Ingestion	Int suicide	27 μg/mL <sup>  </sup>
169	27 yr	Acetaminophen/phenyltoloxamine acetaminophen/codeine alprazolam	Ingestion	Int suicide	85 μg/mL <sup>  </sup>
170	27 yr	Acetaminophen/propoxyphene	Ingestion	int suicide	40 μg/mL <sup>ll</sup>
171	57 yr	Acetaminophen/propoxyphene	Ingestion	Unknown	65 μg/mL <sup>ll</sup>
172	04 14	Acetaminophen/propoxyphene	Ingestion	Int unknown	55 p.g
,	24 yr	cocaine	ingestion	int unknown	
173	40 yr	ethanol Acetaminophen/propoxyphene	Ingestion	Int suicide propoxyphene nor-propoxyphene	61 µg/mL, <sup>  </sup> 8 h 6.0 mg/dL§ 0.09 mg/dL§
•		ethanol		nor proposyphiche	2.00 mg/a=3
		diazepam			0.04 mg/dL§
174	39 yr	Acetaminophen/propoxyphene hydrochlorothiazide	Ingestion	nor-diazepam Int suicide	0.04 mg/dL§ 690 μg/mL, <sup>  </sup> 1-4 h
175‡	30 yr	Acetaminophen/propoxyphene prazepam meclofenamate	Ingestion	Int suicide	254.5 μg/mL, <sup>  </sup> 4 h
176*	9		Ingestion	Acc den	102 mg/dL, 6 h
176*	3 yr	Aspirin (pediatric)	Ingestion	Acc gen	
177*	16 yr	Aspirin (adult)	Ingestion	Int suicide	117 mg/dL, 10-11
178	23 yr	Aspirin	Ingestion	Int suicide	156 mg/dL, 3 h
179	29 yr	Aspirin	Ingestion	Int suicide	112.2 mg/dL
180†	31 yr	Aspirin	Ingestion	Int suicide	· · · · · · · ·
181		•	Ingestion		107.4 mg/dL, 33 h
	40 yr	Aspirin	แเลลอแกแ	IIIL SUICIUE	107.7 HIY/UL, 33 II
182†	47 yr	Aspirin	Ingestion	Int misuse	86 mg/dL

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
183	52 yr	Aspirin	Ingestion	Int suicide	04.0 / 41
184†	60 yr	Aspirin	Ingestion	Acc misuse	91.9 mg/dL
185	60 yr	Aspirin	Ingestion	Int suicide	102 mg/dL
186	62 yr	Aspirín	Ingestion	Int suicide	127 mg/dL
187†	67 yr	Aspirin -	Ingestion	Int misuse	121 mg/dL
188	70 yr	Aspirin ·	Ingestion	Unknown	113 mg/dL, >6 h
189	77 yr	Aspirin	Ingestion	Int misuse	78.9 mg/dL
190†	82 yr	Aspirin	Ingestion	Acc misuse	68.8 mg/dL
191	83 yr	Aspirin	Ingestion	Int suicide	65 mg/dL
192		Aspirin	. •		•
192	18 yr	acetaminophen/codeine ibuprofen	Ingestion	Int suicide	21 mg/dL, 2 h 99 μg/mL, <sup>‡</sup> 6-8 h
193	59 yr	Aspirin (adult)	Ingestion	Int suicide	126 mg/dL, <6 h
130	39 yı	amitriptyline acetaminophen	mgestion	int suicide	52 μg/mL, 11 h
104	00	•	las A Dansa	lak assisiala	
194	39 yr	Aspirin	Ing & Paren	Int suicide	95 mg/dL§
		cocaine			
195	35 <u>y</u> r	Aspirin	Ingestion	Int suicide	105.6 mg/dL§
		imipramine			1,900 ng/mL§
		acetaminophen/propoxyphene			55.2 μg/mL§ <sup>∥</sup>
				propoxyphene	
196	30 yr	Aspirin	Ingestion	Int suicide	102 mg/dL
	00 y.	cocaine	mgostion	iiit saisias	TOE THY OF
407	40			to America to to the	00// 4 0 h
197	49 yr	Aspirin	Ingestion	Int suicide	90 mg/dL, 1-6 h
•		cyclobenzaprine			
198	52 yr	Aspirin (adult) diphenoxylate/atropine	Ingestion	Int unknown	112 mg/dL, 10 h
		meprobamate			
199	64 yr	Aspirin doxylamine sleep aid	Ingestion	Int unknown	140 mg/dL, >18.5
200	59 yr	Aspirin/oxycodone acetaminophen/propoxyphene	Ingestion	Int suicide	
201‡	54 yr	Aspirin/propoxyphene alprazolam	Ingestion	Int suicide	50 mg/dL¶
000+		temazepam		to a solution	
202*	60 yr	Colchicine	Ingestion	Int suicide	
203	15 yr	Colchicine	Ingestion	Int suicide	26 ng/mL§
		clonidine tetracycline			
204	<b>68 yr</b> 🖫	Colchicine	Ingestion	Int suicide	
		ethanol			
205†	26 yr	Hydromorphone	Parenteral	Int abuse	
206	20 yr	Hydromorphone	Ingestion	Int suicide	
	,	amphetamines			
207	25 yr	Meperidine	Unknown	Int suicide	
201	25 yı	•	OHKHOWH	iiit suicide	
•	*	cocaine			
		benzodiazepines			
208‡	43 yr	Methadone	Ingestion	Int unknown	0.1 mg/L§
		ethanol			
20 <del>9</del>	37 yr	Morphine	Ingestion	Unknown	260 μg/L§
		codeine			
		barbiturates			
210	26 yr	Morphine	Ingestion	Int suicide	
-10	20 yı	•	myeston	int Suicide	
		diazepam			" -
211‡	23 yr	Morphine, sustained release ethanol	Ingestion	Int suicide	520 μg/L§
212‡	53 yr	Morphine, sustained release propoxyphene	Ingestion	Int suicide	
		atenolol			
213	30 yr	Opiates	Parenteral	Int unknown	
				morphine	850 μg/ <b>L</b> §
214	32 yr	Opiates	Unknown	Int unknown	·

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
215	32 yr	Opiates	Unknown	Int unknown	
				tota	l 1,700 μg/L§
216‡	36 yr	Opiates	Unknown	Int abuse	,
				tota	il 1,400 μg/L§
217	47 yr	Opiates .	Ingestion	Int unknown	
218*	39 yr	Propoxyphene .	Ingestion	Int suicide	8.0 μg/mL§
			-	nor-propoxyph	ene 9.6 μg/mL§
219‡	46 yr	Propoxyphene	Ingestion	Int suicide	
220†	65 yr	Propoxyphene	Ingestion	Int misuse	337 μg/mL
221‡	15 yr	Propoxyphene ethanol	Ingestion	Int unknown	. 3
222	58 yr	Propoxyphene triazolam cimetidine	Ingestion	Int suicide	
223‡	3 yr	Salicylates	Ingestion	Unknown	66 mg/dL§
224†	83 yr	Salicylsalicylic acid	Ingestion	Int misuse	
	•	aspirin	•		84.7 mg/dL
225	19 yr	Salsalate acetaminophen/codeine diazepam	Ingestion	Int suicide	86.9 mg/dL, 10 h

See also cases 160, 193, 249 (acetaminophen); 161 (acetaminophen/aspirin); 169, 192, 225, 250, 438, 460 (acetaminophen/ codeine); 320 (acetaminophen/hydrocodone); 195, 200, 300, 395, 410, 462, (acetaminophen/propoxyphene); 154, 163, 224, 421, 422, 438, 442 (aspirin); 12, 161 (aspirin/butalbital/caffeine); 264 (aspirin/butalbital/caffeine); 209 (codeine); 192, 325, 326, 376 (ibuprofen); 175 (meclofenamate); 329, 447 (morphine); 379 (Italian analgesic/antipyretic containing dipyrone, adiphenine, diphenadione, benzetilum); 459, 520 (opiates); 93, 212,307 (propoxyphene).

Anesthetics				
226*	17 mo	Dibucaine local anesthetic ointment	Ingestion	Acc gen
Anticholinergics See also cases		), 380, 465 (benztropine).		
Anticonvulsants				
227	18 yr	Carbamazepine	Ingestion	Int suicide 31 µg/mL, 2-3 h
228	42 yr	Carbamazepine	Ingestion	Int suicide 28 µg/mL
	•	amoxapine		143 ng/mL
		phenytoin		1.4 µg/mL
229†	59 yr	Phenytoin	Ingestion	Int unknown 49 μg/mL
230*†	72 yr	Phenytoin	Ingestion	Acc misuse 39.1 μg/mL
	•	activated charcoal		
231*	24 yr	Valproic acid	Ingestion	Int suicide 1,228 μg/mL
See also cases	s 437 (car	bamazepine); 228 (phenytoin); 457 (primid	one).	
Antidepressants		. , , , , ,		
232*‡	5 yr	Amitriptyline	Ingestion	Acc gen 1,150 ng/mL§
<b>+</b>	٠,٠		ingootion	nortriptyline 790 ng/mL§
233	20 yr	Amitriptyline	Ingestion	Int suicide
234	23 yr	Amitriptyline	Ingestion	Int suicide 5,700 ng/mL§
		· · · · · · · · · · · · · · · · · · ·		nortriptyline 1,700 ng/mL§
235	27 yr	Amitriptyline	Ingestion	Int suicide 2,798 ng/mL, <7 h
236	27 yr	Amitriptyline	Ingestion	Int suicide 929 ng/mL
,				nortriptyline 510 ng/mL
237‡	28 yr	Amitriptyline	Ingestion	Int suicide
238	30 yr	Amitriptyline	Ingestion	Int suicide
239	31 yr	Amitriptyline	Ingestion	Int suicide
240‡	32 yr	Amitriptyline	Ingestion	Int suicide 3,300 ng/mL§
241‡	35 yr	Amitriptyline	Ingestion	Int suicide 17,800 ng/mL§
				nortriptyline 8,900 ng/mL§
c42‡	36 yr	Amitriptyline	Ingestion	Int suicide
243‡	40 yr	Amitriptyline	Ingestion	Int suicide 2,264 ng/mL
	-	, · · · · · · · · · · · · · · · · · · ·	<b>J</b>	total blood tricyclic 3,160 ng/mL
244	44 yr	Amitriptyline	Ingestion	Int suicide
245	49 yr	Amitriptyline	Ingestion	Int suicide
		(Continued on fol	lowing page)	50

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
246‡	68 yr	Amitriptyline	Ingestion	Int suicide nortriptyline	350 ng/mL§ 410 ng/mL§
247	>17 yr	Amitriptyline	Ingestion	Int suicide	
248	73 ýr	Amitriptyline	Ingestion	Int suicide	
	,.	amitriptyline/chlordiazepoxide doxepin	,gooo		
249	16 yr	Amitriptyline	Ingestion	Int suicide	
- /-	,	acetaminophen (adult)			140 μg/mL
250	>17 yr	Amitriptyline acetaminophen/codeine	Ingestion	Int unknown	
251	36 yr	Amitriptyline	Ingestion	Int suicide	
	·	chlorpromazine chlordiazepoxide	Ū		
252	34 yr	Amitriptyline	Ingestion	Int suicide	2,800 ng/dL
		diazepam	g		,
253	20 yr	Amitriptyline	Ingestion	Int suicide	
	•	diphenhydramine	•		
254	23 yr	Amitriptyline	Ingestion	Int suicide	
	. •	ethanol	•		
255	44 yr	Amitriptyline	Ingestion	Int suicide	
	•	ethanol	-		
256‡	49 yr	Amitriptyline	Ingestion	Int suicide	•
	-	ethanol		,	
257	<b>62 yr</b>	Amitriptyline	Ingestion		5,400 ng/mL§ 1,400 ng/mL§
		ethanol			700 mg/dL§
		chlorpromazine			300 ng/mL§
258	20 yr	Amitriptyline	Ingestion	Int suicide nortriptyline	2,868 ng/mL 200 ng/mL
	•	lithium			
259‡	51 yr	Amitriptyline	Ingestion	Int suicide	
		lorazepam			870 ng/mL
260	64 yr	Amitriptyline	Ingestion	Int unknown	
204	- 4-7	lorazepam			
261	>17 yr	Amitriptyline promethazine	Ingestion	Int suicide	
		spironolactone			
262	28 yr	Amitriptyline	Ingestion	Int suicide	
2004	44	sedative/hypnotic, unidentified	Image - Us	ImA m! = ! -! -	
263‡	41 yr	Amitriptyline/chlordiazepoxide	Ingestion	Int suicide	000 / -1
264	94	ethanol Amitripation	Inmostic-	Int pulaida	232 mg/dL
264	31 yr	Amitriptyline aspirin/butalbital/caffeine/codeine	Ingestion	Int suicide	
265	52 yr	Amitriptyline/	ingestion	Unknown	93 ng/mŁ
	JZ YI	perphenazine	myestion	OHAHOWH	ao ng/mc
		Faibuoumu		nortrintvline	293 ng/mL
266	24 yr	Amitriptyline/perphenazine	Ingestion	Int suicide	
		cyclobenzaprine	<b>G</b>		
267	33 yr	Amitriptyline/perphenazine lorazepam	Ingestion	Int suicide	
268	18 yr	Amoxapine	Ingestion	Int suicide	
269*	27 yr	Amoxapine	Ingestion	Int suicide	
	•	ethanol	•		
270	21 yr	Amoxapine iron	Ingestion	Int suicide	
		levothyroxine			
271*	15 mo	Desipramine	Ingestion		2,556 ng/mL
272‡	14 yr	Desipramine	Ingestion	Int suicide	878 ng/mL§
	14 yr	Desipramine	Ingestion	Int suicide	
	·	The sales were transfer as	l	Int suicide	
273 274 275	17 yr 17 yr	Desipramine Desipramine	Ingestion Ingestion	Int suicide	

TABLE 16. Summary of Fatal Exposures (Cont'd)

			Route of	D	Blood
ase No.	Age	Substances	Exposure	Reason	Levels
76‡	18 yr	Desipramine	Ingestion	Int suicide	2,600 ng/mL§
77‡	23 yr	Desipramine	Ingestion	Int suicide	10,400 ng/mL
78‡	24 yr	Desipramine	Ingestion	Int suicide	11,200 ng/mL
79‡	24 yr	Desipramine	Ingestion	Int suicide	16,000 ng/mL§
80	29 yr	Desipramine .	Ingestion	Int suicide	. 0,000
		•	₹		1 500 ng/ml
81	29 yr	Desipramine	Ingestion	Int suicide	1,500 ng/mL
82	31 yr	Desipramine	Ingestion	Int suicide	
83	39 yr	Desipramine	Ingestion	Int suicide	
84	67 yr	Desipramine	Ingestion	Int suicide	
85	39 yr	Desipramine	Ingestion	Int suicide	
	-	alprazolam	_		
86‡	17 yr	Desipramine	Ingestion	Int suicide	
-004	17 31	amitriptyline	mgostion	THE DESCRIPTION	
		• •	Imm4:	tot culatela	10 000 mm/ml 6
87	60 yr	Desipramine	Ingestion	Int suicide	13,000 ng/mL§
		amitriptyline			
		perphenazine			
88	33 yr	Desipramine	Ingestion	Int suicide	789 ng/mL, 1-2 l
	•	benztropine			• .
		thiothixene			
89	27	Desipramine	Ingestion	Int suicide	1,840 ng/mL
.03	27 yr	•	ingestion	IIIL SUICIUE	
	4.5	ethanol	1	1 4 - 1-11-	232 mg/dL
290	48 yr	Desipramine	Ingestion	Int suicide	
		perphenazine			•
		benztropine	* * * * * * * * * * * * * * * * * * *		
91	37 yr	Desipramine	Ingestion	Int suicide	•
	•	phenelzine	•		
		alprazolam			
292	73 yr	Desipramine	Ingestion	Int suicide	
.32	73 yı	•	ingestion	IIIt Suicide	
		temazepam			
293	41 yr	Desipramine	Ingestion	Int suicide	
		trazodone			
		flurazepam			
294	16 yr	Doxepin	Ingestion	Int suicide	14,500 ng/mL§
95±	17 yr	Doxepin	Ingestion	Int suicide	· · /- • • · · · · · · · · · · · · · · · · ·
296*‡	20 yr	Doxepin	Ingestion	Int suicide	
		•	•		
297	26 yr	Doxepin	Ingestion	Int suicide	
298	28 yr	Doxepin	Ingestion	int unknown	55 ng/mL
				desmethyldoxep	in 353 ng/mL
299‡	39 yr	Doxepin	Ingestion	Int suicide	
300‡	62 yr	Doxepin	Ingestion	Int suicide	24,000 ng/mL
,,,,	0 <b>2</b> ).	acetaminophen/propoxyphene	955	52.5.25	52 μg/mL <sup>  </sup>
		ethanol			91 mg/dL
<b>3</b> 01‡	10 yr	Doxepin	Ingestion	Int suicide	346 ng/mL
		desipramine			415 ng/mL
302	· 72 yr	Doxepin	Ingestion	Int suicide	
		diltiazem	-		
303	43 yr	Doxepin	Ingestion	Int suicide	
500	40 yı	diphenhydramine	ingootion	THE SOLUTION	
		chlorazepate			
304‡	20 yr	Doxepin	Ingestion	Int suicide	11,210 ng/mL§
		ethanol			20 mg/dL§
305	52 yr	Doxepin	Ingestion	Int suicide	
		ethylene glycol			
		haloperidol			
306‡	33 1/2	Doxepin	Ingestion	Int suicide	1,775 ng/mL§
	33 yr	DOVEDIII	myesuun		• •
		•		nordoxep	in 154 ng/mL§
		Iorazepam	•		
		ethanol			278 mg/dL§
307	39 yr	Doxepin	Ingestion	Int suicide	905 ng/mL
		•	-	desmethyldoxep	•
		propoxyphene		accinoni, idoxop	
		highovihileile			

(Continued on following page)

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Blood Reason Levels
308‡	14 yr	Imipramine	Ingestion	Int suicide 4,100 ng/mL
•	•	•		desipramine 2,200 ng/mL
309	17 yr	Imipramine	Ingestion	Int suicide
310	21 yr	Imipramine	Ingestion	Int suicide 8,300 ng/mL
		•	-	desipramine 2,100 ng/mL
311	29 yr	Imipramine	Ingestion	Int suicide 560 ng/mL
				desipramine 630 ng/mL
312	30 yr	Imipramine	Ingestion	Unknown
313	33 yr	Imipramine	Ingestion	Int suicide >10,000 ng/mL, 1.5 h
314	35 yr	Imipramine	Ingestion	Int suicide 10,900 ng/mL§
			-	desipramine 5,900 ng/mL§
315	39 yr	Imipramine	Ingestion	Int unknown
316	40 yr	Imipramine	Ingestion	Int suicide
317‡	42 yr	Imipramine	Ingestion	Int suicide
318	50 yr	Imipramine	Ingestion	Int suicide 400 ng/mL
				desipramine 800 ng/mL
		thioridazine		,
319	>17 yr	Imipramine	Ingestion	Int suicide
320‡	16. yr	lmipramine	Ingestion	Int suicide
		acetaminophen/hydrocodone		
		trazodone		
321	26 yr	Imipramine	Ingestion	Int suicide
		alprazolam	-	
		ethanol		
322	21 yr	Imipramine	Ingestion	Int suicide
	-	cocaine	-	benzoylecgonine 1.65 μg/mL§
	•	alprazolam		
323	29 yr	Imipramine	Ingestion	Int suicide
	·	ethanol	ŭ	
324	40 yr	Imipramine	Ingestion	Int suicide
	•	ethanol	•	
325*	16 yr	Imipramine	Ingestion	Int suicide
	•	ibuprofen	ŭ	
326*	30 yr	Imipramine	Ingestion	Int suicide 923 ng/mL, >48
	•	·	-	desipramine 1,280 ng/mL, >48
		ibuprofen		,
		phenylephrine/phenylpropanol-		
		amine/guaifenesin		
327†	34 yr	Imipramine	Ingestion	Adv rxn
		thioridazine	-	
328	42 yr	Imipramine	Ingestion	Int suicide 5,280 ng/mL
	•	•	-	desipramine 1,385 ng/mL
329*	20 yr	Imipramine	Ingestion	Int suicide
	•	thioridazine	•	
		morphine		
330†	80 yr	Lithium	Ingestion	Acc misuse 3.4 mEq/L
331	37 yr	Lithium	Ingestion	Int suicide
	- •	mesoridazine	J	
		fluoxetine		
332*‡	46 yr	Loxapine	Ingestion	Int suicide 6,900 ng/mL§
•				7,700 ng/mL§
333	30 yr	Loxapine	Ingestion	int suicide
		triazolam	. 9	
334	40 yr	Monoamine oxidase inhibitors	Ingestion	Int suicide
- <del>-</del> -	,.	phenothiazines		
335	36 yr	Nortriptyline	Ingestion	Int suicide
336	41 yr	Nortriptyline	Ingestion	Int misuse 310 ng/mL§
337*	43 yr	Nortriptyline	Ingestion	Int suicide 1,240 ng/mL
338‡	50 yr	Nortriptyline	Ingestion	Int suicide 1,240 fig/file
	30 yı	diazepam	แเลืองแกแ	0.07 μg/mL§
339	36 yr	Nortriptyline	Ingestion	0.07 μg/mi29
	OU yi	diazepam	myestion	ant suicide

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
340†	81 yr	Nortriptyline digoxin	Ingestion	Acc misuse	>5 ng/mL
341	24 yr	Nortriptyline trifluoperazine	Ingestion	Int suicide	3,300 ng/mL§
342	34 yr	Phenelzine lithium clonazepam	Ingestion	Int suicide	1.3 mEq/L
343*	37 yr	Tranylcypromine flurazepam	Ingestion	Int suicide	
344	33 yr	Trimipramine triazolam	Ingestion	Int suicide total tricyclic	2,150 ng/mL
345‡	23 yr	Unknown tricyclic antidepressant buspirone	Ingestion	Int suicide	3,800 ng/mL
346	30 yr	Unknown tricyclic antidepressant perphenazine	Ingestion	Int suicide	2,300 ng/mL
347	42 yr	Unknown tricyclic antidepressant thioridazine fluoxetine	Ingestion	Int suicide	

See also cases 228, 425 (amoxapine); 111, 193, 286 (amitriptyline); 248 (amitriptyline/chlordiazepoxide); 374 (amitriptyline/perphenazine); 345 (buspirone); 155, 301, 396 (desipramine); 248, 410, 511 (doxepin); 331, 347, 404 (fluoxetine); 195, 448 (imipramine); 258, 342 (lithium); 158, 405 (nortriptyline); 291 (phenelzine); 293, 310, 396 (trazodone).

Antihistamir	nes		•		•
348*	15 mo	Diphenydramine	Ingestion	Acc gen	9.8 μg/mL
349	. 26 yr	Diphenhydramine	Ingestion	Int suicide	
350	66 yr	Diphenhydramine	Ingestion	Int suicide	
351	15 yr	Diphenhydramine diet aid (phenylpropanolamine, caffeine)	Ingestion	Int suicide	1 μg/mL
See also	cases 222 (cir	netidine); 253, 303, 423 (diphenhydramine	).		
Antimicrobi	als				
352‡	17 yr	Chloroquine	Ingestion	Int suicide	
See also	case 203 (tetr	acycline).			
Asthma the	rapies				
353*†	21 mo	Theophylline	Ingestion	Unknown	55.6 μg/mL
354*	15 yr	Theophylline (long-acting)	Ingestion	Int suicide	273 μg/mL, 21 h
355*‡	28 yr	Theophylline (long-acting)	Ingestion	Int suicide	119 μg/mL
356	47 yr	Theophylline	Ingestion	Int suicide	213 μg/mL
357†	. 54 yr	Theophylline	Ingestion	Acc misuse	41 μg/mL
358	55 yr	Theophylline (long-acting)	Ingestion	Int suicide	138 μg/mL, 1.5-7
359	60 yr	Theophylline (long-acting)	Ingestion	Int suicide	127.4 μg/mL
360	61 yr	Theophylline	Ingestion	Int unknown	152 μg/mL
361†	61 yr	Theophylline	Ingestion	Int misuse	51 μg/mL
362†	65 yr	Theophylline	Ingestion	Acc misuse	32.5 μg/mL
363†	70 yr	Theophylline	Ing & Paren	Acc misuse	>40 μg/mL
364†	70 yr	Theophylline (long-acting)	Ingestion	Acc misuse	64 μg/mL
365†	70 yr	Theophylline	Ingestion	Acc misuse	57 μg/mL
366†	73 yr	Theophylline (long-acting)	Ingestion	Acc gen	61 μg/mL
367†	75 yr	Theophylline	Ingestion	Adv rxn	29 μg/mL
368†	75 yr	Theophylline (long-acting)	Ingestion	Acc misuse	49 μg/mL
369†	77 yr	Theophylline	Ingestion	Unknown	95 μg/mL
370*†	79 yr	Theophylline	Ingestion	Acc misuse	82 μg/mL
371	79 yr	Theophylline (long-acting)	Ingestion	int suicide	230 μg/mL
372†	83 yr	Theophylline	Ingestion	Acc misuse	50 μg/mL
373†	85 yr	Theophylline (long-acting)	Ingestion	Acc misuse	49 μg/mL
374	53 yr	Theophylline	Ingestion	Int suicide	134 μg/mL, 10 h
		a made of maked the advanced to a construction			· -

amitriptyline/perphenazine

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
375	20 yr	Theophylline (long-acting) cocaine	Ingestion	Int suicide	520 μg/mL
376	22 yr	Theophylline ibuprofen	Ingestion	Int suicide	53 μg/mL
377*	41 yr	Theophylline (long-acting) levothyroxine	Ingestion	Int suicide	133 μg/mL, 6 h
378	77 yr	Theophylline terbutaline	Ingestion	Int suicide	46 μg/mL
See also ca	ases 378 (ter	butaline); 401 (theophylline).	•		
	·	outumo), ioi (moopilyimio).			
ardiovascul 379*‡	43 yr	Ajmaline (anti-arrhythmic) Italian analgesic/antipyretic (dipyrone, adiphenine, diphenadione, benzetilum)	Ingestion	Int suicide	4.52 μg/mL§
380	53 yr	Captopril haloperidol	Ingestion	Int suicide	•
		benztropine	• • •		
381*	37 yr	Clonidine	Ingestion	Int suicide	00
382*	2 d	Digoxin	Parenteral	Acc misuse	22 ng/mL
383	60 yr	Digoxin	Ingestion	Int suicide	12 ng/mL, 6 h
384†	60 yr	Digoxin	Ingestion	Unknown	3 ng/mL
385‡	70 yr	Digoxin	Ingestion	Int suicide	
386	77 yr	Digoxin	Ingestion	Int suicide	25 ng/mL
387†	80 yr	Digoxin	Ingestion	Acc misuse	3.7 ng/mL
388†	80 yr	Digoxin	Ingestion	Acc misuse	62 ng/mL
389†	. 82 yr	Digoxin	Ingestion	Unknown	5.7 ng/mL
390	85 yr	Digoxin	Parenteral	Acc misuse	7.5 ng/mL
391†	85 yr	Digoxin	Ingestion	Acc misuse	8.2 ng/mL
392	89 yr	Digoxin	Ingestion	Unknown	9 ng/mL
393†	92 yr	Digoxin	Ingestion	Acc misuse	2.8 ng/mL
394‡	>17 yr	Digoxin	Ingestion	Int misuse	4.6 ng/mL
395	17 yr	Digoxin acetaminophen/propoxyphene	Ingestion	Int suicide	5 ng/mL, 48 h
396	36 yr	Digoxin desipramine trazodone	Ingestion	Int suicide	
397*	58 yr	Digoxin diltiazem	Ingestion	Int suicide	16.5 ng/mL
398	71 yr	Digoxin diltiazem chlorpromazine	Ingestion	Int suicide	
399	82 yr	Digoxin glipizide	Ingestion	Int suicide	58 ng/mL
400	17 yr	triazolam Digoxin methyldopa	Ingestion	Int suicide	
401	56 yr	ethanol Diltiazem digoxin	Ingestion	Int suicide	
		theophylline		3	
402†‡	74 yr	Flecainide	Ingestion	Acc misuse	1,065 ng/mL
403	15 yr	Flecainide digoxin	Ingestion	Int suicide	
404	42 yr	Guanfacine fluoxetine	Ingestion	Int suicide	•
40E	ee	alprazolam	Ingestion	Int evicide	
405	66 yr	Labetalol thiothixene nortriptyline	Ingestion	Int suicide	
406	35 yr	Methyldopa	Ingestion	Int suicide	

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
407	15 yr	Minoxidil	Ingestion	Int suicide	
		hydralazine	•	,	
		prazosin	v*		
408	39 yr	Nadolol	Ingestion	Int suicide	
		verapamil <sub>.</sub>			
409	17 yr	Nifedipine	Ingestion	Int suicide	0.12 mg/dL§
410	25 yr	Nifedipine	Ingestion	Int suicide	128 μg/mL, <sup>  </sup> 2 h
		acetaminophen/propoxyphene doxepin			
411	61 yr	Procainamide	Ingestion	Unknown	6.21 μg/mL
				N-acetylprocainamide	80.2 μg/mL
412†	75 yr	Procainamide	Ingestion	Acc misuse	
		digoxin `			2.7 ng/mL
413	32 yr	Propranoloi	Ingestion	Unknown	
		mothballs (unspecified type)			
414	60 yr	Propranolol	Ingestion	Int suicide	
		unknown tricyclic antidepressant			
415	19 yr	Propranolol, sustained-release verapamil	Ingestion	Int suicide	
416*	35 yr	Quinidine	Ingestion	Int suicide	8.0 μg/mL, 2 h
417	53 yr	Quinidine	Ingestion	Int suicide	
418	74 yr	Quinidine	Ingestion	Unknown	15.5 μg/mL
419‡	56 yr	Verapamil, sustained-release	Ingestion	Int misuse	
420	40 yr	Verapamil	Ingestion	Int suicide	
421	24 yr	Verapamil	Ingestion	Int suicide	•
		aspirin			7.2 mg/dL
422	. 42 yr	Verapamil, sustained-release	Ingestion	Int suicide	5,360 μg/mL§
		aspirin			126.6 mg/dL§
423*	23 yr	Verapamil	Ingestion	int suicide	
	_	diphenhydramine			
424	35 yr	Verapamil	Ingestion	Int suicide	
		hydralazine			
		oxitriphylline/guaifenesin			
425	69 yr	Verapamil	Ingestion	Int suicide	
		metoprolol			
40001	_	amoxapine			
426*‡	4 yr	Verapamil	Ingestion	Acc gen	2,020 ng/mL§
		phenothiazine			
427	20 yr	Verapamil	Ingestion	Int suicide	
		propranolol		•	

See also cases 212 (atenolol); 8 (beta blocker, unspecified); 8 (calcium channel blocker, unspecified); 203 (clonidine); 340, 401, 403, 412 (digoxin); 302, 297, 398 (diltiazem); 407, 424 (hydralazine); 400 (methyldopa); 425 (metoprolol); 407 (prazosin); 427 (propranolol); 408, 415 (verapamil).

Cold and	d cough	preparations
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428*	17 mo	Decongestant syrup (phenylephrine, chlorpheniramine, pyrilamine)	Parenteral	Acc misuse
429*‡	3 mo	Pseudoephedrine/carbinoxamine cold preparation	Ingestion	Acc misuse
	•	•		ephedrin

ephedrine 0.6 mg/dL carbinoxamine 0.04 mg/dL 0.04 mg/dL§

See also cases 167 (ephedrine); 326 (phenylephrine/phenylpropanolamine/guaifenesin); 424 (oxitriphylline/guaifenesin). Diuretics

See also cases 174 (hydrochlorothiazide); 261 (spironolactone).

promethazine

#### Electrolytes and minerals

			A .		
430*	15 mo	Ferrous sulfate tablets	Ingestion	Acc gen	1,200 μg/dL
431	36 yr	Iron preparation	Ingestion	Int suicide	345 μg/dL

See also cases 157, 270 (iron).

## Gastrointestinal preparations

See also case 198 (diphenoxylate/atropine).

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
Hormones an	d hormone a	antagonists	<del></del>		
432*	15 mo	Insulin	Parenteral	Acc misuse	
433	24 yr	Insulin	Parenteral	Int unknown	
434	38 yr	Insulin	Parenteral	Int suicide	
	<b>55</b> y.	cocaine	, aronnorar		
435‡	30 yr	Glipizide	Ingestion	Int suicide	
7004	00 yı	triazolam	ingestion	iiit suicide	
•		ethanol			
See also ca	se 399 (glipi	izide); 270, 377 (levothyroxine).	•		
/liscellaneous					
436*	57 yr	Monooctanoin	Parenteral	Acc misuse	
437	64 yr	Quinine	Ingestion	Int suicide	10 μg/mL§
401	OH yi	carbamazepine	mgestion	int suicide	10 μg/mLg 11 μg/mL§
fuscle relaxa	ints				
438†	51 yr	Carisoprodol	Ingestion	Int suicide	
!	,,	aspirin	90041011	54.7.47	
		acetaminophen/codeine			
See also ca	ses 164 (car	isoprodol); 165, 197, 266 (cyclobenzapr	ine).		
	•	tipsychotic agents	<b></b>		
439	72 yr	Alprazolam	Ingestion	Int suicide	
703	1 2 yı	chloral hydrate	myesuon	int autorus	•
440‡	42 yr	Chloral hydrate	Ingestion	Int suicide	•
	₹Z YI	alprazolam	myesuon	III Juiciue	•
441*	75 yr	Chlordiazepoxide	Ingestion	Int suicide	29 mg/L
442‡	. 38 yr		•	Int suicide	25 mg/L
772+	36 yi	Chlordiazepoxide ethanol aspirin	Ingestion	int suicide	
443‡	30 yr	Chlorpromazine	Ingestion	Int suicide	
444	37 yr	Chlorpromazine	Ingestion	Int suicide	
		•	•		
445‡	39 yr	Flurazepam	Ingestion	Int suicide	
446*	67 yr	Flurazepam	Ingestion	Int suicide	
447	24 yr	Glutethimide codeine	Ingestion	Int suicide	
448	56 yr	Glutethimide	Ingestion	Int suicide	5.2 mg/L
	,.		900	4-hydroxyglutethimide	
		imipramine			
4401	00	benzodiazepine		tar data	
449‡	68 yr	Lorazepam	Ingestion	Int suicide	
		perphenazine			
450	69 yr	Meprobamate	Ingestion	Int suicide	120.5 μg/mL
		diazepam			
451‡	27 yr	Methyprylon	Ingestion	Int suicide	
		alprazolam			
		ethanol			
452‡	74 yr	Pentobarbital	Ingestion	Int suicide	12 μg/mL
453	75 yr	Pentobarbital	Ingestion	Int suicide	
454	61 yr	Phenobarbital	Ingestion	Int suicide	107 μg/mL
455	61 yr	Phenobarbital	Ingestion	Int suicide	252 μg/mL
456‡	>17 yr	Phenobarbital	Ingestion	Int suicide	• •
457‡	56 yr	Phenobarbital	Ingestion	Unknown	52.0 μg/mL
<b>T</b>	J.	primidone		* 1000-*	mg///
458	68 yr	Secobarbital	Ingestion	Int suicide	4 μg/mL, 3 d
	- •	benzodiazepines			,
459‡	33 yr	Secobarbital/amobarbital	Ingestion	Int suicide	
_		opiates			
460	34 yr	Temazepam	Ingestion	Int suicide	
		acetaminophen/codeine		*	
		ethanol			
461‡	37 yr	Temazepam	Ingestion	Int suicide	929 ng/mL
	•	ethanol	•		120 mg/dL
		alprazolam			38 ng/mL

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
462‡	42 yr	Thioridazine	Ingestion	Int suicide	
		acetaminophen/propoxyphene			>800 µg/mL <sup>∥</sup>
463	67 yr	Triazolam	Ingestion	Int suicide	
464	52 yr	Triazolam alprazolam flurazepam	Ingestion	Int suicide	
465‡	25 yr	Trifluoperazine benztropine	Ingestion	Int suicide	

See also cases 162, 169, 201, 285, 291, 321, 322, 404, 440, 451, 461, 464, 509 (alprazolam); 209 (barbiturates); 297, 448, 458 (benzodiazepines); 439 (chloral hydrate); 303 (chlorazepate); 9,10, 251 (chlordiazepoxide); 122 (chlordiazepoxide/clindinium); 251, 257, 398 (chlorpromazine); 342 (clonazepam); 11, 12, 116, 166, 168, 176, 210, 225, 252, 338, 339, 450, 510 (diazepam); 199 (doxylamine sleep aid); 155, 293, 343, 464 (flurazepam); 305, 380 (haloperidol); 249, 260, 267, 306 (lorazepam); 198 (meprobamate); 331 (mesoridazine); 290, 346, 449 (perphenazine); 334, 426 (phenothiazines); 175 (prazepam); 261, 429 (promethazine); 262 (sedative/hypnotic, unidentified); 201, 292 (temazepam); 318, 327, 328, 329, 347 (thioridazine); 288, 405 (thiothixene); 222, 333, 344, 399, 435 (triazolam); 341 (trifluoperazine).

Stimulants	and	street drugs
ACCT		DE

466‡	25 yr	Amphetamine heroin	Unknown	Unknown	
467	17 yr	Caffeine	Ingestion	Int misuse	11 μg/mL
468*‡	22 yr	Caffeine (diet aid)	Ingestion		,560 μg/mL
469*	27 yr	Caffeine (diet aid)	Ingestion	Int suicide	305 μg/mL§
470	40 yr	Caffeine	Ingestion	Int suicide	82 μg/mL§
.,,	,.	ethanol	mgestion	int saloide	130 mg/dL§
471‡	>17 yr	Caffeine	Ingestion	Int suicide	93.5 μg/mL§
77.14	~ 17 <b>y</b> 1	ethanol	ingestion	int suicide	26 mg/dL§
472	· 15 yr	Cocaine	Inhalation	Int abuse	20 mg/acg
473*	21 yr	Cocaine		Int abuse	
<del>4</del> 73 474	21 yr	Cocaine	Ingestion	Int abuse Int misuse	
475	21 yı 23 yr	Cocaine	Ingestion		
			Unknown	Int abuse	
476‡	25 yr	Cocaine	Parenteral	Int abuse	
477 479	25 yr	Cocaine	Ingestion	Int suicide	
478	25 yr	Cocaine	Ingestion	Int abuse	
479*‡	26 yr	Cocaine	Ingestion	Int unknown	
480*‡	26 yr	Cocaine	Parenteral	Int unknown	
481	27 yr	Cocaine	Ingestion	Int abuse	
482‡	27 yr	Cocaine	Ingestion		,600 ng/mL§#
483‡	28 yr	Cocaine	ing & inh	Int abuse	
484	29 yr	Cocaine	Unknown	Int abuse	
485	29 yr	Cocaine	Parenteral	int abuse	
486‡	29 yr	Cocaine	Unknown	Int abuse	
487‡	29 yr	Cocaine	Unknown	Int abuse	
488	29 yr	Cocaine	Unknown	Unknown	
489	30 yr	Cocaine	Parenteral	int abuse	
490‡	30 yr	Cocaine	Parenteral	Int unknown benzoylecgonine	10.7 μg/mL§ 6.8 μg/mL§
491‡	30 yr	Cocaine	Unknown	Int abuse benzoylecgonine (	0.22 μg/mL
492	30 yr	Cocaine	Inhalation	Int abuse	
493	31 yr	Cocaine	Unknown	Int abuse	
494‡	31 yr	Cocaine	Inhalation	Int abuse	
<b>49</b> 5	31 yr	Cocaine	Ingestion		,640 ng/mL§ ,610 ng/mL§
496‡	31 yr	Cocaine	Unknown	Int abuse	
497	31 yr	Cocaine	Unknown	Int abuse	
498	35 yr	Cocaine	Unknown	Int abuse	
499	35 yr	Cocaine	Unknown	Int unknown	
500‡	37 yr	Cocaine	Unknown	Unknown	
501‡	37 yr	Cocaine	Parenteral	Int abuse	
502* <del>†</del>	41 yr	Cocaine	Unknown	Int abuse	
503‡	48 yr	Cocaine	Unknown	Int abuse	
•	>17 yr	Cocaine	Parenteral	Int abuse	
504	-11 VI				

TABLE 16. Summary of Fatal Exposures (Cont'd)

	•		Route of	D	Blood
Case No.	Age	Substances	Exposure	Reason	Levels
506	>17 yr	Cocaine	Unknown	Int unknown	
507	>17 yr	Cocaine	Ing & Inh	Int abuse	
508‡	>17 yr	Cocaine	Unknown	Unknown	
•		Cocaine	Ingestion	Int suicide	
509‡	25 yr		ingestion	int suicide	
		alprazolam			
510‡	40 yr	Cocaine	Unknown	Int abuse	
		•		benzoylecgonine	0.08 μg/mL
		diazepam			
•		marijuana	•		
511‡	47 yr	Cocaine	Ingestion	Int unknown	
3114	-77 <b>y</b> 1		mgcotton	int dilknown	
		doxepin		•	
		ethanol			
512‡	21 yr	Cocaine	Ingestion	Int abuse	
		ethanol			140 mg/dL
513	29 yr	Cocaine	Ingestion	Int abuse	
	•	ethanol	J		189 mg/dL
514‡	44 yr	Cocaine	Parenteral	int abuse	
<b>♥</b> 17 <b>†</b>	<del> y</del> ι	ethanol	Ingestion	45436	
C451	00		-	Int abuse	
515‡	30 yr	Cocaine	Parenteral	Int abuse	
				benzoylecgonine	
		heroin		morphine	0.184 μg/mL§
516‡	34 yr	Cocaine	Parenteral	Int abuse	
•	•	heroin			
517*	24 yr	Cocaine	Parenteral	Int abuse	
317	24 yı	Cocame	i alcineral		5,000 ng/mL§
		No. 1 and No.			
		heroin		morpnine	720 ng/dL§
		phencyclidine			
518	46 yr	Cocaine	Inhalation	Int abuse	
		marijuana			
519	22 yr	Cocaine	Unknown	Unknown	
0.0	,.	methamphetamine			
E00*4	00	· · · · · · · · · · · · · · · · · · ·	Parenteral	Int obuse	600 ng/mL
520*‡	20 yr	Cocaine	raienterai	Int abuse	
		opiates		morphine	
		ethanol			80 mg/dL
521‡	20 yr	Cocaine	Ing/Inh	Int abuse	0.76 μg/mL§
				benzoylecgonine	0.12 μg/mL§
•		trichloroethane			
522±	15 yr	Heroin	Inhalation	Int abuse	
523‡	35 yr	Heroin	Parenteral	Int abuse	
2234	SS yr	Петоп			0.405
				conjugated morphine	υ. 120 μg/mLg
524‡	39 yr	Heroin	Parenteral	Int abuse	
525‡	24 yr	Heroin	Unknown	Unknown	
		cocaine			
526	40 yr	Heroin	Inh & Paren	Int abuse	
	J.	cocaine (crack)			1.28 μg/mL§
527‡	40 yr	Heroin	Parenteral	Int abuse	Marine
JE1+	→U yı		raicilleiai	ייונ מטעספ	
		cocaine			
528‡	29 yr	Heroin	Parenteral	Int abuse	
				opiates	0.8 mg/L§
	•	cocaine	Inhalation		
		marijuana			
529*‡	18 yr	Isobutyl nitrite ("Rush")	Unknown	Int unknown	
V_U +	,.		J.III.101111	methemoglobin	0.7%
E20*	10	Mathamahatan	ما نام ما ما ما	_	V.1 /0
530*	18 yr	Methamphetamine	Inhalation	Int abuse	
531*	24 yr	Methamphetamine	Ingestion	Int abuse	
532*	25 yr	Methamphetamine	Inhalation	Int abuse	0.7 μg/mL
533‡	28 yr	Methamphetamine	Unknown	Int unknown	-
534*	44 yr	Methamphetamine	Unknown	Int abuse	
535*†	51 yr	Methamphetamine	Parenteral	Int abuse	0.59 μg/mL
733 I	3 i yr	wemamphetamme	ratenteral		
				amphetamine	0.09 μg/mL
536	28 yr	Methamphetamine	Unknown	Int abuse	0.25 μg/mL§

TABLE 16. Summary of Fatal Exposures (Cont'd)

Case No.	Age	Substances	Route of Exposure	Reason	Blood Levels
537 <sup>@</sup>	18 yr	Methylenedioxyamphetamine	Ingestion	Int abuse	
538	26 yr	Phencyclidine	Unknown	Int abuse	
539 ^	18 yr	Phencyclidine ethanol	Ingestion	Int abuse	0.12 μg/mL§ 20 mg/dL§
540 ^	18 yr	Phenylpropanolamine (diet aid)	Ingestion	Int suicide	-
	•	ethanol	•	~	<10 mg/dL

See also cases 206 (amphetamines); 32, 44, 129, 172, 194, 196, 207, 322, 375, 434, 525, 526, 527, 528 (cocaine); 351 (diet aid containing phenylpropanolamine and caffeine); 466, 515, 516, 517 (heroin); 116, 510, 518, 528, 535, 536 (marijuana); 307, 519 (methamphetamines); 517 (phencyclidine).

Topical					
541*	18 mo	Methyl salicylate isopropyl alcohol	Ingestion	Acc gen	80 mg/dL, 20 h
542*	80 yr	Methyl salicylate	Ingestion	Acc gen	115 mg/dL, 4 h
543	91 yr	Methyl salicylate	Ingestion	Acc gen	101 mg/dL, 2 h
Vitamins					
544*	17 mo	Prenatal vitamins with iron	Ingestion	Acc gen	25,000 μg/dL, 6 h
545*	17 mo	Prenatal vitamins with iron	Ingestion	Acc gen	1,400 µg/dL

<sup>\*</sup> Abstract of case provided in appendix.

TABLE 17. Demographic Profile of Exposure Cases by Generic Category of Substances and Products: Nonpharmaceuticals

			Age (yr	)		Reason		Treated			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Health Care Facility	None	Minor	Moderate	Major	Death
Adhesives/glues	15,866	8,887	2,029	4,787	15,634	178	39	2,778	5,744	4,663	309	10	0
Alcohols													
Ethanoi†	21,146	4,412	2,133	14,381	7,406	13,035	207	13,991	4,432	7,336	1,869	290	36
isopropanol†	5,412	3,841	320	1,218	4,924	440	3	1,389	2.691	1,150	118	23	0
Methanol	947	311	70	554	844	82	3	546	367	305	42	16	3
Rubbing alcohol													
Ethanol	632	474	39	115	590	39	0	130	377	125	12	0	0
Isopropanol	7.633	5.962	391	1,248	7,070	512	2	1.590	3.868	1,409	108	9	1
Unknown type	77	58	3	15	69	8	. ō	22	40	13	0	ŏ	á
Other/unknown	1,365	405	153	795	768	561	15	739	300	436	113	19	1
Total	37,212	15,463	3,109	18,326	21,671	14,677	230	18.407	12.075	10.744	2.262	357	41
Arts/crafts/office supplies	24,325	19,163	3.278	1,752	23,949	340	17	1,287	11,350	1.966	124	1	3
Auto/aircraft/boat products	_ 1,0_0	10,100	0,2.0	1,702	20,040	040	• • •	1,207	11,000	1,000	12.7	•	J
Glycols	3.095	923	232	1.908	2.966	116	3	1.247	1.118	1.039	131	20	4
Hydrocarbons	1,648	857	126	659	1,620	27	ŏ	409	641	666	42	4	ŏ
Methanol	971	394	79	493	920	47	ŏ	477	436	342	31	5	1
Other/unknown	1,294	651	126	508	1.280	14	ŏ	398	384	610	33	1	ò
Total	7,008	2.825	563	3,568	6.786	204	3	2,531	2.579	2.657	237	30	5
Batteries	7,000	2,020	500	0,500	0,700	204	3	2,001	2,519	2,007	237	30	3
Penlight/flashlight													
dry cell	2.226	1,497	465	251	2.168	55	0	355	901	775	41	4	. 0
Automotive	1.667	270	184	1.198	1.658	7	Ö	638	342	847	136	2	ŏ
Button batteries	1,487	1.049	234	1,150	1,463	15	1	1,061	1.003	139	18	2	Ö
Other/unknown	284	172	60	50	274	7	ò	42	115	96	10		Ö
Total	5,664	2.988	943	1,698	5,563	84	1				196	6	Ö
Bites and envenomations	3,004	2,900	943	1,090	3,303	04	'	2,096	2,361	1,857	190	0	U
Fish and coelenterate	1.455	116	273	4 047	1,443	. 3	_	40=		705	. 404		
Insects			2/3	1,047	•	_	8	495	50	785	161	1	0
Bee/wasp/hornet	15,034	3,698	3,288	7,957	14,857	10	156	2,863	925	10,643	640	11	1
Scorpion	4,004	369	624	2,998	3,994	1	5	471	198	2,813	240	7	0
Tick	1,701	555	421	708	1,688	1	9	412	557	463	27	1	0
Other	4,732	1,599	722	2,376	4,672	3	54	1,029	474	2,767	190	3	0
Mammals	3.039	790	1,010	1.198	3.018	6	11	1,240	485	1,470	73	0	Ď

(Continued on following page)

<sup>†</sup> Chronic exposure.

<sup>‡</sup>Prehospital (cardiac and/or respiratory) arrest.

<sup>§</sup> Level obtained postmortem.

<sup>\*</sup> Acetaminophen level.

<sup>&</sup>lt;sup>¶</sup> Aspirin level.

<sup>#</sup> Level includes metabolite and parent compound.

TABLE 17. Demographic Profile of Exposure Cases by Generic Category of Substances and Products: Nonpharmaceuticals (Cont'd)

			Age (yr)		F	Reason		Treated in Health			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Care Facility	None	Minor	Moderate	Major	Death
Reptile—other/unknown	398	176	131	87	395	2	1	70	106	153	12	0	0
Snakes—exotic	433	40	93	292	429	4	0	302	46	205	76	7	0
Snakes indigenous to US Rattlesnake	339	29	55	252	333	5	0	310	20	105	133	35	0
Copperhead	6	0	1	5	6	ő	ŏ	3	2	3	0	0	ŏ
Coral	28	4	7	:17	27	Ō	1	25	4	10	7	0	0
Cottonmouth	24	2	6	15	24	0	0	23	7	5	6	1	0
Nonpoisonous snake	454	65	249	135	450	0	4	80	114	242	1	0	0
Unknown type of snake Spiders	1,394	159	508	709	1,391	1	2	738	262	650	87	17	U
Black widow	1,993	265	250	1.467	1.989	1	2	606	330	1,044	232	7	0
Brown recluse	925	117	103	686	916	Ó	7	581	40	427	160	9	Õ
Other/unknown	11,870	2,530	1,789	7,445	11,759	6	90	2,972	734	6,950	691	12	0
Total	47,829	10,514	9,530	27,394	47,391	43	350	12,220	4,354	28,735	2,736	111	1
Building/construction supplies	5,528	3,137	342	2,012	5,475	30	8	1,209	2,029	1,401	255	6	0
Chemicals Acetone (excluding nail													
polish removers)	1,001	445	86	462	947	45	2	351	310	334	44	1	0
Acids	.,												
Hydrofluoric acid	999	52	31	909	986	11	0	832	86	500	253	18	2
Other/unknown acid	5,874	875	601	4,307	5,741	111	8	2,863	1,002	3,140	507	22	1
Alkali Ammonia	4,508	1,885	382 444	2,201	4,453	50 116	0 5	1,868 1,475	1,215 751	1,919	393 227	24 13	0
Borates/boric acid	4,012	1,400	444	2,134	3,874	110	9	1,475	/51	2,081	221	13	U
(excluding topicals													
and insecticides)	2,413	1,550	163	676	2,288	108	6	477	1,075	285	27	1	0
Chlorates												•	
(excluding matches			40			_	_						•
and fireworks)	38	8	12	18	35	3	0	13	9	14	. 2	0	0
Cyanide (excluding rodenticides)	494	15	15	456	447	42	1	368	128	192	28	7	11
Dioxin '	16	1	ŏ	15	15	ō	ò	9	3	4	3	ò	Ö
aldehyde/formalin	1,268	306	177	773	1,219	40	4	514	301	565	55	1	1
Glycois													
(excluding automotive	0.000		400	000	0.400		40	054	054	500	0.4	4-9	
products) Ketones	2,233 1,093	1,262 364	132 48	820 664	2,132 1,077	74 9	16 4	651 544	851 258	568 521	84 76	17 0	4
Methylene chloride	1,000	004	70	. 004	1,077	J	•	044	200	021	,,	•	•
(excluding paint strippers)	1,372	327	136	899	1,339	20	7	615	278	711	97	1	2
Nitrates and nitrites													
(excluding medications	000	007	400	047	600		_	000	050	404	27	2	1
and abused substances) Phenol/creosote	693	207	162	317	633	55	2	238	259	191	21	2	'
(excluding disinfectants)	1,299	230	132	919	1,276	14	6	570	206	743	102	5	0
Strychnine	-,												
(excluding rodenticides)	17	. 4	1	11	11	5	0	14	4	3	. 1	2	0
Toluene diisocyanate	528	67	29	423	524	3	0	256	80	269	44	2 69	0 2
Other Total	15,682 43,540	7,217 16,215	1,546 4.097	6,755 22,759	14,459 41,456	849 1.555	176 237	5,504 17.162	3,936 10.772	3,953 15,993	613 2.583	185	24
Cleaning substances	40,040	10,210	7,001	22,703	41,450	1,000	20,	17,102	(0,172	10,000	2,000		
Ammonia cleaners	4,139	2,127	277	1,715	3,968	151	1	944	1,416	1,503	143	5	0
Bleaches (household)													_
Hypochlorite-containing	25,886	12,730	1,978	10,987	25,077	716	23	5,735	7,509	10,470	706	14	0
Other/unknown Cleansers	1,977	1,321	97	537	1,937	30	9	314	793	570	27	1	U
Anionic/nonionic	6,359	5,270	262	806	6,236	109	. 9	544	3,073	1,198	91	4	0
Other/unknown	1,208	916	60	221	1,179	28	1	185	553	299	21	ò	. 0
Disinfectants (household)	•												
Hypochlorite-containing	3,370	1,312	392	1,630	3,298	63	8	977	891	1,622	144	5	0
Phenoi	2,707	1,828	186	676	2,529	157	6	558	1,076	794	58 105	2 8	1
Pine oil Other/unknown	8,604 763	6,884 418	302 68	1,373 269	8,325 728	250 33	8 0	1,939 251	4,344 256	1,933 283	135 31	1	Ġ
Drain Cleaners	700	410	•	203	720	•	·	201	200	200	0.	•	
Acid	556	72	45	434	537	18	0	283	63	325	71	6	3
Alkali	1,519	419	126	958	1,401	109	1	737	260	749	173	20	3
Other/unknown	124	20	12	89	118	6	0	45	26	63	10	1	0
Electric dishwasher detergent	E 450	4 000	407	E40	E 404	4.4	4	044	2 204	010	47	1	0
Alkali Other/unknown	5,450 1,367	4,820 1,172	107 42	512 150	5,434 1,361	14 4	1	241 95	3,201 770	910 263	12	0	0
Fabric softeners	1,307	1,172	72	. 100	1,301	7	v	30	,,,	203	14	v	
Cationic	1,046	928	25	89	1,027	13	6	83	530	144	8	0	0
												^	0
Other/unknown	53	42	3	7	53	0	Ō	. 3	27	9	1	0	
Other/unknown Glass cleaners (household) Hand dishwashing	53 7,246	42 6,014	453	7 751	7,136	104	1	487	3,321	1,588	49	4	ŏ

TABLE 17. Demographic Profile of Exposure Cases by Generic Category of Substances and Products: Nonpharmaceuticals (Cont'd)

			Age (yr)			Reason		Treated in Health			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Care Facility	None	Minor	Moderate	Major	Deat
ndustrial cleaners													
Acids	570	97	45	419	558	12	0	339	90	337	63	2	0
Alkali	1,258	235	121	888	1,236	19	0	773	219	684	135	6	0
Other/unknown	1,159	312	100	734	1,110	35	11	590	266	573	85	2	0
aundry detergents													_
Anionic/nonionic	6,870	5,504	265	1,058	6,784	54	25	696	2,899	1,902	83	1	2
Alkali	3,766	3,267	117	371	3,738	19	6	536	1,652	1,234	70	3	0
Other/unknown	1,223	944	67	206	1,185	17	18	170	489	381	27	0	0
Miscellaneous							•					_	_
Acid	482	222	32	225	474	8	0	172	183	169	39	2	0
Alkali	5,851	2,997	415	2,385	5,677	142	21	1,975	1,941	2,321	328	22	2
Anionic/nonionic	6,773	4,799	348	1,575	6,572	108	83	996	2,662	1,893	117	5	0
Cationic	3,221	2,031	240	928	3,135	76	2	794	1,352	963	91	7	0
Methanol/glycols	2,108	1,609	123	371	2,075	30	1	281	847	703	27	2	0
Isopropanol	774	624	39	107	763	11	0	107	407	158	4	0	0
Ethanol	358	274	17	66	352	5	0	70	149	123	3	0	0
Other/unknown	2,180	1,429	141	590	2,147	30	1	483	883	562	52	6	1
Oven cleaners												_	_
Alkali	3,109	1,082	243	1,757	3,062	37	6	1,409	505	1,715	295	7	0
Other/unknown	201	. 47	31	122	199	1	0	89	50	81	20	0	0
Rust removers													_
Hydrofluoric acid	954	102	67	784	947	5	0	656	147	539	166	4	1
Other acid	342	137	17	186	335	7	0	92	108	134	21	2	0
Other/unknown	254	73	16	163	243	8	3	55	75	109	8	0	0
Spot remover/dry cleaning												_	_
agents	1,098	759	65	267	1,070	25	2	183	435	374	21	2	0
Starch	596	520	24	51	582	11	1	30	253	70	1 '	0	0
Toilet bowl cleaners													_
Acid	2,714	1,230	188	1,273	2,607	99	4	826	910	1,161	· 130	12	5
Other/unknown	2,093	1,714	75	291	2,061	30	1	253	1,091	282	30	2	0
Nall/floor/tile cleaners								***					
Alkali .	2,695	1,374	122	1,179	2,654	36	3	831	748	1,239	133	5	0
Anionic/nonionic	1,022	745	61	209	1,003	10	4	135	441	252	9	1	0
Glycols	814	658	21	130	809	4	0	78	390	184	6	1	0
Other/unknown	4,187	2,160	207	1,781	4,114	61	5	1,050	1,461	1,674	150	- 2	0
Total	137,240	87,393	8,126	40,833	133,936	2,777	281	27,503	51,705	45,083	3,917	168	19
smetics/personal care products													
Bath oil/bubble bath	3,753	3,518	122	104	3,711	19	20	128	1,856	518	17	0	(
Creams, lotions, make-up	10,124	8,725	351	1,004	9,893	138	76	517	4,888	847	72	1	(
Dental care products	2,549	1,469	193	873	2,460	43	34	225	1,136	581	27	0	1
Deodorants	6,928	6,126	273	503	6,824	86	10	337	3,078	1,032	57	0	1
Depilatories	410	186	44	176	365	17	28	119	126	171	15	0	(
Douches	258	185	10	62	239	4	11	32	114	40	2	0	(
Eye products	942	809	28	100	929	6	7	44	437	82	10	0	(
Hair care products	16,064	12,489	1,182	2,318	15,531	399	113	1,801	6,728	4,026	258	7	(
Lipsticks and lip balms	2,220	2,100	59	51	2,204	11	4	35	1,043	126	6	0	C
Mouthwash	4,696	3,164	721	800	4,384	276	17	632	2,372	819	72	6	C
Nail polish	6,847	6,302	271	244	6,783	57	5	458	3,126	1,585	53	0	C
Nail polish removers	7,923	6,600	509	775	7,724	181	2	1,054	4,113	1,516	44	2	(
Nail products,													
miscellaneous	1,664	1,302	77	280	1,643	19	2	277	678	482	38	1	1
Perfume/cologne/aftershave	26,290	24,566	724	903	25,970	271	18	1,757	14,312	3,583	129	2	. (
Peroxide	7,926	4,748	653	2,475	7,710	181	9	631	3,215	1,640	36	7	(
Powders	2,591	2,401	80	99	2,567	19	2	292	1,180	663	18	0	(
Soaps (bar, hand													
complexion)	6,885	5,781	314	748	6,758	78	37	436	2,968	1,426	72	0	(
Suntan/sunscreen products	2,476	2,089	172	209	2,440	6	26	182	973	769	26	0	0
Total .	110,546	92,560	5,783	11,724	108,135	1,811	421	8,957	52,343	19,906	952	26	3
eodorizers (not for personal use	)												
Air Fresheners	6,336	5,726	254	337	6,296	26	9	419	3,394	726	<b>28</b> .	0	1
Diaper pail deodorizers	1,357	1,335	16	6	1,352	4	0	43	814	78	1	0	
Other	2,966	2,496	101	355	2,931	26	6	432	1,528	530	18	1	(
Total	10,659	9,557	371	698	10,579	56	15	894	5,736	1,334	47	1	. 1
es	2,330	1,928	186	206	2,293	15	17	153	1,194	177	14	Ò	C
sential oils	1,957	1,361	294	290	1.832	99	20	386	598	877	33	š	Ò
rtilizers	6,936	5,097	596	1.198	6,883	34	8	423	3.604	623	44	ŏ	Č
re extinguishers	1,549	201	327	985	1,499	36	2	506	403	742	44	ŏ	Č
ood products/food poisoning	39,226	10,356	4,867	23,642	34,452	247	4.409	4,343	8,692	13,166	964	12	ò
reign bodies/toys/miscellaneou		. 5,500	.,	_5,072	,-OL	271	.,-50	.,0-10	3,002	. 5, . 00			•
Bubble blowing solutions	2,400	2,283	81	28	2,395	2	3	69	1,024	613	15	0	(
Christmas ornaments	1,345	1,243	63	32	1,339	5	1	67	507	112	1	ŏ	č
Coins	3,754	3,211	464	59	3,740	11	ċ	1,243	1,750	433	34	2	ì
Dessicants	10,161	1,321	605	287	10,102	48	1	371	4,850	144	23	ő	č
Dessicants Feces/urine	1,460	9,209	39	287 95		48 14	1	66	4,850 649	69	23 6	Ö	Č
Glass	1,460	569	130	372	1,439 1,071	10	1	128	498	113	4	0	ď
	1.002	JU3	100	312	1.071	10		120	450	113		U	

TABLE 17. Demographic Profile of Exposure Cases by Generic Category of Substances and Products: Nonpharmaceuticals (Cont'd)

			Age (yr)		·F	Reason		Treated in Health			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	int	Adv Rxn	Care Facility	None	Minor	Moderate	Major	Deat
Soil	1,720	1,559	37	116	1,713	. 4	2	99	751	161	12	0	0
Thermometer	9,110	5,248	2,396	1,383	9,051	48	4	537	4,318	308	25	1	0
Toys	3,136	2,712	347	65	3,117	16	2	142	1,523	207	19	0	0
Other/unknown foreign	-											_	
body	13,206	9,299	2,125	1,706	13,066	88	32	1,945	6,016	2,076	116	3	1
Total	47,374	36,654	6,287	4,143	47,033	246	47	4,667	21,886	4,236	255	6	1
umes/gases/vapors			=	4 055			_				400		^-
Carbon monoxide	6,030	805	795	4,355	5,740	242	. 9	3,679	845	3,070	498	84	27
Chloramine	1,210	49	58	1,093	1,189	21	0	392	54	771	87	0	0
Chlorine gas (mixing	040	-	0.4	281				404	00	000	0.4		0
household products)	313 4.493	7 443	21 817	3,183	308 4,457	4 25	0 8	104 1,870	22 471	228 2.945	31 367	1 8	Ö
Chlorine gas (other) Hydrogen sulfide	531	42	35	449	525	3	1	240	71	283	32	7	7
Methane	1,251	164	114	952	1.196	46	ó	581	235	559	80	, 8	1
Polymer fume fever	3	0	117	3	3	0	ŏ	0	200	3	- 0	ŏ	ò
Propane/simple asphyxiants	1,144	101	213	819	1,033	106	ŏ	531	160	571	89	. 8	3
Other/unknown	2,193	216	225	1,729	2,156	26	6	1,060	375	1.048	175	12	1
Total	17,168	1,827	2,278	12,864	16,607	473	24	8,457	2.233	9,478	1.359	128	39
ungicides (nonmedicinal)	1,496	641	121	717	1,464	21	8	373	587	407	37	2	1
eavy metals	.,400	V-1			.,101		-	3.0			٠.	_	•
Arsenic	527	91	35	390	464	28	3	280	132	134	37	6	0
Copper	746	199	190	353	724	18	3	258	218	310	20	1	1
Lead	1.738	830	223	666	1,686	39	1	621	595	260	49	4	Ó
Mercury	1,331	704	130	480	1,259	57	6	294	539	121	21	ġ	1
Metal fume fever	1,009	37	27	933	1,005	2	Ĩ	326	71	607	105	2	0
Selenium	55	17	2	35	47	3	3	19	15	14	2	Ö	Ó
Thallium	19	12	ī	6	16	Ĩ	Ĩ	7	8	0	ō	2	1
Other/unknown	1.531	601	174	743	1.491	22	12	567	502	393	65	5	Ó
Total	6,956	2,491	782	3,606	6,692	170	30	2,372	2,080	1,839	299	23	3
erbicides	,	-,						_,					
2,4-D or 2,4,5-T	1,657	628	171	837	1,621	24	8	420	555	526	52	4	2
iquat/paraquat	262	31	45	184	248	11	Ō	152	81	80	11	0	3
Other/unknown	2,630	685	290	1,617	2,593	19	11	863	791	841	78	5	0
Total	4,549	1,344	506	2,638	4,462	54	19	1,435	1,427	1,447	141	9	5
ydrocarbons	-												
Benzene	100	30	1	67	96	4	0	58	30	30	4	0	0
Diesel fuel	1,756	492	219	1,037	1,689	65	0	467	517	754	110	2	0
Gasoline	14,851	5,299	2,597	6,846	14,279	523	3	2,903	4,567	7,337	246	8	0
Halogenated hydrocarbons	5,040	676	431	3,854	4,853	170	4	1,676	1,376	2,065	208	9	4
Kerosene	3,093	2,256	206	620	3,024	54	3	1,145	1,150	1,184	140	12	0
Lighter fluid/naphtha	3,176	2,203	209	738	3,057	107	2	1,027	1,372	1,042	138	12	0
Lubricating/motor oils	3,263	2,543	168	532	3,220	35	1	412	1,921	560	31	3	0
Mineral seal oil	1,907	1,756	39	107	1,881	25	0	293	1,308	231	17	1	1
Mineral spirits/varsol	5,084	3,210	354	1,487	4,943	127	6	1,249	2,159	1,824	114	9	1
Toluene/xylene	2,239	643	178	1,385	2,094	134	3	1,013	596	997	123	4	0
Turpentine	1,430	784	145	490	1,288	123	2	496	512	518	38	2	0
Other/unknown	10,515	6,425	742	3,261	10,265	222	9	3,043	4,535	3,288	370	15	2
Total	52,454	26,317	5,289	20,424	50,689	1,589	33	13,782	20,043	19,830	1,539	77	8
nsecticides/pesticides (excludir	ng rodenticide												
Arsenic—pesticides only	1,846	1,564	86	171	1,777	65	1	586	1,318	159	29	12	1
Borates/boric acid	2,138	1,778	83	270	2,079	54	2	341	1,095	156	15	0	0
Carbamates	4,744	3,148	253	1,307	4,643	78	8	1,000	2,440	769	- 88	. 5	0
Chlorinated hydrocarbon	3,568	1,966	323	1,252	3,400	124	26	1,191	1,595	774	92	16	1
Metaldehyde	244	200	_11	30	240	. 4	0	46	133	31	2	0	0
Organophosphate alone	9,853	3,584	724	5,431	9,556	231	30	3,157	3,447	2,792	349	46	9
Organophosphate and												_	
carbamate	3,073	1,435	239	1,379	2,936	123	6	614	1,277	798	54	5	0
Organophosphate and chloring				040		_	_		400				_
hydrocarbon	357	100	43	212	346	6	2	90	126	95	11	1	0
Organophosphate and other							_					_	
pesticide	921	445	68	399	884	25	7	250	339	271	13	2	Ç
Piperonyl butoxide alone	109	. 40	15	52	107	1	1	32	38	32	5	0	. 0
Piperonyl butoxide and		-4 400	000	4 407	0.407		40	700	000	4.055	444	-	
pyrethrins	3,244	1,439	382	1,407	3,107	83	49	793	980	1,055	111	5	Ç
Pyrethrins alone	. 2,600	1,038	272	1,259	2,531	34	33	685	778	888	98	8	0
Insect repellants	2,457	1,797	380	264	2,420	16	. 20	392	1,088	767	24	1	-
Other/unknown	6,345	3,602	457	2,203	6,168	123	33	1,274	2,773	1,345	127	12	1
Total	41,499	22,136	3,336	15,636	40,194	967	218	10,451	17,427	9,932	1,018	113	12
acrimators	3,198	1,058	1,036	1,057	3,038	121	6	694	333	2,235	96	0	(
fatches/fireworks/explosives	á a= :			4=			_		4		_	_	
Matches	2,354	2,256	39	45	2,336	16	. 0	91	1,245	68	. 8	0	9
Other/unknown	774	575	127	68	753	20	0	120	340	161	18	2	Ç
Total	3,128	2,831	166	113	3,089	36	0	211	1,585	229	26	2	C
loth repellants		0 400	حدث				_		4 700			_	
Napthalene	2,779	2,408	113	236	2,750	25	0	611	1,702	246	28	3	0
•													

TABLE 17. Demographic Profile of Exposure Cases by Generic Category of Substances and Products: Nonpharmaceuticals (Cont'd)

			Age (yr)		F	leason		Treated in			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Health Care Facility	None	Minor	Moderate	Major	Death
Paradichlorobenzene	433	361	19	49	429	3	0	44	244	50	4	0	0
Other/unknown	1,963	1.706	100	142	1,943	16	0	383	1,167	135	5	1	1
Total	5,175	4,475	232	427	5,122	44	0	1,038	3,113	431	37	4	1
Mushrooms	7,839	6,404	481	920	7,432	327	53	1.894	5,576	924	194	7	. 0
Paints and stripping agents	17,105	10,335	1.262	5,396	16.802	255	26	2,865	6,397	4,119	421	14	. 0
Photographic products	921	550	97	268	906	11	2	192	346	206	15	0	0
Plants	<b>72</b> ·	-	•			• •	_						
Anticholinergic	504	265	98	136	371	125	1	237	225	116	62	7	0
Cardiac glycosides	2,438	1,897	273	251	2,369	59	6	530	1,510	217	24	1	0
Colchicine	21	16	3	2	21	0	Ŏ	3	13	0	0	0	0
Cyanogenic glycosides	3,235	2.596	396	229	3.183	31	18	204	1.769	154	9	1	0
Depressants	45	36	4	5	43	2	0	8	25	6	2	Ō	0
Depressants	12,598	7,938	1.336	3,229	12.393	83	113	1.232	4,363	3,908	372	4	Ō
Gastrointestinal irritants	17,435	15.124	1,049	1,156	17,212	169	35	1,152	9,729	1.602	117	1	0
	239	176	35	26	213	22	3	46	131	24	1	Ó	Ō
Hallucinogenic	239	170	33	20	210		•	40			•	•	•
Nicotine (no tobacco	244	124	. 44	73	224	13	6	91	104	69	6 '	0	0
products)		21,435	986	912	23.296	89	58	539	11.163	956	57	2	ŏ
Nontoxic plant	23,458	15.907	628	558	17.057	89	7	725	9.824	2.464	103	- 0	ŏ
Oxalate	17,159		134	116	1.821	14	á	350	1.262	175	22	ŏ	ŏ
Solanine	1,844	1,583	28	38	292	8	1	76	182	43	3	1	1
Stimulants	301	235			292 248	5	Ó	97	166	42	4	ó	ò
Toxalbumins	253	164	50	38			102	1.376	7.681	1.525	179	4	ŏ
Other/unknown	14,201	11,854	1,333	932	13,929	140			48,147	11,301	961	21	1
Total	93,975	79,350	6,397	7,701	92,672	849	358	6,666		970	40	. 21	ö
Polishes and waxes	4,290	3,493	215	562	4,228	55	5	481	2,156		3	0	Ö
Radio-isotopes	110	20	18	71	101	2	4	46	31	17	3	U	U
Rodenticides		*					_		0.400	404	00		
Anticoagulants	4,190	3,725	101	320	4,017	161	0	1,124	2,189	161	. 23	3	1
Long-acting anticoagulant	5,133	4,726	111	272	4,951	169	1	1,682	3,139	172	18	1	1
Strychnine	178	55	14	106	117	53	3	123	71	28	17	<u>′</u>	0
Other/unknown	1,125	900	46	164	1,051	63	0	458	560	83	11	3	0
Total	10,626	9,406	272	862	10,136	446	4	3,387	5,959	444	69	14	2
Sporting equipment	825	527	182	112	803	17	2	180	452	109	12	1	1
Swimming pool/aquarium													
products	3,831	2,226	423	1,163	3,805	20	1	532	1,570	1,066	88	2	0
Tobacco products	9,246	8,697	205	325	9,119	99	14	1,717	4,801	2,029	75	2	1
Unknown nondrug substances	6,841	3,574	906	2,293	6,615	100	70	1,477	2,593	1,744	129	8	0

TABLE 18. Demographic Profile of Exposure Cases by Generic Category of Substance: Pharmaceuticals

	•		Age (yr)			Reason			Outcome*					
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Health Care Facility	None	Minor	Moderate	Major	Death	
Analgesics														
Acetaminophen only														
Adult formulation	16,929	5,053	5,281	6,455	7,681	8,825	112	10,778	7,416	3,031	698	121	19	
Pediatric formulation	45,276	43,386	1,506	257	44,729	440	65	5,905	27,464	1,674	206	6	0	
Unknown type	6,054	3,229	1,208	1,561	3,872	2,059	34	2,852	3,085	803	235	54	5	
Acetaminophen combina	tion with:													
Aspirin	1,602	339	553	699	575	946	50	1,031	536	507	54	4	1	
Codeine	6,483	1,263	1,055	4,109	2,452	3,581	352	4,381	1,715	2,145	316	58	13	
Oxycodone	1,921	316	200	1,378	727	1,016	138	1,224	477	617	99	23	. 1	
Propoxyphene	3,046	522	350	2,137	966	1,906	92	2,323	796	1,028	227	43	11	
Other narcotic/analog	1,783	224	233	1,307	624	972	132	1,204	402	592	97	13	2	
Other drug	3,288	744	658	1,856	1,208	1,917	105	2,268	1,057	1,061	156	29	0	
Aspirin only														
Adult formulation	5,652	1,844	1,633	2,130	2,563	2,924	82	3,469	2,154	1,322	306	25	8	
Pediatric formulation	1,174	1,075	7.1	21	1,131	34	5	249	710	98	10	0	1	
Unknown type	9,678	2,307	3,130	4,141	3,538	5.778	106	6,737	2,996	2,756	638	82	22	
Aspirin in combination w			·											
Codeine	1,067	193	140	721	367	634	43	737	226	396	80	12	1	
Oxycodone	598	117	48	431	218	330	38	403	137	173	48	6	1	
Propoxyphene	164	25	24	113	57	91	10	115	45	59	14	5	1	
Other narcotic/analog	317	68	45	200	129	156	29	200	92	104	20	2	0	
Other drug	3,417	882	946	1,559	1,383	1,879	79	2,222	1,153	1,068	173	14	0	

Patients with totally unknown age, reason or medical outcome were omitted from the respective tabulations.

ABBREVIATIONS: Acc, accidental; Adv Rxn, adverse reaction; Int, intentional.

\* Medical outcome data were also collected in categories labelled "unknown, nontoxic," "unknown, potentially toxic," and "unrelated effect." Thus, the numbers listed here do not represent the total poison exposure experience.

+ Excluding rubbing alcohol. † Excluding rubbing alcohol.

TABLE 18. Demographic Profile of Exposure Cases by Generic Category of Substance: Pharmaceuticals (Cont'd)

			Age (yr)			Reason		Treated in Health			Outcome*		
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Care Facility	None	Minor	Moderate	Major	Death
Narcotics												4.0	
Codeine	1,114	492	162 39	450 384	672 209	365 256	60 33	589 358	387 99	296 176	41 44	12 11	2
Meperidine Methadone	515 245	85 36	18	384 187	70 70	256 156	10	202	28	65	41	10	1
Morphine	240	44	26	165	119	97	15	170	49	50	25	5	4
Pentazocine	297	32	22	240	93	159	36	192	56	116	28	6	ō
Propoxyphene	830	101	91	626	243	535	27	634	161	304	73	19	8
Other/unknown	807	205	79	515	382	338	- 72	487	174	241	57	21	9
Nonaspirin salicylates Nonsteroidal antiinflamm	730 natory	363	90	273	478	212	27	334	304	155	33	5	1
Ibuprofen, OTC	13,379	8,424	2,176	2,706	9,547	3,562	150	4,443	7,035	1,714	153	11	1
lbuprofen, R <sub>x</sub> lbuprofen, unknown if	6,146	1,825	1,155	3,125	2,750	3,201	111	3,556	2,332	1,314	199	29	1
OTC or R <sub>x</sub>	2,617	771	599	1,218	1,168	1,347	64	1,524	985	577	102	10	1
Other/unknown	7,151	2,656	1,063	3,358	3,880	2,787	385	3,683	2,809	1,562	241	26	3
Other analgesics, misc	930	620	95	211	711	182	31	393	434	169	23	1	1
Total	143,450	77,241	22,696	42,533	92,542	46,685	2,493	62,663	65,314	24,173	4,437	663	118
Anesthetics	4,577	3,354	320	880	4,298	186	81	954	2,239	899	71	14	1
Anticholinergic	2,718	824	291	1,580	1,301	1,222	131	1,836	842	864	268	52	2
Anticoagulants	518	300	32	180	403	103	8	259	253	73	28	4	0
Anticonvulsants	2 002	1.000	E40	1.000	1 70/	988	20	1.010	907	900	386	89	
Carbamazepine Phenytoin	2,883 3,198	1,086 749	513 328	1,263 2,085	1,784 1,651	1,306	63 135	1,910 2,286	907 944	892 1,010	386 353	89 43	3 2
Valproic acid	735	295	154	2,083	549	154	23	327	343	153	38	7	1
Other/unknown	130	71	29	30	108	20	1	57	68	27	3	í	ö
Total	6,946	2,201	1,024	3,658	4,092	2,468	222	4,580	2,262	2,082	780	140	6
Antidepressants	3,0 .0	-,	.,	0,000	.,	-,		,,,,,,	_,	_,			·
Cyclic antidepressants											•		
Amitriptyline	4,784	704	484	3,535	1,353	3,205	94	4,146	823	1,472	935	409	35
Amoxapine	359	36	31	289	82	260	9	322	67	114	63	28	4
Desipramine '	1,400	223	201	963	432	919	30	1,181	307	477	187	89	25
Doxepin	2,504	226	211	2,031	568	1,830	38	2,210	382	861	436	180	15
Imipramine	2,696	627	481	1,562	1,038	1,531	83	2,198	726	813	356	122	24
Maprotiline	287 1,252	47 94	27 146	209 995	91 283	184 906	7 34	243 1,043	72 201	89 445	32 196	11 71	0 8
Nortriptyline Protriptyline	77	13	9	55	203	49	5	61	201	25	5	2	Ö
Formulated with a:	• • • • • • • • • • • • • • • • • • • •	10	3		21	40		0.	20	20	•	_	U
Benzodiazepine	417	55	35	321	106	295	2	342	82	151	62	20	2
Phenothiazine	905	187	81	625	281	590	12	781	177	305	161	43	4
Other/unknown	724	73	62	580	172	502	22	630	111	270	138	38	8
Lithium	2,393	273	216	1,867	849	1,338	128	1,958	588	791	304	90	4
MAO inhibitor	688	77	22	585	216	331	126	544	137	211	128	30	4
Trazodone	1,825	172	180	1,454	515	1,201	66	1,458	402	718	183	17	1
Other/unknown	1,124	80	112	915	232	779	84	917	277	386	108	37	1
Total Antihistamines	21,435	2,887	2,298	15,986	6,239	13,920	740	18,034	4,372	7,128	3,294	1,187	135
H <sub>2</sub> blockers	2,073	784	331	939	1,187	772	85	1,047	860	424	69	6	0
Diphenhydramine	10,692	5,325	1,476	3,827	6,743	3,625	199	5,063	4,016	3,173	513	51	7
Other/unknown	8,502	4,308	1,438	2,699	5,777	2,414	201	3,814	3,816	1,937	276	29	2
Total	21,267	10,417	3,245	7,465	13,707	6,811	485	9,924	8,692	5,534	858	86	9
Antimicrobials	,		-,-			•			-,				
Antibiotics	34,426	22,233	4,453	7,511	26,378	5,354	2,470	8,114	15,031	4,944	487	25	0
Antifungals	3,977	3,114	202	646	3,822	101	52	270	1,819	468	23	1	0
Antihelmintics											_		
Diethylcarbamazine	1,978	1,329	65	569	1,958	15	3	103	1,100	67	.9	0	0
Other/unknown	941	617	54	265	904	20	16	211	426	163	15	2	0
Antiparasitics	100	20	44	Eo	61	23	10	68	20	24	_	3	1
Antimalarials Metronidazole	100 792	30 205	11 127	58 452	392	255	16 132	340	38 238	191	5 24	1	0
Other/unknown	468	285	46	132	365	41	60	95	185	65	8	•	ŏ
Antituberculars	. 400	200	70	102	000	7.		33	,,,,		٠.	•	•
Isoniazid	238	50	62	124	90	130	8	195	71	47	44	33	0
Other/unknown	50	19	4	26	31	11	7	24	15	17	4	0	ŏ
Antivirals	315	124	24	163	195	99	19	154	103	70	8	0	0
Other/unknown	89	52	11	26	70	12	7	30	51	17	0	0	0
Total	43,374	28,058	5,059	9,972	34,266	6,061	2,790	9,604	19,077	6,073	627	66	1
Antineoplastics	413	112	24	271	360	32	17	189	146	119	26	4	0
Asthma therapies													
Aminophylline/	E 004	1 004	4.550	0 444	0.550	1.000	000	0.000	4 000	4 0 4 0	040	^^	
theophylline	5,924	1,921	1,556	2,411	3,558	1,958	293	3,896	1,869	1,842	648	86	26
β₂ agonists Other/unknown	4,347 238	3,053 150	661 43	601 42	3,677 201	519 22	117 14	1,723	1,912 103	1,288 50	133	6 0	1
Total	10,509	5,124	2,260	3,054	7,436	2,499	14 424	53 5,672	3,884	3,180	3 784	92	27
Cardiovascular drugs	10,003	J, 124	٠,200	0,034	7,400	2,733	724	3,012	3,004	3,100	104	32	21
Antiarrhythmics	859	253	53	547	678	127	38	407	416	146	31	13	8
			-				-				٠.		~

(Continued on following page)

TABLE 18. Demographic Profile of Exposure Cases by Generic Category of Substance: Pharmaceuticals (Cont'd)

			Age (yr) Reason		Treated in Health			Outcome*					
	No. of Exposures	<6	6-17	>17	Acc	Int	Adv Rxn	Care Facility	None	Minor	Moderate	Major	Deat
Antihypertensives	3,821	2,126	309	1,358	2,875	822	81	2,431	1,688	886	298	65	7
β blockers	4,523	1,876	452	2,160	3,027	1,348	90	2,715	2,216	900	238	55	8
Calcium antagonists	2,874	1,182	193	1,478	2,180	599	72	1,548	1,412	521	144	59	17
Cardiac glycosides	1,751	886	92	762	1,402	272	41	1,046	847	253	154	47	23
Vasodilators Other/unknown	3,839 159	2,666 87	205	939 <sub>.</sub> 52	3,336 127	416 21	59 10	1,366	2,264	463 21	73 2	6 1	2
Total	17,826	9,076	18 1,322	7,296	13,625	3,605	391	46 9,559	75 8,918	3,190	940	246	65
Cold and cough preparation		3,070	1,022	7,290	13,023	3,003	391	3,553	0,910	3,190	340	240	05
Acetaminophen + decong													
antihistamine Aspirin + acetaminophen	9,029	5,140	1,394	2,455	6,541	2,183	214	3,418	3,807	2,359	205	19	0
+ decongestant/													
antihistamine	133	57	. 25	50	81	48	3	66	52	44	2	0	- 0
Aspirin + decongestant/													
antihistamine	1,040	603	145	287	806	183	38	318	479	206	24	0	0
Expectorants/antitussives	5,706	4,512	536	641	5,106	467	109	1,216	2,701	1,134	80	3	0
Other formulations for													_
cough/colds	60,658	48,587	5,761	6,127	54,570	5,010	873	16,404	29,724	15,181	876	42	3
Total	76,566	58,899	7,861	9,560	67,104	7,891	1,237	21,422	36,763	18,924	1,187	64	3
Diagnostic agents	324	162	15	141	280	22	21	120	121	63	13	3	0
Diuretics	4,462	2,501	520	1,416	3,375	941	89	1,904	2,107	825	121	16	1
Electrolytes/minerals	1 540	4 004		450	4 470		40	4 40	74-	440			_
Calcium saits	1,543	1,301	69	159	1,470	57	12	143	717	113	14	1	0
Fluoride (excluding vitamins) Iron (excluding	3,823	3,476	246	90	3,769	41	9	347	1,933	696	19	0	0
vitamins)	3,699	2,667	349	665	3,021	626	27	1.932	1.782	816	175	13	5
Magnesium salts	158	60	17	79	146	. 020	2	67	55	52	. 3	1	0
Potassium salts	807	491	72	235	684	105	9	262	417	115	12	3	ŏ
Sodium salts	1,331	980	192	153	1,275	47	3	261	633	276	19	1	ŏ
Zinc	760	369	60	319	710	35	14	215	247	234	23	ż	ő
Other/unknown	75	45	9	20	67	6	2	213	29	8	2	õ	ŏ
Total	12,196	9,389	1,014	1,720	11,142	924	78	3,229	5,813	2,310	267	21	5
Eye/ear/nose/throat	12,130	3,003	1,014	1,720	11,176	327	70	3,223	3,013	2,510	207	21	3
preparations	10,819	7,260	753	2,764	10,388	294	114	1,931	5,072	2,281	175	7	0
Gastrointestinal preparation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 00	2,104	10,000	204		1,501	3,012	2,201	170	•	J
Antacids	12,388	11,309	472	572	12,136	155	80	547	5,991	558	60	2	. 0
Antidiarrheals/	,000	,		٠٠	12,100			047	0,001	000		-	•
antispasmodics	3,121	1,699	423	974	2,129	846	106	1,772	1,389	756	131	13	1
Laxatives	10,299	8,232	709	1,316	9,628	530	99	1,700	3,790	2,694	199	5	ò
Other/unknown	1,683	1,186	133	357	1,375	221	74	476	749	237	39	5	Ŏ
Total	27,491	22,426	1,737	3,219	25,268	1,752	359	4,495	11,919	4,245	429	25	- 1
Hormones and hormone and	agonists												
Corticosteroids	2,810	1,830	226	731	2,448	223	126	417	1,178	260	34	0	- 0
Insulin	369	43	20	300	219	125	17	226	110	82	34	12	3
Oral contraceptives	8,443	7,586	464	361	8,063	337	27	708	3,955	383	41.	0	0
Oral hypoglycemics	1,171	655	98	408	914	225	21	848	588	236	92	16	2
Thyroid preparations	3,002	2,304	176	502	2,680	287	22	839	1,708	241	48	7	. 1
Other/unknown	2,423	1,619	199	586	2,023	322	61	551	1,110	287	45	4	0
Total	18,218	14,037	1,183	2,888	16,347	1,519	274	3,589	8,649	1,489	294	39	6
Miscellaneous drugs													
Allopurinol	263	176	15	67	225	29	5	84	165	15	4	2	0
L-dopa and related													
drugs	193	88	7	98	154	23	12	87	86	38	10	2	0
Disulfiram	608	40	27	532	222	320	58	463	98	213	50	4	0
Ergot alkaloids	663	308	65	286	431	182	44	350	296	185	20	0	0
Homeopathic/herbal								_					
preparations	990	753	45	190	865	79	39	228	493	117	8	1	0
Other	4,623	2,825	444	1,318	3,941	499	155	1,131	1,887	1,084	121	17	1
Total	7,340	4,190	603	2,491	5,838	1,132	313	2,343	3,025	1,652	213	26	.1
Muscle relaxants	4,182	776	521	2,839	1,456	2,562	85	3,168	1,052	1,406	385	75	5
Sedative/hypnotics/antipsycl	notics												
Barbiturates	0.040				4 000			e .c-		4			
Long-acting	3,646	980	398	2,225	1,830	1,665	68	2,467	968	1,213	381	127	4
Short/intermediate-actin		233	230	1,516	547	1,349	51	1,617	362	699	219	69	4
Unknown type	29	4 205	3	23	6 7.477	21	0	26	4 010	4	9	2	0
Benzodiazepines	25,531	4,205	1,840	19,167	7,477	17,091	323	20,074	4,812	9,511	2,213	456	42
Chloral hydrate	346	90	19	233	139	190	14	267	41	132	45	16	2
Ethchlorvynol	271	15	18	234	44	215	1	246	16	88	54	18	0
Glutethimide	283 500	5 65	21	253	35	231	4	266	21	126	63	24	2
Meprobamate Methagualone	500 122	65 15	52 16	377	119	360	6	417	97	169	74	23	1
Methaqualone	122 4,426	15 267	16	89	29 744	91	0	108	15	34	14	3	0
OTC sleep aids		267	671	3,421	744	3,543	18	3,800	896	1,758	331	29	1
Phenothiazines	8,384	1,397	888	6,024	2,854	4,949	377	6,713	2,012	3,066	921	200	18
Other/unknown	0.47	100											
Other/unknown Total	847 46,388	120 7,394	89 4,245	625 34,187	246 14,070	541 30,246	47 909	638 36,639	196 9,440	291 17,091	48 4,372	18 985	3 77

TABLE 18. Demographic Profile of Exposure Cases by Generic Category of Substance: Pharmaceuticals (Cont'd)

Serums, toxoids, and vaccines Stimulants and street drugs Amphetamines Amyl/butyl nitrites Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	No. of Exposures  437  4,322 166 5,238 3,648  2,042 494 257 499 708 866 225 531  222 217 19,435	<6 104 1,355 26 1,453 161 983 210 125 12 29 143 61 53 54	6-17 47 987 38 1,982 251 465 120 48 9 285 233 58 102	>17  280 1,920 100 1,760 3,173  579 156 82 467 384 479 105 367	308 2,261 76 2,332 451 1,270 275 159 47 130 272	9 1,896 88 2,725 3,055 707 205 82 434 557	115 99 1 83 24 30 7 15 7	184 2,966 104 2,896 3,243 1,108 315 142 453	95 1,179 27 1,283 343 864 187 85	Minor 164 1,257 67 2,197 1,280 564 162 63 139	18 449 13 283 583 89 19 14	Major  0 43 2 14 144  7 1 1 40	Death  0 12 1 15 63
vaccines Stimulants and street drugs Amphetamines Amyl/butyl nitrites Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	4,322 166 5,238 3,648 2,042 494 257 499 708 866 225 531 222 217 19,435	1,355- 26 1,453 161 983 210 125 12 29 143 61 53	987 38 1,982 251 465 120 48 9 285 233 58	1,920 100 1,760 3,173 579 156 82 467 384 479 105	2,261 76 2,332 451 1,270 275 159 47 130	9 1,896 88 2,725 3,055 707 205 82 434	99 1 83 24 30 7 15	2,966 104 2,896 3,243 1,108 315 142	1,179 27 1,283 343 864 187 85	1,257 67 2,197 1,280 564 162 63	449 13 283 583 589 19	43 2 14 144 7 1	12 1 15 63
Stimulants and street drugs Amphetamines Amyl/butyl nitrites Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	4,322 166 5,238 3,648 2,042 494 257 499 708 866 225 531 222 217 19,435	1,355- 26 1,453 161 983 210 125 12 29 143 61 53	987 38 1,982 251 465 120 48 9 285 233 58	1,920 100 1,760 3,173 579 156 82 467 384 479 105	2,261 76 2,332 451 1,270 275 159 47 130	1,896 88 2,725 3,055 707 205 82 434	99 1 83 24 30 7 15	2,966 104 2,896 3,243 1,108 315 142	1,179 27 1,283 343 864 187 85	1,257 67 2,197 1,280 564 162 63	449 13 283 583 589 19	43 2 14 144 7 1	12 1 15 63
Amphetamines Amyl/butyl nitrites Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	166 5,238 3,648 2,042 494 257 499 708 866 225 531 222 217 19,435	983 210 125 129 143 61 53	38 1,982 251 465 120 48 9 285 233 58	100 1,760 3,173 579 156 82 467 384 479 105	76 2,332 451 1,270 275 159 47 130	88 2,725 3,055 707 205 82 434	1 83 24 30 7 15	104 2,896 3,243 1,108 315 142	27 1,283 343 864 187 85	67 2,197 1,280 564 162 63	13 283 583 583 89 19 14	2 14 144 7 1 1	1 15 63
Amyl/butyl nitrites Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	166 5,238 3,648 2,042 494 257 499 708 866 225 531 222 217 19,435	983 210 125 129 143 61 53	38 1,982 251 465 120 48 9 285 233 58	100 1,760 3,173 579 156 82 467 384 479 105	76 2,332 451 1,270 275 159 47 130	88 2,725 3,055 707 205 82 434	1 83 24 30 7 15	104 2,896 3,243 1,108 315 142	27 1,283 343 864 187 85	67 2,197 1,280 564 162 63	13 283 583 583 89 19 14	2 14 144 7 1 1	1 15 63
Caffeine Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	5,238 3,648 2,042 494 257 499 708 866 225 531 222 217 19,435	983 210 125 12 29 143 61 53	1,982 251 465 120 48 9 285 233 58	1,760 3,173 579 156 82 467 384 479 105	2,332 451 1,270 275 159 47 130	2,725 3,055 707 205 82 434	83 24 30 7 15	2,896 3,243 1,108 315 142	1,283 343 864 187 85	2,197 1,280 564 162 63	283 583 89 19 14	14 144 7 1	15 63 1
Cocaine Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	2,042 494 257 499 708 866 225 531 222 217 19,435	983 210 125 12 29 143 61 53	251 465 120 48 9 285 233 58	579 156 82 467 384 479 105	1,270 275 159 47 130	3,055 707 205 82 434	30 7 15	3,243 1,108 315 142	343 864 187 85	1,280 564 162 63	583 89 19 14	7 1 1	63 1
Diet aids Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	2,042 494 257 499 708 866 225 531 222 217 19,435	983 210 125 12 29 143 61 53	465 120 48 9 285 233 58	579 156 82 467 384 479 105	1,270 275 159 47 130	707 205 82 434	30 7 15	1,108 315 142	864 187 85	564 162 63	89 19 14	7 1 1	1
Phenylpropanolamine (PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	494 257 499 708 866 225 531 222 217 19,435	210 125 12 29 143 61 53	120 48 9 285 233 58	156 82 467 384 479 105	275 159 47 130	205 82 434	7 15	315 142	187 85	162 63	19 14	1	1
(PPA) PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	494 257 499 708 866 225 531 222 217 19,435	210 125 12 29 143 61 53	120 48 9 285 233 58	156 82 467 384 479 105	275 159 47 130	205 82 434	7 15	315 142	187 85	162 63	19 14	1	1
PPA and caffeine Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	494 257 499 708 866 225 531 222 217 19,435	210 125 12 29 143 61 53	120 48 9 285 233 58	156 82 467 384 479 105	275 159 47 130	205 82 434	7 15	315 142	187 85	162 63	19 14	1	1
Other/unknown Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	257 499 708 866 225 531 222 217 19,435	125 12 29 143 61 53	48 . 9 285 233 58	82 467 384 479 105	159 47 130	82 434	15	142	85	63	14	1	
Heroin LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	499 708 866 225 531 222 217 19,435	12 29 143 61 53	. 9 285 233 58	467 384 479 105	47 130	434							
LSD Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	708 866 225 531 222 217 19,435	29 143 61 53	285 233 58	384 479 105	130				- 30	139	112		12
Marijuana Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	866 225 531 222 217 19,435	143 61 53	233 58	479 105			5	545	52	307	117	6	ō
Mescaline/peyote Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	225 531 222 217 19,435	61 53 54	58	105	212	563	11	564	108	328	83	7	4
Phencyclidine PPA-containing "look-alikes" Other/unknown Total Topicals	531 222 217 19,435	53 54			131	91	2	125	29	95	21	3	ó
PPA-containing "look-alikes" Other/unknown Total Topicals	222 217 19,435	54	102		123	386	ō	471	33	226	120	25	2
"look-alikes" Other/unknown Total Topicals	217 19,435			. 301	120	500	v	7/ /	55	220	120		-
Other/unknown Total Topicals	217 19,435		59	107	79	133	0	177	59	80	27	0	0
Total Topicals	19,435		42	125	74	136	2	161	42	74	26	2	ŏ
Topicals		4,710	4.679	9,804	7.680	11,058	286	13,270	4,321	6,839	1.956	295	101
	4 404	4,710	4,079	9,004	7,000	11,000	200	13,270	4,021	0,000	1,330	200	
		704	170	248	1,047	34	45	134	478	/ 255	18	. 0	. 0
Acne preparations	1,131 454	320	29	101	442	8	3	46	225	68	5	ŏ	ŏ
Boric acid antiseptics	434 4,342			-		51	9	393	2,074	334	22	4	ŏ
Calamine		3,509	194 253	622 791	4,278 5,826	96	15	1,724	3,465	988	78	. 7	ŏ
Camphor	5,945	4,876	203	791	3,020	90	13	1,724	3,403	300	70		·
Camphor and methyl	4.050	000	EE	477	1 000	16	21	270	525	260	. 14	0	0
salicylate	1,058 11.605	823	55	177	1,020	28	9	170	5,439	568	21	ŏ	ŏ
Diaper care products	11,000	11,239	113	211	11,566	20	9	170	5,439	300	21		v
Hexachlorophene	400	445	7		470	11	2	42	97	34	2	0	0
antiseptics	183	115	7 405	61	170	129	7	508		•	88	ŏ	ő
Hydrogen peroxide	5,949	3,574	465	1,876	5,801	129	28	494	2,153 647	1,308 380	32	ŏ	ŏ
lodine antiseptics	1,633	725	193	702	1,395		20 5	96	532	74	9	ŏ	ŏ
Mercurial antiseptics	942	808 5.050	45 282	86	902	35 42	14	772	3,018	1,237	46	3	3
Methyl salicylate	6,036	-,		681	5,975	3	3	24	14	1,237	8	1	ő
Podophyllin	62	33	5	23	55	29	38	164		373	23	ò	ŏ
Steroids	5,705	4,899	157	617	5,631	2 <del>9</del> 26	13	216	2,645	469	17	2	ŏ
Wart preparations	1,645	1,227	156	251	1,604	70	17	444	687	551	42	1	ő
Other/unknown	2,940	2,167	203	553	2,844				1,385		425	18	3
Total	49,630	40,069	2,327	7,000	48,556	774	229	5,497	23,384	6,911	423	10	3
Veterinary drug	4.010	1,029	146	700	1,893	15	4	271	910	317	17	0	0
(no human equivalent) Vitamins	1,913	1,029	140	729	1,093	19	-	2/1	310	317	17	U	U
	onarationa	•											
Multiple vitamins—adult pre		1 006	224	207	2 242	135	78	293	1,394	83	18	1	0
No iron, no fluoride	2,461 5,453	1,906 4.326	234 584	307 518	2,242 4,873	521	76 38	1,454	2,935	727	68	2	1
With iron, no fluoride	5,455	7,320	304	316	4,013	321	30	1,404	2,300	121	00	-	•
With iron, with	49	39	6	4	43	6	0	13	25	12	2	0	0
fluoride	49 159	152	7	0	159	ő	ő	6	104	8	0	ŏ	ŏ
No iron, with fluoride Multiple vitamins—pediatric			′	, 0	109	U		U	104	U	v	v	•
	7,986	7,104	826	34	7.887	90	5	446	4,275	525	45	0	0
No iron, no fluoride	7,986 10,043	9,070	903	34 45	9,904	124	2	1,894	5,857	1,223	94	ĭ	ŏ
With iron, no fluoride With iron, with	10,043	3,010	303	40	<b>3,3∪</b> +	147	-	1,007	0,007	.,220	<b>V</b> 4	•	•
fluoride	432	413	14	3	429	1	· 1	64	245	41	10	0	0
	2,241	2,146	73	15	2,228	11	ż	121	1,349	103	2	ŏ	ŏ
No iron, with fluoride Vitamin A	607	446	73 57	104	544	45	15	104	319	38	7	ŏ	ŏ
Niacin	1,212	250	70	888	719	56	431	159	114	765	33	ŏ	ŏ
Pyridoxine	211	135	22	54	158	39	11	54	93	29	4	ŏ	ŏ
Other B complex	-11	100	22	<b>V</b> T	,55	00	• •	<b>5</b> -7	55	~~	7	•	•
vitamins	853	612	63	173	735	68	45	120	390	130	6	0	0
Vitamins Vitamin C	1,904	1,542	221	135	1,766	108	24	114	855	187	10	ŏ	ŏ
Vitamin D	266	216	9	33	252	10	4	58	148	21	5	ŏ	ŏ
Vitamin E	714	586	44	82	663	36	12	69	360	44	4	ŏ	ŏ
	1,663	1,383	135	137	1,519	117	23	297	772	176	7	3	ŏ
Other/unknown	36,254	30,326	3,268	2,532	34,121	1,367	691	5,266	19,235	4,312	315	7	ĭ
Total Unknown drug	12,408	4,970	1,834	5,390	9,463	2,192	334	5,952	4,003	3,223	506	66	i

Patients with totally unknown age, reason or medical outcome were omitted from the respective tabulations.

ABBREVIATIONS: Acc, accidental; Adv Rxn, Adverse Reaction; Int, intentional; OTC, over-the-counter; R<sub>x</sub>, prescription; misc, miscellaneous.

\* Medical outcome data were also collected in categories labelled "unknown, nontoxic," "unknown, potentially toxic," and "unrelated effect." Thus, the numbers listed here do not represent the total poison exposure experience.

TABLE 19. Frequency of Plant Exposures by Plant Type

Botanical Name	Common Name	Frequency		
Philodendron spp	Philodendron	6,252		
Dieffenbachia spp	Dumbcane	3,806		
Euphorbia pulcherrima	Poinsettia	3,001		
Crassula spp	Jade plant	2,618		
llex spp	Holly	2,337		
Brassaia and Schefflera spp	Schefflera	1,835		
Phytolacca americana	Pokeweed, inkberry	1,832		
Capsicum annuum	Pepper	1,783		
Taxus spp	Yew	1,388		
Pyracantha spp	Firethorn	1,382		
Toxicodendron radicans	Poison lvy	1,353		
Saintpaulia spp	African violet	1,252		
Epipremnum aureum	Pothos, devil's ivy	1,252382		
Spathiphyllum spp	Peace lily	1,057		
Rhododendron spp	Rhododendron, azalea	955		
Ficus benjamina	Weeping fig tree	809		
Chrysanthemum spp	Chrysanthemum	800		
Ficus elastica	Rubber tree	783		
Hedera	lvy	744		
Chlorophytum spp	Spider plant	773		

**TABLE 20.** Substances Most Frequently Involved in Human Exposure

Substance	No.	%*
Analgesics	143,450	10.5
Cleaning substances	137,240	10.0
Cosmetics	110,546	8.1
Plants	93,975	6.9
Cough and cold preparations	76,566	5.6
Hydrocarbons	52,454	3.8
Pesticides (includes rodenticides)	52,125	3.8
Topicals	49,630	3.6
Bites/envenomations	47,829	3.5
Foreign bodies	47,374	3.5
Sedative/hypnotics/antipsychotics	46,388	3.4
Chemicals	43,540	3.2
Antimicrobials	43,374	3.2
Food poisoning	39,226	2.9
Alcohols	37,212	2.7
Vitamins	36,254	2.6

Despite a high frequency of involvement, these substances are not necessarily the most toxic, but rather often represent only ready availability.

TABLE 21. Categories with Largest Numbers of Deaths

Category	No.	% of All Exposures in Category
Antidepressants	135	0.630
Analgesics	118	0.082
Stimulants and street drugs	101	0.520
Sedative/hypnotics	77	0.166
Cardiovascular drugs	65	0.365
Alcohols/glycols	41	0.110
Gases and fumes	39	0.227
Asthma therapies	27	0.257
Chemicals	24	0.055
Cleaning substances	19	0.014
Pesticides (including rodenticides)	14	0.027

TABLE 22. 6-Year Comparisons

	1983	1984	1985	1986	1987	1988
No. of reported poison exposures	251,012	730,224	900,513	1,098,894	1,116,940	1,368,748
% of exposures involving children aged <6 yr	64.1	64.9	63.9	63.0	66.6	62.0
No. of deaths	95	293	328	406	397	545
% of annual exposures that are deaths	0.038	0.040	0.036	0.037	0.034	0.040
No. of suicides	60	165	178	223	226	297
% of annual deaths that are suicides	63.2	56.3	54.3	55.0	57.0	54.5
No. of pediatric deaths (aged <6 yr)	10	21	20	15	22	28
% of annual deaths that are pediatric	10.5	7.2	6.1	3.7	5.5	5.1
lpecac administration (% of exposures)	13.4	12.9	15.0	13.3	10.1	8.4
Activated charcoal use (% of exposures)	4.0	3.6	4.6	5.2	5.2	6.5

<sup>\*</sup> Percentages are based on the total number of human exposures rather than the total number of substances.

In closing, we gratefully acknowledge the extensive contribution of time, effort, and case reports by each of the participating poison centers. The quality of the data submitted reflects their meticulous data collection. Further, we applaud the emergency physicians, nurses, and others who gathered and transmitted comprehensive data to the poison centers for inclusion in this database.

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Case 1. A 2-day-old, 34- to 35-week premature male infant (2 kg) with respiratory distress syndrome was inadvertently injected via an umbilical catheter with 10 mL 70% ethanol mistaken for a saline flush. Following the injection, the infant's lower extremities immediately blanched. Over the next several hours the lower extremities became blue-black, and within four hours hematuria was noted. Six hours after the event, the child required intubation for respiratory distress. Seven hours after the injection, the blood ethanol level was 150 mg/dL, acetone was 10 mg/dL, and anion gap was 21 mEq/L. Over the next 24 hours the child became more alert, but liver enzyme elevation was noted: aspartate aminotransferase, 207 IU/L; lactate dehydrogenase, 5,031 IU/L; creatine phosphokinase, 801 IU/mL. The lower extremities remained mottled with blue-black discoloration, especially on the soles and heels. Over the next several days, the lower extremities improved, urine output remained adequate, and dopamine was weaned. Eight days after the injection oral feedings were begun. Several hours later the infant had a grossly bloody stool and bilious emesis. Surgical exploration of the abdomen was performed the next day. No viable intestine could be found. The child died 17 days after the injection.

Case 2. A 3-year-old boy was found asleep with one fourth of a bottle of rum missing. He was put to bed and left to sleep the night. Eleven hours and 15 minutes later he was found unresponsive with evidence of recent vomiting. In the emergency department he had

rapid, shallow, noisy respirations and bilateral rhonchi and rales. Intermittent seizure activity was present beginning on the right side of the face and later becoming generalized. The child was responsive only to deep pain. Pupils were 4 mm, equal, and reactive. Eye movements were dysconjugate. In the intensive care unit, temperature was 38.7°C; pulse, 180/min; respirations, 27/min; BP, 104/59 mm Hg. The patient was intubated and given 100% oxygen. The chest radiograph initially was clear, but within 24 hours atelectasis and pneumonia were evident. Ceftriaxone and ampicillin were administered. The patient deteriorated with multiple organ failure. Arterial blood gases were pH, 7.06; Po<sub>2</sub>, 45.9 mm Hg; Pco<sub>2</sub>, 45.3 mm Hg. The admission blood ethanol concentration was 45.4 mg/ dL. Tonsillar herniation secondary to increased intracranial pressure became evident on computerized tomography (CT). Brain flow studies 4 days after the ingestion showed an absence of perfusion in anterior and middle cerebral arteries compatible with brain death. An EEG confirmed electrocerebral silence, and ventilatory support was discontinued more than a month after the exposure.

Case 14. A 20-year-old woman attempted to commit suicide by ingesting approximately 300 mL of a 95% methanol solution 2 days prior to admission. She told her parents, but they did not take it seriously and she was kept at home. Twenty-four hours later she again attempted to commit suicide by slashing her wrists and was taken to a hospital. The lacerations were sutured and she was admitted to a psychiatric unit. After approximately 16 hours in the psychiatric unit the patient had two generalized seizures and a cardiorespiratory arrest. After resuscitation she was found to be in severe metabolic acidosis with a wide anion gap (41 mEq/L). Hemodialysis was instituted. Arterial pH at the start of dialysis was 6.76, bicarbonate was 17 mEq/ L, and Po<sub>2</sub> was 400 mm Hg. Before the first dialysis, the methanol level was 1,200 mg/dL. Measured serum osmolality at the time of the dialysis was 383 mosm/kg H<sub>2</sub>O with a calculated osmolality of 318 mosm/kg H<sub>2</sub>O. After 6 hours of hemodialysis incorporating sodium bicarbonate into the dialysis fluid, the pH was 7.3 and the methanol level fell to 400 mg/dL. With repeat dialysis the methanol level fell to 250 mg/dL, but the patient developed disseminated intravascular coagulation. She was placed on continuous peritoneal dialysis with ethanol in the dialysate. The serum lactate level was measured at 17 mmol/L. She was found to have a cardiac output of 15 L/min prior to the first dialysis which decreased to 10 L/min postdialysis. She was ventilator dependent, her pupils were fixed and dilated, she was completely flaccid and areflexic, and an EEG was isoelectric. The patient died five days after the ingestion.

Case 16. A 14-year-old boy was discovered by paramedics in an alley with an empty bottle of typewriter correction fluid next to him. The patient was unresponsive, cyanotic, and pulseless. Cardiopulmonary resuscitation was begun and the patient was transported to the emergency department. An ECG showed random waves. Arterial blood gases revealed a pH of 6.8; Pco<sub>2</sub> of 123 mm Hg; and Po<sub>2</sub> of 6 mm Hg. The patient was unresponsive to resuscitation. Postmortem examination revealed a dilated heart; congested, atelectatic, focally hemorrhagic lungs; aspirated gastric contents; congested, cyanotic brain and viscera; and petechiae of the pleura and epicardium. Toxicology laboratory studies revealed the presence of 1,1,1-trichloroethane and trichloroethylene in brain tissue.

Case 18. A 20-year-old man with chronic inhalation abuse of solvents lost consciousness after inhaling fumes from four bottles of typewriter correction fluid (trichloroethylene and trichloroethane). When the rescue squad arrived he was in ventricular fibrillation. The patient was intubated and cardiopulmonary resuscitation was initiated. Upon the patient's arrival in the emergency department an ECG showed ventricular fibrillation. Asystole occurred 20 minutes later.

Case 21. A 34-year-old man ingested approximately 1 L of ethylene glycol antifreeze the day before he presented to the emergency department. He had vomited a few times but otherwise had no complaints. After sleeping through the night, the patient went to work, but was sent home because he looked ill. He collapsed as he walked to his car, and was admitted to the emergency department with seizures, atrial fibrillation, and an arterial pH of 6.5. After the seizures were controlled with diazepam, hemodialysis was attempted, but the patient developed ventricular tachycardia and could not be resuscitated. Postmortem ethylene glycol level was 209 mg/dL.

Case 23. A 59-year-old man with a history of ethanol abuse presented to the emergency department cyanotic and complaining of being unable to see after ingesting an unknown amount of windshield wiper antifreeze 1 to 2 days before. Arterial pH was 6.8; anion gap was 33 mEq/L. He was intubated and placed on a ventilator. Multiple seizures were poorly controlled with phenobarbital, phenytoin, and diazepam. On the second hospital day, blood ethanol concentration was 0 mg/ dL. The patient received massive doses of intravenous sodium bicarbonate. BP was 40/20 to 27/19 mmHg on dopamine and levarterenol infusions. Pupils were dilated and fixed. Temperature was 37.7° to 38.9°C. On the third hospital day an ethanol infusion was initiated. The blood methanol concentration reported on the third hospital day was 803 mg/dL. An EEG was "flat" on the third hospital day. The patient died on the fifth hospital day.

Case 25. A 40-year-old schizophrenic man reportedly drank 150 mL of an instant ice pack containing ammonium nitrate 50%. Ipecac was given at the institution where the man was living, then the patient was transferred to an emergency department. Upon arrival, the patient was briefly asystolic but recovered. Six hours later the patient had bradycardia and hypotension with a  $Po_2 > 400$  mm Hg, marginal oxygen saturation, and methemoglobin level of 50%. BP was maintained with epinephrine and dopamine. The patient was intubated and received oxygen. Seven hours after ingestion, the patient was pronounced dead.

Case 27. A 62-year-old woman was found unresponsive, with shallow respirations. She had obtained a bottle of 100% chloroform from a pharmacy, and 150 mL of the 240-mL bottle was missing. She was intubated, lavaged, and given charcoal and N-acetylcysteine. BP was 130 mm Hg systolic with a heart rate of 68/min. Admission electrolytes were sodium, 141 mEq/L; chloride, 105 mEq/L; potassium 4.7 mEq/L; and bicarbonate, 14 mEq/L, with an anion gap of 22 mEq/L. Blood ethanol was 140 mg/dL. She progressively deteriorated over the next several hours, manifesting hematuria, decreased urine output, intravascular hemolysis, and a markedly distended abdomen. She remained unresponsive and hypotensive, requiring high doses of dopamine. The serum bicarbonate level was 11 mEg/L and pH was 7.2. A lactic acid level of 10.9 mmol/L was obtained. The metabolic acidosis was refractory to >250 mEq sodium bicarbonate infused over 8 hours. Amylase was >1,000 U/L; aspartate aminotransferase was 393 IU/L; and bilirubin was 2.7 mg/dL. She developed bloody stools and hematuria with low urine output progressing to anuria. The patient remained too unstable for hemodialysis and died 24 hours after the ingestion.

Case 30. A 35-year-old man swallowed cyanide in a glassful of water after being caught by police while operating an illegal narcotics laboratory. He convulsed shortly thereafter, and was in cardiorespiratory arrest on arrival at the emergency department. Treatment with oxygen and a cyanide kit was initiated without response.

Case 37. A 58-year-old man ingested 120 to 240 mL formalin (formaldehyde and 17.2% methanol) after arriving for work at a meat packing plant. The patient became semicomatose but rapidly awakened in the emergency department. Room air arterial blood gases were pH, 7.37; PCo<sub>2</sub>, 17 mm Hg; and oxygen saturation, 99%. Activated charcoal and a cathartic were given. Electrolytes were sodium, 140 mEq/L; potassium, 3.8 mEq/L; chloride, 106 mEq/L; bicarbonate, 11 mEq/L; and glucose, 228 mg/dL. Five hours postingestion the patient deteriorated. He was dyspneic and obtunded, requiring intubation. Arterial blood

gases on 100% oxygen were pH, 6.8; Pco<sub>2</sub>, 48 mm Hg; and Po<sub>2</sub>, 200 mm Hg. Administration of bicarbonate and ethanol was initiated, and the patient was transferred for dialysis. The patient became hypotensive with a BP of 60/palpable despite dopamine. Disseminated intravascular coagulopathy was noted. A dialysis catheter and Swan-Ganz catheter were placed, but the patient arrested and could not be resuscitated. Autopsy revealed a fixed stomach consistent with formaldehyde ingestion. The patient's methanol level continued to increase even to the time of arrest. Ethanol was initiated approximately 6 hours after the ingestion. The peak level was 33.1 mg/dL. Formate levels increased from 14.3 mmol/L to 29.6 mmol/L 6 hours after ingestion, then fell to 12.9 mmol/L at the time of arrest.

Case 38. A 19-year-old man was transported to an emergency department after exposure to hydrogen cyanide gas resulting from the inadvertent mixture of muriatic acid and zinc cyanide sludge while cleaning an electroplating vat. He was unresponsive with decorticate posturing and red frothy sputum. Initial arterial blood gases were pH, 7.01; Pco<sub>2</sub>, 93 mm Hg; and Po<sub>2</sub>, 13 mm Hg. CT revealed massive cerebral edema and the EEG was nearly flat. A whole blood cyanide level of 2.5 µg/mL was later reported. Treatment included administration of two cyanide antidote kits, 3.5 hours of hyperbaric oxygen therapy, mannitol, and hyperventilation. Dopamine was required for BP support for the first 24 hours, but over the next 24 hours increasing BP required the use of a nitroprusside infusion. Generalized tonic-clonic seizure activity was seen 48 hours after presentation. The patient remained completely unresponsive to all stimuli, with fixed, dilated pupils. A second flat EEG was observed, and no cerebral blood flow was noted on nucleotide scan. The patient was pronounced dead 2.5 days after the exposure.

Case 39-42. Four men aged 21 through 29 years were found dead at the scene of an industrial accident in an electroplating operation. By mistake, muriatic acid had been used instead of sodium hypochlorite to clean zinc cyanide sludge from a plating vat. Hydrogen cyanide gas was inadvertently released. A fifth patient, described above (case 38), was transported to a medical facility and died several days after the exposure.

Case 44. A 23-year-old man presented to the emergency department alert, oriented, diaphoretic, salivating, and combative. He had ingested an unknown amount of an aluminum brightener containing hydrofluoric acid. The initial respiratory rate was 26/min and arterial blood gases were pH, 7.45; Pco<sub>2</sub>, 34 mm Hg; and Po<sub>2</sub>, 107 mm Hg. Approximately one hour after presentation the patient became unresponsive, developed ventricular tachycardia, then succumbed to cardiopulmonary arrest (approximately 3 hours after presentation). Postmortem examination revealed hemor-

rhagic gastric mucosa, atelectatic lungs, a dilated heart, petechiae of the leurae, and petrous bones. Urine drug screen showed metabolites of cocaine.

Case 46. A 2-year-old boy ingested an alkaline drain opener, experienced immediate hematemesis, and was noted to have profuse bleeding from the mouth. He was given milk at home, then ice water lavage in the emergency department. He arrived at the hospital having respiratory difficulty and vomiting bright red blood. He was disoriented and acidotic (pH, 7.21). He was intubated and ventilated. Severe bradycardia, then ventricular fibrillation developed. He was defibrillated three times, then developed complete asystole unresponsive to atropine, epinephrine, and isoproterenol. Postmortem examination revealed hemorrhagic pulmonary edema and burns of the lips, mouth, tongue, larynx, trachea, bronchi, esophagus, and stomach.

Case 50. A 71-year-old man ingested a heavy-duty drain cleaner containing 65% potassium hydroxide, then vomited coffee ground material. Five hours later, on presentation to an emergency department, his tongue was swollen and burns were noted around his mouth. He was treated with fluids and corticosteroids. The next day the patient had evidence of mediastinitis and peritonitis. A subtotal gastrectomy and distal esophagotomy were performed. Dopamine was infused to maintain BP. The patient developed adult respiratory distress syndrome and premature ventricular contractions and died 17 days postingestion.

Case 53. A 70-year-old woman with a history of Alzheimer's disease ingested an unknown amount of a liquid laundry detergent (containing enzymes) at a nursing home. She vomited spontaneously and was transported to the emergency department, where she continued to vomit and developed diarrhea. There were no signs of aspiration of stomach contents at the time. She was noted to be cool and clammy, which was described as her baseline. She was discharged back to the nursing home following rehydration but returned to the hospital following the onset of respiratory difficulty. The patient was admitted to the intensive care unit, was placed on a ventilator, and died the following day.

Case 54. An 81-year-old woman ingested an estimated 240 mL of heavy-duty laundry detergent 2 hours prior to admission. The patient experienced initial vomiting and diarrhea, then developed pulmonary edema and respiratory depression which required intubation and mechanical ventilation. A gastroscopy performed on the second hospital day revealed small hemorrhagic areas in the stomach without necrosis. On the sixth hospital day she experienced a seizure and became hypotensive, requiring dopamine. The patient improved gradually over the next few weeks and was weaned off the dopamine and ventilator. She died suddenly on the 28th hospital day.

Case 56. A 52-year-old woman intentionally ingested an unknown amount of a pine oil cleaner. Approximately 11 hours later, she was found poorly responsive and had vomited. On arrival at the hospital, she was hypotensive with a systolic BP of 90 mm Hg and a heart rate of 130/min and required dopamine. A chest radiograph revealed adult respiratory distress syndrome. The pH was initially 6.95 and, despite resuscitative efforts, never exceeded 7.20. She arrested and could not be resuscitated approximately 12 hours after admission. Postmortem examination demonstrated pulmonary edema and evidence of chronic alcoholism.

Case 57. A 20-year-old woman ingested an unknown amount of a rust stain remover (containing 4.9% hydrofluoric acid) mixed in a carbonated beverage in a suicide attempt. She was brought to the emergency department 30 minutes after the ingestion, unconscious, with decreased respirations, a heart rate of 92/ min, and a systolic BP of 50 mm Hg. The patient had vomited before arrival, continued to vomit, and developed profuse diarrhea. She was intubated and given 4 L of normal saline intravenously but continued to be hypotensive. Gastric lavage was initiated, with a bloody fluid return. Initial laboratory data showed an arterial pH of 7.36 and a serum calcium of 8.1 mg/dL. She was transferred to the intensive care unit, where she was described as responsive to painful stimuli only. The patient developed ventricular fibrillation approximately 3.5 hours after the ingestion. The resuscitative efforts included multiple attempts at defibrillation along with administration of lidocaine, dopamine, epinephrine, and sodium bicarbonate. She had also received multiple doses of calcium gluconate and calcium chloride during the resuscitation. A serum calcium level obtained during arrest was 4.4 mg/dL. The ventricular fibrillation was intractable and she was pronounced dead approximately 5 hours after the ingestion. Autopsy showed acute pulmonary and visceral congestion, focal hemorrhagic gastritis, duodenitis, jejunitis, and epicardial petechial hemorrhages.

Case 60. A 37-year-old woman ingested a toilet bowl cleaner containing 23% hydrochloric acid. She had abdominal pain, excessive bleeding, disseminated intravascular coagulopathy, an an arterial pH of 6.6, and was started on steroids. She died 12 hours after the ingestion. Postmortem examination revealed hemorrhagic gastritis, corrosive esophagitis, duodenitis, pulmonary edema, and hemorrhagic diathesis.

Case 65. A 17-year-old boy was on a bridge sniffing a nail enamel dryer containing n-butane, propane, and other volatiles. It is unclear whether he fell off the bridge and started seizing or whether he was seizing when he fell off the bridge. Cardiopulmonary resuscitation was started at the scene. Arterial blood gases showed a Pco<sub>2</sub> of 123.4 mm Hg and a Po<sub>2</sub> of 19 mm Hg. All attempts at resuscitation failed, and he died 1

hour after arrival. Autopsy showed diffuse visceral congestion with mild cerebral edema, focal pulmonary atelectasis, and acute right-sided cardiac dilation.

Case 66. A 16-year-old boy was found unconscious in his room at a boarding school. Paramedics were called and the patient was found to be in ventricular fibrillation. He was taken to the closest emergency department, with cardiopulmonary resuscitation in progress. A history obtained from friends was that the patient had intentionally inhaled the contents of an aerosol can of air freshener and then collapsed. Upon arrival, the patient was in full cardiac arrest and could not be resuscitated. Postmortem examination revealed propane and isobutane in the patient's blood.

Case 67. A 15-month-old girl was found in cardiorespiratory arrest with two siblings in an apartment fire. Initial resuscitation was successful. Carbon monoxide level initially was 48%, decreasing to 17% after two hours of 100% oxygen. The patient was stable and was transferred to a hyperbaric chamber. Approximately 24 hours after the exposure, she died of irreversible hypoxia.

Case 69. A 2-year-old boy was found unconscious and unresponsive with two siblings in an apartment fire. He was brought to the local emergency department in full cardiorespiratory arrest and was resuscitated. Carbon monoxide level was over 50% and an attempt was made to transport him to a hyperbaric chamber; however, he sustained repeated cardiac arrests and developed bilateral pneumothoraces. He was stabilized, then had a final cardiac arrest.

Case 70. A 3½-year-old boy traveling in a 1960 Chevrolet was found unresponsive on the floor of the back seat after last being checked 10 to 20 minutes before. He was given mouth-to-mouth resuscitation. When paramedics arrived he was intubated and given 100% oxygen. Cardiopulmonary resuscitation was administered for 30 to 45 minutes prior to arrival in an emergency department. Initial laboratory data included pH, 7.14; Pco<sub>2</sub>, 31 mm Hg; Po<sub>2</sub>, 550 mm Hg; and a carboxyhemoglobin level of 33.4%. The patient went from asystole to a wide complex idioventricular rhythm, with establishment of normal sinus rhythm after a second epinephrine dose. Hyperbaric oxygen was administered but hypotension and hypothermia remained difficult to control. Diabetes insipidus developed and was treated with desmopressin. Persistent absence of cortical function was noted on clinical examination. Death occurred approximately nine hours after arrival at the hospital. Postmortem examination confirmed carbon monoxide as the cause of death.

Case 75. A 24-year-old man was dead on arrival to an emergency department via helicopter. He and his cousin had been camping and had slept in an enclosed pickup truck heated by a charcoal barbecue. The following morning he was found stiff, cold, and unresponsive. The cousin complained of headache, nausea, and vomiting and was disoriented. On autopsy, the blood was noted to be a bright red color and the carboxyhemoglobin level was 49%.

Case 92. A 4-year-old boy was brought to an emergency department in full arrest after being exposed to carbon monoxide and possible cyanide gas from a fire in his house. Cardiopulmonary resuscitation was initiated, and the child was intubated. On arrival the arterial pH was 6.7, carboxyhemoglobin was 43%, and the cyanide level was 0.1 µg/mL. The child was transferred for hyperbaric oxygen and remained unresponsive despite hyperbaric oxygen treatment for 90 minutes every 6 hours until 72 hours postexposure. Seven hours postexposure he was given sodium nitrite and sodium thiosulfate without improvement. Dopamine was started 48 hours after exposure. Serial EEGs demonstrated no electrical activity. The child remained on dopamine and a ventilator until he died 14 days after the exposure.

Case 94. A 16-year-old boy was found in full cardiac arrest by emergency medical technicians after inhaling television tuner cleaner containing fluorinated hydrocarbons. The patient had been unconscious for 10 minutes. Resuscitative efforts were continued en route to and in the emergency department but were unsuccessful. Postmortem examination demonstrated trace amounts of volatiles in the tracheal air, liver, and brain.

Case 98. A 30-year-old man was working in an oil field cutting pipes when he received a "direct blast" of hydrogen sulfide gas. He immediately fell back, and coworkers began cardiopulmonary resuscitation. The patient was transported to a local hospital where resuscitation attempts continued. Amyl nitrite was administered, but sodium nitrite could not be found. The patient was in an idioventricular rhythm and never converted. He was pronounced dead an hour after exposure to the gas.

Case 99. A 32-year-old man was exposed to hydrogen sulfide gas for approximately 4 to 10 minutes at work. He was in asystole when the paramedics arrived on the scene, and cardiopulmonary resuscitation was underway. In the emergency department the patient was in ventricular fibrillation. Amyl nitrite and sodium nitrite were administered, resulting in a methemoglobin level of 24%. Arterial pH was 6.74; Po<sub>2</sub> was mm Hg; and Pco<sub>2</sub> was 64 mm Hg on 100% FiO<sub>2</sub>. The patient was extremely cyanotic with an odor of hydrogen sulfide. Asystole ensued despite multiple doses of epinephrine, atropine, sodium bicarbonate, and isoproterenol.

Case 101. A 34-year-old man was exposed to an estimated 10,000 ppm of hydrogen sulfide while working on an oil well. He was intubated, given sodium nitrite without response, then transferred for hyperbaric ox-

ygen. The systolic BP was 70 mm Hg on dopamine and he had no spontaneous respirations. Despite hyperbaric oxygen treatment he remained areflexic, with fixed, dilated pupils. CT showed dissolution of the brain ("pulp"). Life support was discontinued. Postmortem examination demonstrated pulmonary congestion and edema.

Case 106. A 53-year-old chemical transport firm employee, during delivery of tanks of sulfur dioxide, was exposed to the gas through a leak in a pipe valve. He fell to the ground and was in full cardiopulmonary arrest when rescue workers arrived. Resuscitation during transport and in the emergency department was unsuccessful. During intubation the anesthesiologist noted erythema and bleeding in the pharynx as well as bloody pulmonary secretions. The conjunctiva were erythematous.

Case 107. A 69-year-old man became ill 2 days after spraying copper chloride and benomyl in his yard. He was placed on a ventilator. The patient was in hemolytic crisis with evidence of hepatic and renal dysfunction. Seven days after the exposure he became hypotensive and suffered a cardiopulmonary arrest. Resuscitative efforts were unsuccessful.

Case 108. A 49-year-old man was engaged in the home recovery of gold using mercury. Five days before admission his exhaust fan failed and he suffered an acute mercury vapor exposure. Over the ensuing 4 to 5 days he experienced tremors and weakness which improved, but dyspnea progressed. On presentation he was febrile to 40°C, with a respiratory rate of 56/ min, a pulse of 106/min, and a BP of 108/78 mm Hg. Diffuse rales were present. Admission arterial blood gases on 100% rebreather mask revealed pH, 7.49; Pco<sub>2</sub>, 28 mm Hg; and Po<sub>2</sub>, 28 mm Hg. Initial medications included p-penicillamine, 500 mg four times a day, steroids, metaproterenol, theophylline, and antibiotics. The blood mercury level measured at admission was 710 µg/mL. Urine 24-hour collections for mercury performed on days 2, 7, and 18 showed 3,000  $\mu g/L$ , 484  $\mu g/L$ , and 100  $\mu g/L$  mercury, respectively. Increasing respiratory failure developed over the next 3 weeks. He was intubated on day 3 and suffered multiple recurrent pneumothoraces starting on day 6. He was febrile but culture-negative throughout his hospitalization. He died of respiratory failure on the 21st hospital day.

Case 109. An 83-year-old man presented alert and oriented 10 minutes after attempting suicide by ingesting less than 1 teaspoon of a coyote killer containing 99% thallium. The heart rate was 50/min, BP was 120/50 mm Hg, and respirations were 16/min. Emesis was induced with ipecac, then five drops of tincture of iodine with 1 teaspoon of salt was administered orally in a glass of water, per instructions on the package label. Seven hours after the ingestion, the patient experi-

enced tremors in his hands. Castor oil was administered and administration of intravenous fluids was initiated while preparations were made to obtain Prussian Blue from a chemical supply company. Nine hours postingestion, the patient became lethargic and less responsive to stimuli. Eleven hours postingestion, the patient developed hypotension that was unresponsive to dopamine. A cardiac monitor revealed ventricular fibrillation, and the patient suffered a respiratory arrest shortly thereafter. The patient was pronounced dead 12 hours after the ingestion.

Case 110. A 52-year-old woman was brought to the emergency department after ingesting an unknown quantity of an herbicide containing 2,4-D. She was comatose, required assisted ventilation, and had dilated pupils. BP was 50 mm Hg palpable and pulse was 55/min. Gastric lavage was performed and charcoal and a cathartic were given. In spite of intensive cardiovascular support with fluids and vasopressors, the patient developed severe hypotension followed by cardiac arrest, and died about 5 hours after ingestion.

Case 112. A 100-kg, 16-year-old boy presented 30 to 45 minutes after ingesting 30 to 45 mL of 21% diquat diluted in 60 to 90 mL water. He had spontaneous blood-tinged emesis. Lavage was performed, the 150 g bentonite in sorbitol was administered. Serum creatinine was 2.4 mg/dL and total bilirubin was 1.9 mg/dL (direct 0.8 mg/dL, other liver function tests normal) 2.5 hours postingestion. Within 75 minutes of admission, charcoal hemoperfusion and hemodialysis in tandem were initiated and continued for 6 hours (BP, 170/ 120 mm Hg). Serum and urine diquat levels 3 hours postingestion were 7.6 µg/mL and 1,050 µg/mL, respectively. A predialysis serum diquat level (3.5 hours postingestion) was 9.6 µg/mL, and a postdialysis level was 1.3 µg/mL. Following initial catheterization for a urine sample, the patient became anuric and remained so until his death. A repeat dose of 150 g bentonite was administered in the morning of the second day. At this point his only complaint was a sore throat. On the second day, creatinine was 3.3 mg/dL, WBC was 24,100/µL, total bilirubin was 1.9 mg/dL, LDH was 678 IU/L, and aspartate aminotransferase was 113 IU/ L. That afternoon, charcoal hemoperfusion and hemodialysis were repeated for six hours with diquat levels of 1.45 µg/mL and 0.48 µg/mL before and after the procedure. Transdermal nitroglycerin and labetalol were given to control hypertension. A hemoperfusioninduced coagulopathy developed and was managed with fresh frozen plasma, vitamin K, and platelet transfusions. The patient became increasingly inappropriate, and aspiration of emesis was suspected. A chest radiograph revealed a patchy right upper lobe infiltrate. A flurry of grand mal seizure activity was treated with diazepam and phenytoin. He also experienced brisk bleeding from the nose and mouth second-

ary to highly friable oral and esophageal tissue (hemoglobin, 11.8 g/dL; hematocrit, 34.3%). Sucralfate, ranitidine, and pitressin were initiated. On day 3 his creatinine level was 6.5 mg/dL, total bilirubin was 2.5 mg/dL, lactate dehydrogenase was 956 IU/L, and aspartate aminotransferase was 221 IU/L. He was confused but followed some commands. Six hours of charcoal hemoperfusion and hemodialysis were performed that afternoon with diquat levels of 0.38 µg/mL and 0.067 µg/mL before and after the procedure. He experienced another seizure, after which he became unresponsive with fixed and dilated pupils (7 mm), no oculocephalic reflex, no ciliary reflex, no deep tendon reflexes or plantar reflexes, and no response to an iced saline caloric testing. Temperature increased to 39.7°C. He was intubated and a Swan-Ganz catheter was placed. EEG displayed minimal, possibly only background, activity. On day 3, creatinine was 7.2 mg/ dL. total bilirubin was 1.4 mg/dL (direct 0.7 mg/dL), aspartate aminotransferase was 139 IU/L, hemoglobin was 9.9 g/dL, and hematocrit was 29.6%. Two units of packed cells were given. A chest radiograph revealed increasing right infiltrates with some patch infiltrates in the left base. An epinephrine drip was initiated for BP maintenance. Charcoal hemoperfusion and hemodialysis were performed for six hours with levels of 0.11 µg/mL and 0.074 µg/mL before and after the procedure. A chest radiograph on day 5 showed diffuse severe infiltrates. Creatinine increased to 9.1 mg/dL on day 6. Charcoal hemoperfusion and hemodialysis were done for four hours on days 6 and 7, with a postdialysis level of 0.017 µg/mL on day 6. Brisk bleeding necessitated additional blood replacement. On day 8, a chest radiograph showed a severe bilateral alveolar consolidation. He had greatly decreased lung compliance with significant shunting. He developed a diffuse, flushed rash. Sputum grew out Pseudomonas aeruginosa. Norepinephrine was added, and the pulmonary capillary wedge pressure was 64 to 66 cm H<sub>2</sub>O. He continued to require high doses of pressors to maintain BP. Bradycardia developed, followed by ventricular tachycardia progressing to ventricular fibrillation, electromechanical dissociation, and a flatline EEG. He died 11.5 days after the diquat ingestion.

Case 113. A 34-year-old alcoholic man ingested an estimated 90 mL of diquat 4 hours before presentation. Initial symptoms included vomiting and diarrhea. Approximately 20 hours after the ingestion the patient became lethargic, respirations became labored and rapid, he became hyperthermic (39.4°C), and his face, head, and upper torso became erythematous. Activated charcoal and Fuller's earth were administered every 3 hours. On the second hospital day, the patient developed hematuria, nausea and vomiting continued, and respirations were rapid, shallow, and labored. On the third hospital day, the BUN was 98 mg/dL and

serum creatinine was 9.8 mg/dL. The patient experienced a cardiac arrest and died on the fourth hospital day.

Case 114. A 34-year-old man ingested an unknown amount of paraquat (29.1%) while spraying weeds. He developed nausea, vomiting, diarrhea, substernal chest pain, cough, and decreased urine flow over the next 2 days. Physical examination revealed shallow respirations, clear lung fields, and grimacing after coughing. BP was 140/70 mm Hg; pulse, 80/min; respirations, 32/min; and temperature, 37.6°C. Urinalysis revealed proteinuria(>300 mg/dL) and glucosuria (250 mg/dL). Serum creatine was 4.1 mg/dL and BUN was 20 mg/dL. Six hours of hemodialysis in series with charcoal hemoperfusion was performed. On the second day, the patient's lungs remained clear, and the patient remained oliguric. Hemodialysis with hemoperfusion was performed for 4 additional hours. Bibasilar pulmonary infiltrates appeared on day 3, progressing to generalized infiltrates on day 4. He then required endotracheal intubation and mechanical ventilation with an FiO<sub>2</sub> of 0.7. Positive end expiratory pressure of 10 cm water was added to decrease the oxygen requirement in an attempt to minimize pulmonary toxicity. Dialysis continued for his oliguria until day 6 (peak creatinine, 9.2 mg/dL on day 6). Evidence of mild hepatic damage was seen; however, this was not a factor in the clinical course. The next 8 days brought increasing pulmonary congestion and localized, patchy infiltrates. The FiO2, which had been gradually decreased to 0.35, was increased to 0.80 with 15 cm water positive end expiratory pressure. Radiographic evidence of adult respiratory distress syndrome was present, and on day 15 the patient developed coarse rhonchi. A focal right lower infiltrate appeared on the chest radiograph with superimposed pneumonia. Oxygen saturation decreased, necessitating an increase in positive end expiratory pressure to 20 cm H<sub>2</sub>O and FiO<sub>2</sub> to 1.0. Bronchospasm and asystole developed, and the patient died of respiratory failure. Serum paraquat concentrations of 0.192 µg/mL on day 1 (before dialysis), 0.074 µg/mL on day 2 (after dialysis), and 0.160 µg/mL on day 11 were reported.

Case 115. A 16-year-old boy arrived in the emergency department in full arrest. He and his brother had been inhaling butane by putting lighter fluid in a paper bag. The patient suddenly collapsed. Postmortem butane levels were blood, 622 µg/mL; liver, 65 µg/g; brain, 576 µg/g; heart, 68 µg/g; and lung, 0.211 µg/g. Acute pulmonary edema and cerebral edema with left uncal herniation were present on autopsy.

Case 116. A 16-year-old boy became agitated and collapsed after inhaling butane lighter fluid. Upon arrival at the emergency department the patient was in electromechanical dissociation, and resuscitation attempts were unsuccessful. Autopsy revealed pulmo-

nary edema and hepatosplenomegaly. Postmortem blood showed butane (0.8% saturation), tetrahydrocannabinol, 1 ng/mL, carboxy-tetrahydrocannabinol, 12 ng/mL, diazepam, 0.2 µg/mL, nordiazepam, 0.1 µg/mL, and oxazepam, 0.05 µg/mL.

Case 119. A 20-month-old girl ingested 10 to 25 mL methylene iodide in a jeweler's product used by her father (to determine the specific gravity of gems). Lethargy, ataxia, and vomiting became apparent 1.5 to 2.5 hours after ingestion. In the emergency department she was lethargic and irritable with heart rate, 176/min; respiratory rate, 48/min; BP 104 mm Hg systolic and temperature, 37.4°C. The oropharynx was free of lesions, but the vomitus smelled of dijodomethane. The carboxyhemoglobin level was 13.4%, and an abdominal radiograph revealed flocculent opacities throughout the intestines. Over the next 2 days the child developed acute hepatic failure accompanied by coagulopathy and hepatic encephalopathy. She became febrile. At 51 hours postingestion, laboratory studies revealed prothrombin time, 151 seconds, partial thromboplastin time, 58 seconds; total bilirubin, 4.2 mg/dL (direct bilirubin 1.2 mg/dL); aspartate aminotransferase, 18,725 IU/L (up from 47 IU/L); alanine aminotransferase, 12.250 IU/L (up from 18 IU/L); and alkaline phosphatase, 486 IU/mL. Carboxyhemoglobin peaked at 14.2% then steadily decreased. The serum iodine level was 6,800 µg/dL (reference range, 4.5 to 9.0 µg/dL) and the iodide level was 70 µg/mL. The patient remained lethargic but arousable over the next few days then manifested complications of hepatic failure. She developed gastrointestinal bleeding, a refractory coagulopathy, hypoglycemia, and encephalopathy. She was transported to a liver transplant center for care. There she manifested respiratory compromise requiring mechanical ventilation, severe coagulopathy despite nearly continuous blood product infusions, a worsening encephalopathy, hypoglycemia, and bone marrow suppression. Liver function studies now revealed total bilirubin, 16.2 mg/dL; aspartate aminotransferase, 377 IU/L; and alanine aminotransferase, 930 IU/L. Mean arterial pressures were elevated although pulmonary capillary wedge pressure was 13 to 14 mm Hg and cardiac output was good. Renal function was fairly stable with BUN of 5 to 10 mg/dL and creatinine 0.5 to 1.0 mg/dL. Six days postingestion, the patient had two episodes of suddenly increasing mean arterial pressure associated with pupillary asymmetry, which responded to mannitol. A head CT scan was interpreted as diffuse edematous changes without shift or focal changes, with possible subarachnoid hemorrhage. An EEG demonstrated electrocerebral silence. This was confirmed by a negative brain arterial flow study performed on the eighth day after ingestion. In the face of fulminant hepatic failure, a diagnosis of brain death was made. The child was removed from ventilatory support and died on the ninth day after the ingestion.

Case 120. A 25-year-old woman presented to an emergency department stating that 12 hours earlier she had ingested 4 ounces of a red furniture polish (containing mineral seal oil) which she claimed to have mistaken for red punch. Her respiratory rate was 34/min and chest radiograph showed bilateral pneumonitis. Two hours later, the PO<sub>2</sub> was 57 mm Hg while she was receiving 6 L of oxygen. Later that day she required ventilatory assistance. The second day after ingestion, the patient developed adult respiratory distress syndrome. She continued to deteriorate and died on the third day postingestion. Postmortem examination revealed diffuse aspiration pneumonitis due to petroleum distillate, acute renal tubular necrosis, and massive centrilobular necrosis of the liver.

Case 123. A 65-year-old woman with a history of prior suicide attempts ingested up to 1 L of a 25% diazinon insecticide. She presented in respiratory distress with copious oral secretions, marked pulmonary congestion, vomiting, diarrhea, pinpoint pupils, heart rate 100/min, and BP 220/100 mm Hg. She was intubated and given atropine and pralidoxime. Over the next 12 hours the patient became hypotensive. She developed an aspiration pneumonia with a superimposed staphylococcal pneumonia, then adult respiratory distress syndrome. Over the remaining hospital course she deteriorated, developing coagulopathy, oliguria, and marked hypotension requiring dopamine and dobutamine. Continuous arteriovenous hemofiltration was performed. The patient died on the 19th hospital day. An autopsy demonstrated diffuse alveolar damage and moderate to marked degeneration of the hepatic parenchymal cells in the region of the central vein. Focal necrosis was also noted in the pancreas and spleen.

Case 132. A 57-year-old woman ingested 45 to 60 mL of an ant killer containing 3% sodium arsenate and presented in an emergency department 3.5 hours later. (The patient had presented to the emergency department on three previous evenings before this occurrence with minor complaints.) The patient was lavaged and given one dose of charcoal. She began having loose stools late that evening. Medical history included asthma, diabetes, and an undefined underlying problem with renal function. On the second day, the patient received two more doses of activated charcoal and developed respiratory difficulty that did not require intubation. Laboratory findings included BUN, 32 mg/dL; sodium, 145 mEq/L; potassium, 3.6 mEq/L; chloride, 107 mEq/L; bicarbonate, 24 mEq/L; glucose, 115 mg/dL; and hematocrit, 44%. Benzodiazepines were found on a urine drug screen and the serum theophylline level was 2 μg/mL. A 120-mL urine sample was found to contain 30,859 µg/L arsenic. A simultaneous blood arsenic level was 73.9 µg/L. Urine output had declined. One dose of BAL (3.5 mg/kg) had been given approximately 16 hours postingestion. When the patient's BP became unstable, the patient was transferred to a tertiary care facility approximately 24 hours postingestion. A spot urine arsenic level at this time was 2,430 µg/L. The patient was placed on hemodialvsis. Blood arsenic levels before and after dialysis were 230 μg/L and 120 μg/L, respectively. (Subsequent blood arsenic levels were 310 µg/L, 110 µg/L, and 40 µg/L; subsequent urine arsenic levels were 2,358 µg/L and 4,320 µg/L, at unclear times.) On the third day postingestion the patient was in renal failure, urine output was 100 mL/d, dimercaprol was being administered, and hemodialysis was being performed nearly continuously. At this time, the patient required ventilation. She was hypotensive and levarterenol and dopamine were begun. She was alert but not oriented. On the fifth day postingestion the patient's hypotension could not be controlled. The patient suffered a cardiac arrest, and resuscitation was unsuccessful. A postmortem examination confirmed arsenic as the cause of death.

Case 133. An 18-month-old girl ingested an unknown amount of fire ant killer. The child looked fine so the mother put her to bed. Six hours later she was unresponsive and "foaming at the mouth." Upon the patient's arrival at a rural hospital, cardiopulmonary resuscitation was initiated. All drugs, including atropine, were administered via endotracheal tube because all attempts to establish intravenous access failed. The child died 1 hour after arriving at the emergency department.

Case 134. A hungry 42-year-old man hiking with his girlfriend ingested a bulbous plant growing in water. Approximately one hour later he experienced extreme stomach pains followed by seizures. He died before medical assistance arrived. The stomach contained plant material at autopsy. Identical plants were identified as *Cicuta dougiasii*, the western water hemlock.

Case 135. A 36-year-old man, upon learning he was HIV positive and jobless, began taking warfarincontaining rat pellets on a daily basis in a suicide attempt. After about 10 days he presented to the emergency department complaining of headache, dark urine, melena, epistaxis, and left periorbital swelling. The headache was severe and vascular in type; he denied photophobia, seizures, or weakness but did complain that he had had a stiff neck for about 1 day. Laboratory results included prothrombin time, >60 seconds; partial thromboplastin time, >100 seconds; hemoglobin, 11.5 g/dL; hematocrit, 33.1%; urine, gross blood; electrolytes, within normal limits; calcium, 8.6 mg/dL; magnesium, 1.3 mg/dL; and phosphorus, 2.6 mg/dL. A CT scan showed a small subdural bleed with no mass effect. Administration of fresh frozen plasma was started. After the CT scan the patient began trembling, screaming, and not responding to verbal commands. A repeat scan showed that the hematoma had expanded. The patient rapidly deteriorated, responding only to painful stimuli with posturing. BP was 158/68 mm Hg; pulse, 108/min; and respirations, 21/min. The patient was admitted to an intensive care unit with gradual improvement of neurological status to the point of agitation. He was demanding release from the hospital and trying to pull out intravenous lines when suddenly he became comatose with decerebrate posturing to pain. His right pupil was fixed and dilated and he had Cheyne-Stokes respirations. A CT scan showed right temporal hemorrhage with surrounding edema and right shift with mass effect. The patient never regained consciousness and died on the eighth hospital day.

Case 136. An 18-month-old boy was found with a mouthful of saddle dressing (aliphatic hydrocarbons). At the time of ingestion, the child had been taking cefaclor for an upper respiratory infection. Initial symptoms included coughing and choking. He was taken to an emergency department, where he experienced a seizure and respiratory arrest. He was intubated on the second hospital day due to retractions and poor oxygenation. A left pneumothorax required insertion of two chest tubes. On day 6 he experienced a right pneumothorax, and two additional chest tubes were inserted. On day 9 he was transferred for extracorporeal membrane oxygenation (ECMO) due to poor oxygenation. At this point he could not be aroused. ECMO was continued for 6 days with no change in the patient's oxygenation status. The patient died 20 days postexposure.

Case 137. An 18-year-old man intentionally ingested an unknown volume of fluid from a bottle labelled "nicotine alkaloids" and convulsed immediately afterwards. Seizures continued, were unresponsive to clonazepam for more than 12 hours, and were finally controlled with phenytoin. A CT scan revealed cerebral edema with nearly occluded ventricles and was suggestive of brain stem infarction. Tachycardia and coma persisted. The patient died 6 days postexposure. Toxicologic analysis of body fluids and the bottle contents demonstrated only nicotine.

Case 138. A 5-year-old girl had developed a viral illness approximately 1 week prior to admission, for which she was given a bismuth subsalicylate antidiarrheal preparation and adult-strength acetaminophen tablets, either two 325-mg or two 500-mg tablets multiple times each day for several days. On the day of admission she became unresponsive and was taken to the hospital. There she was semicomatose with an aspartate aminotransferase of 4,000 IU/L, prothrombin time of 63 seconds, and partial thromboplastin time of 56 seconds. The child's 8-year-old sister, admitted 2

days later with a smilar picture, also died. The differential diagnosis was narrowed to Reye's syndrome or acetaminophen toxicity. A subdural bolt was placed, and the intracranial pressure was found to be >20 torr. She began receiving mannitol and thiopental to lower her intracranial pressure, without success. Administration of N-acetylcysteine was begun on admission and continued for 3 days. Serum acetaminophen levels were 215 µg/mL (admission, 6 hours after the last dose), 212 µg/mL (12 hours after admission), 171  $\mu g/mL$  (24 hours), 111  $\mu g/mL$  (36 hours), 84  $\mu g/mL$  (48 hours), 39  $\mu$ g/mL (72 hours), 15  $\mu$ g/mL (96 hours), and  $< 10 \mu g/mL$  (120 hours). The child died on the seventh hospital day after a scan showed no brain perfusion. Autopsy results showed centrilobular hepatic necrosis consistent with acetaminophen toxicity and not consistent with Reye's syndrome.

Case 139. An 8-year-old girl had developed a viral illness approximately 1 week prior to admission for which she was given a bismuth subsalicylate antidiarrheal preparation and adult-strength acetaminophen tablets, either two 325-mg or two 500-mg tablets multiple times each day for several days. On the day of admission she became unresponsive and was taken to the hospital. On admission, she was semicomatose with an aspartate aminotransferase level >15,000 IU/ L; prothrombin time, 40.5 seconds; and partial thromboplastin time, 53 seconds. Acetaminophen level 2 days after the last dose was 14 µg/mL. The child's 5-year-old sister had been admitted 2 days previously with similar clinical manifestations. A subdural bolt was placed, and the intracranial pressure was 19 torr. She began receiving mannitol and pentobarbital to lower her intracranial pressure, without success. Intracranial pressure 3 days after admission was >20 torr. The child died on the fourth hospital day after a scan showed no brain perfusion. Autopsy results showed centrilobular hepatic necrosis consistent with acetaminophen toxicity.

Case 153. An alert, oriented woman presented to an emergency department hypotensive, stating she had taken 15 acetaminophen tablets a day for 1 month. Admitting laboratory values included bilirubin, 5.9 mg/ dL; aspartate aminotransferase, 9,500 IU/L; alanine aminotransferase, 3,350 IU/L; prothrombin time, 24 seconds (control, 11 seconds); and acetaminophen level, 37 μg/mL 4.5 hours after the last dose. Treatment included dopamine and trendelenburg positioning. Laboratory results the next day were aspartate aminotransferase, 8118 IU/L; lactate dehydrogenase, 11,875 IU/L; prothrombin time, 34 seconds (control 11 seconds); and bilirubin, 4.5 mg/dL. On the third hospital day, the patient developed pulmonary edema followed by asystole. Cardiopulmonary resuscitation and external cardiac pacing were performed without response.

Case 154. A 62-year-old woman was brought to the emergency department unresponsive 18 hours after ingesting "half a bottle" of "extra strength" acetaminophen. The patient was intubated and given ventilatory assistance. Lavage returned green, hematest-positive material. Laboratory results obtained on arrival included a potassium of 2.7 mEq/L, an arterial pH of 7.22. a salicylate level 48 mg/dL, and an acetaminophen level of 338 µg/mL. N-acetylcysteine (per nasogastric tube), potassium, and sodium bicarbonate were administered. A 4-hour course of hemoperfusion initiated 23 hours postingestion brought the acetaminophen and salicylate levels down to 131 µg/ml and 29 mg/dL, respectively. Persistent hypotension was treated with dobutamine. After hemoperfusion the patient's platelet count dropped below 35,000/µL and she began bleeding from all orifices. A total of ten units of fresh frozen plasma and two units of blood were administered. Disseminated intravascular coagulopathy was diagnosed. The patient aspirated blood, suffered a respiratory arrest, and was pronounced dead 28 hours after admission (46 hours postingestion). Postmortem examination demonstrated massive hepatocellular necrosis and markedly congested, edematous lungs.

Case 155. A 25-year-old man with a history of depression treated with desipramine and flurazepam was found drowsy, with adequate respirations, opening his eyes, and nodding to his name. Dried vomitus was found in his bed. In the emergency department the patient was barely arousable to deep pain and had shallow respirations, a BP of 120/70 mm Hg, a pulse of 116/min, respirations 28/min, and a QRS interval of 0.11 second. The patient was intubated and given a charcoal/sorbitol slurry. The acetaminophen level was 669 µg/mL 10 to 24 hours postingestion (probably 10 to 12 hours). Urine toxicology screen was positive for desipramine and metabolites, acetaminophen, benzodiazepines, diphenhydramine/dimenhydrinate, nicotine and metabolites, and caffeine. Admission liver function test results were alkaline phosphatase, 111 IU/L and aspartate aminotransferase, 110 IU/L. A repeat acetaminophen level of 408 µg/mL was determined on the morning of admission. Because the patient was not metabolizing the acetaminophen, hemodialysis was performed for 8 hours, with a subsequent acetaminophen level of 108 µg/mL. Approximately 24 hours after admission, the patient became acutely tachycardic to 160 to 170/min, diaphoretic, and very agitated. A chest radiograph showed a pneumomediastinum with a left pneumothorax. Bilateral chest tubes were placed and bronchoscopy was performed. Bronchoscopy revealed extensive pus throughout the tracheobonchial tree, tinged with charcoal, consistent with extensive aspiration. Gram stain revealed grampositive cocci, and vancomycin administration was begun. Intravenous fluids and dopamine were given for hypotension, and a 10% dextrose solution was infused after the glucose dropped to 41 mg/dL. The patient was given fresh frozen plasma for worsening coagulopathy, with a prothrombin time of 26 seconds. He had a sudden decrease in heart rate and went into asystole after Swan-Ganz catheter placement.

Case 176. A 3-year-old, 4.3-kg girl presented 5.5 hours after ingesting 30 chewable aspirin, 80 mg each, given to her by an older sibling. She had a history of Blackfan Diamond disease (congenital hypoplastic anemia) and Hirschsprung's disease with colostomy. The patient was awake, with tachypnea and gray, mottled skin (her normal color according to mother). She was given activated charcoal in sorbitol. Initial laboratory results were potassium, 3.2 mEq/L; chloride, 106 mEq/L; bicarbonate, 11.7 mEq/L; and Pco<sub>2</sub>, 22 mm Hg. Fluids and bicarbonate were administered. Six hours postingestion the salicylate level was 102 mg/dL; the level was 97 mg/dL and 37 mg/dL 9 hours and 20 hours postingestion, respectively. On admission the vital signs were BP, 90/50 mm Hg; pulse, 170/ min; and respiratory rate, 40 to 70/min. The patient developed pulmonary edema and required intubation 21 hours postingestion. Laboratory values at this time were sodium, 154 mEq/L; chloride, 111 mEq/L; potassium, 4.3 mEq/L; BUN, 16 mg/dL; glucose, 49 mg/dL; pH, 7.41; Pco<sub>2</sub>, 29 mm Hg; Po<sub>2</sub>, 44 mm Hg; bicarbonate, 18.8 mEq/L; and serum osmolality, 314 mosm/kg H<sub>2</sub>O. Hemoglobin was 9.4 g/dL and hematocrit was 27.8%; packed cells were given. Serum glucose varied from 45 to 517 mg/dL. Her condition deteriorated. A chest radiograph showed complete white-out of both lung fields. Four days postingestion, the patient developed cardiomegaly; dopamine was required. The temperature fluctuated between 38° and 39°C. Facial edema was present. The child died of respiratory insufficiency 12 days postingestion.

Case 177. A 16-year-old boy ingested 150 to 200 aspirin, 325 mg each. Five hours postingestion he was referred to the emergency department, where he was slightly lethargic and hyperventilating. The serum salicylate level was 69.8 mg/dL. He received ipecac, lavage, activated charcoal, and a cathartic. A repeat salicylate level 8 hours postingestion was 89.7 mg/dL. He was lethargic, combative, and disoriented with a heart rate of 150/min, respiratory rate of 36/min, a respiratory alkalosis, and mild metabolic acidosis. Therapy included intravenous fluids, sodium bicarbonate, diazepam, and haloperidol. Serum salicylate level 10 to 11 hours postingestion was 117 mg/dL. Fourteen hours postingestion his temperature spiked to 40.3°C, respirations were labored, and urine output decreased. During preparation for hemodialysis he experienced a fatal cardiopulmonary arrest.

Case 202. A 60-year-old pharmacist took 50 to 75

tablets of colchicine, 0.6 mg, over a one-hour period 23 hours prior to presentation. When he was seen in the emergency department he was confused and complained of abdominal pain. However, vital signs were normal and he was awake and alert. Seventeen hours after presentation he became cyanotic, developed respiratory distress, and was intubated. The arterial pH at the time of the intubation was <7; after intubation the pH was 7.11, and he was receiving bicarbonate. He was given pancuronium for ventilatory control, at which time he became hypotensive, requiring dopamine and norepinephrine. Prothrombin time increased to 25 seconds and partial thromboplastin time increased to 62 seconds. He deteriorated, his pupils became fixed and dilated, and he died approximately 24 hours after admission.

Case 218. A 39-year-old, 159-kg man ingested 40 capsules of propoxyphene, 65 mg, 30 minutes before summoning emergency transport. Shortly after presentation in the emergency department, the patient rapidly became diaphoretic then experienced two grand mal seizures followed by bradycardia and arrest. Attempts at resuscitation were unsuccessful. The postmortem examination was unremarkable except the lungs were edematous and congested with intraal-veolar hemorrhages. The serum drug screen revealed propoxyphene, 8.0 µg/mL; norpropoxyphene, 9.6 mcg/mL; and caffeine.

Case 226. A 17-month-old girl presented listless and cyanotic with wet, slow, shallow respirations 30 minutes after ingesting 22.5 g dibucaine ointment. Cardiorespiratory arrest and convulsions developed shortly thereafter. Cardiopulmonary resuscitation continued for 1 hour, including intubation, diazepam for convulsions, sodium bicarbonate, isoproterenol, and atropine. The patient's BP was 46 mm Hg, and dopamine, albumin, and increased fluids were administered with a resultant increase in BP to 84 mm Hg. Arterial blood gases included a pH of 7.25, which increased after hyperventilation to 7.35, and a Pco<sub>2</sub> of 38 mm Hg. The patient's color returned to pink and the blood did not appear chocolate brown. Activated charcoal and magnesium citrate were administered via nasogastric tube after placement and patency were confirmed. The patient suffered a cardiac arrest 3 hours after initial presentation during administration of activated charcoal and magnesium citrate per nasogastric tube. She could not be resuscitated. Attempts to aspirate activated charcoal from the endotracheal tube were unsuccessful, thus excluding charcoal aspiration as a factor in the patient's death.

Case 230. A 72-year-old woman receiving chronic phenytoin therapy arrived in the emergency department confused. The serum phenytoin level was 39.1 µg/mL. She received activated charcoal and a cathartic, vomited several times, and aspirated the charcoal.

She was intubated and placed on a ventilator; BP and urine output decreased and she was given dopamine. She was febrile and began receiving antibiotics for sepsis. The serum phenytoin level decreased to 34.6 µg/mL (approximately 12 hours after the initial level), 24.5 µg/mL the next day, and 16.4 µg/mL on the third day. She remained on the ventilator; norepinephrine was added for hypotension and a chest tube was placed. She had an inferior wall myocardial infarction and a chest radiograph showed adult respiratory distress syndrome. Her condition remained unchanged, and she died after a week of hospitalization.

Case 231. A 24-year-old woman ingested 100 to 120 capsules of valproic acid, 250 mg, at an unknown time. The patient intially appeared combative with normal vital signs but soom became unresponsive. Lavage was performed and activated charcoal and magnesium citrate were administered. Sodium valproate levels were 1,193 µg/mL, then 1,228 µg/mL. The patient's condition deteriorated over the following 5 hours, and she required ventilatory assistance after CNS depression deepened. Charcoal hemoperfusion was initiated approximately 14 hours after admission and continued for 8 hours. Three hours later the sodium valproate level was 21 µg/mL. Hypernatremia, hypocalcemia, disseminated intravascular coagulopathy, and hypotension developed. The patient experienced a cardiac arrest which responded to epinephrine, but shortly thereafter the patient succumbed to a second cardiac arrest (32 hours after admission).

Case 232. A 5-year-old boy with cerebral palsy presented in cardiopulmonary arrest. The previous day, the child had been found playing with a bottle of amitriptyline; it was unknown if any had been ingested. He was also noted to have a fever and cough at that time. He was found unresponsive the next morning. Postmortem toxicology measurements revealed a serum amitriptyline concentration of 1,150 ng/mL and a serum nortriptyline concentration of 790 ng/mL. Necrotizing pneumonia of the left upper lung and pulmonary edema were also present. Death was attributed to both *Staphylococcus aureus* pneumonia and amitriptyline overdose.

Case 269. A 27-year-old woman ingested 50 amoxapine tablets and consumed five beers 1 hour before transport to the emergency department. She experienced a seizure en route and continued to convulse on arrival. She did not respond to diazepam or phenytoin and developed bradycardia with premature ventricular contractions. A pacemaker was inserted. Within 3 hours of admission the patient experienced a cardiac arrest that was unresponsive to resuscitation.

Case 271. A 15-month-old boy presented unresponsive and hypotensive after ingesting approximately 10 tablets of desipramine, 50 mg. The child was intubated, placed on a ventilator, and given dopamine and nor-

epinephrine without response. The desipramine level was 2,556 ng/ml. He died on the second hospital day.

Case 296. A 20-year-old woman ingested an unknown amount of doxepin 2 hours before presenting unresponsive with a BP of 70 mm Hg via doppler, ventricular tachycardia/ventricular fibrillation, and convulsions. She was defibrillated, lavage was performed, and charcoal, cathartic, diazepam, phenytoin, and bicarbonate were administered. Her rhythm stabilized with tachycardia without ectopics. Acidosis persisted and her respiratory status deteriorated. A blood toxicologic screen demonstrated doxepin, isopropanol, and ethanol. On the fifth hospital day both hands and forearms were cold and cyanotic. Temperature was 39.5°C, urine output was 150 mL over 8 hours, BP was 140/80 mm Hg, and pulse was 160/min. Arterial blood gases were pH, 7.45; Pco<sub>2</sub>, 45 mm Hg; Po<sub>2</sub>, 76 mm Hg on FiO<sub>2</sub> 80%. A chest radiograph showed early adult respiratory distress syndrome, and the patient was oozing blood from the nares and oral mucosa. The patient continued to deteriorate. Arteriogram and venogram showed small clots. All fingers were black and the left shoulder was twice the size of the right. Doppler pulses were weak. Fasciotomies were performed on the upper extremities and heparin administration was started. Tachycardia with frequent premature ventricular contractions developed. Antibiotics and a cooling blanket were started for elevated temperature. By the tenth hospital day the chest radiograph showed a right pneumothorax, and a chest tube was inserted. The patient remained agitated; pancuronium and diazepam were continued. By the 15th hospital day the patient's respiratory status began improving. Pulses in the arms began to strengthen and color in the fingers improved; however, there was some sloughing of tissue of the fingers. Heparin was continued and the patient responded appropriately to questions. On the 19th hospital day the patient's respiratory status began to deteriorate. The patient died on the 23rd hospital day.

Case 325. A 16-year-old girl ingested 165 ibuprofen tablets and 8.8 g of imipramine within 4 hours of presentation. She was lethargic with slight jerky movements. Two hours later she was comatose and on a ventilator, with a markedly widened QRS interval (0.5 second). Lavage was performed, activated charcoal and cathartic were administered, and she was managed with hyperventilation, sodium bicarbonate, an external pacemaker, and phenytoin. Shortly after the phenytoin administration was begun the QRS interval improved, but she had a seizure, sustained a cardio-pulmonary arrest, and could not be resuscitated.

Case 326. A 30-year-old woman with a history of multiple overdose attempts with diazepam ingested approximately 47 (of a 100-tablet prescription) tablets of imipramine, 50 mg, in addition to ibuprofen, phen-

vlephrine/phenylpropanolamine/guafenesin, cefaclor, and diflunisal. Five and one half hours later she had a convulsion and was brought to the emergency department. BP was 40 mm Hg. She was intubated. An episode of ventricular tachycardia was cardioverted to sinus rhythm with widened QRS complex. Lidocaine, dopamine, and bicarbonate were administered. Status epilepticus developed, and administration of phenytoin was begun. Treatment over the next six hours included hemoperfusion, alkalinization, dopamine, norepinephrine, and phentolamine. On the second hospital day renal function rapidly deteriorated, with oliguria. Adult respiratory distress syndrome became apparent on the third day, with pH, 7.3; Pco<sub>2</sub>, 40 mm Hg; and Po<sub>2</sub>, 49 mm Hg on 100% FiO<sub>2</sub>. Disseminated intravascular coagulation was noted 7 days after the ingestion, and laboratory results at that time included WBC, 29,200/µL; platelets, 8,000/µL; BUN, 45 mg/ dL; creatinine, 2.7 mg/dL; lactic acid, 2.2 mmol/L; and fibrinogen, 288 mg/dL. Digital gangrene developed. The patient died 16 days after the ingestion secondary to bradycardia, cardiogenic shock, disseminated intravascular coagulation, adult respiratory distress syndrome, acute renal failure, and diffuse peripheral gangrene. The imipramine level 2 days postingestion was 923 ng/mL, and the desipramine level was 1280 ng/mL. The admission salicylate level was 9 mg/dL and the acetaminophen level was 0 µg/mL.

Case 332. A 46-year-old man presented to the emergency department after he was found unconscious and apneic with evidence of ingestion of an undetermined amount of loxapine. Upon arrival the patient was comatose without respiratory effort, seizing, and experiencing supraventricular dysrhythmias. Naloxone (2 mg) was administered without response. Initial examination revealed a heart rate of 105/min and a QRS of 0.09 second. Arterial pH was 6.74. Lavage was performed and the patient was treated with bicarbonate and diazepam without improvement of seizures or arrhythmias. A cardiac arrest 4 hours after presentation was resistant to resuscitative measures. The postmortem examination revealed loxapine and amoxapine blood levels of 6,900 ng/mL and 7,700 ng/mL, respectively.

Case 337. A 43-year-old woman presented 1 hour after ingesting an undetermined amount of nortripty-line in a suicide attempt. Shortly after arrival, the patient became obtunded and required endotracheal intubation and mechanical ventilatory support. Gastric lavage was performed and activated charcoal was administered. The patient had supraventricular tachycardia with a QRS duration of 0.144 second. Prophylactic phenobarbital and lidocaine were administered. The patient was extubated after 24 hours. After 30 hours she was alert and oriented, neurologically stable, and without ECG changes or ectopy. The initial serum

drug panel revealed only nortriptyline, 1,240 ng/mL, which decreased to 390 ng/mL 43 hours postingestion. Fifty-four hours postingestion, the patient was up to bedside commode. She was found on the floor, incontinent. The BP was 60 mm Hg systolic and the heart rate was 132/min. The patient was alert and complaining of difficulty breathing. Despite dopamine, the BP could not be maintained. She became bradycardic and unresponsive and progressed to ventricular fibrillation. Cardiopulmonary resuscitation was unsuccessful. Autopsy revealed a massive bilateral pulmonary embolism.

Case 343. A 37-year-old woman ingested unknown amounts of tranylcypromine and flurazepam in a suicide attempt. Five hours postingestion she was comatose, with dilated, minimally responsive pupils, myoclonus of the lower extremities, diaphoresis, and anuria. Respiratory rate was 6/min and BP was 90/70 mm Hg. She received supportive care but became progressively less responsive and less stable. Hypotension persisted despite dopamine. She died 14 hours postingestion.

Case 348. A 15-month-old boy was brought to an emergency facility by his mother due to facial flushing and spastic arm and leg movements. She reported that she had found the child 3 hours earlier chewing on packets of decaffeinated coffee and that an open bottle of diphenhydramine capsules was found where the child was playing. The child began to convulse; phenobarbital, phenytoin, lorazepam, and diazepam were administered. The admission diphenhydramine level was 9.8 µg/mL. He was intubated, and although anticonvulsant therapy was maintained (including a pentobarbital infusion), he continued to exhibit seizures. Physostigmine (0.1 mg) was administered seven times without response. This was discontinued when the cardiac rate dropped from 120/min to 105/min. Respiratory status stabilized after a suspected aspiration. Five days postadmission an EEG revealed no activity. The patient died on the eighth hospital day.

Case 352. A 17-year-old girl ingested a full bottle of her mother's chloroquine prophylaxis (for malaria) after attending a class at school in which suicide was discussed. She was brought to the hopsital unresponsive. Asystole developed, and she never regained consciousness. Prolonged, unsuccessful resuscitative efforts included insertion of a pacemaker, which failed to capture.

Case 353. A 21-month-old boy receiving chronic theophylline therapy was brought to the emergency department convulsing. Vital signs were heart rate, 230/ min; BP, 90 mm Hg systolic; and temperature, 40.6°C. He seized for approximately 1 hour before treatment with diazepam and phenobarbital was initiated. He was intubated and placed on a ventilator, lavage was performed, and charcoal was administered. Coffeeground material was noted on lavage. The serum the-ophylline level was 55.6  $\mu$ g/mL. He was admitted to the intensive care unit, where he received phenytoin for recurrent seizures, a cooling blanket, and multiple doses of activated charcoal and propranolol (which decreased his heart rate from 248/min to 215/min). A repeat serum theophylline level was 52  $\mu$ g/mL. He remained comatose with nonreactive pupils and hypotension. Massive diuresis developed and was treated with vasopressin and desmopressin. He died on the fourth hospital day.

Case 354. A 15-year-old girl presented to an emergency department 20 minutes after locking herself in a bathroom and allegedly ingesting theophylline (longacting), a cough and cold pre-ephedrine/doxylamine/ ... omethorphan), acetaminophen with code; ,, and a phenylpropanolamine diet aid. I am as performed and activated charcoal was administered. Levels measured 90 to 120 minutes after ingestion included theophylline, 5 µg/mL; acetaminophen, <1 µg/mL; and salicylates, 9.9 mg/dL. The patient was asymptomatic in the emergency department; vomiting occurred after admission and stopped 14 hours after ingestion. At 16 hours postingestion, the patient experienced seizures and persistent tremors followed by cardiac arrest. Venous pH at that time was 6.39, mean BP was in the 40s, and urine output ceased. She received >250 mEq sodium bicarbonate and was treated symptomatically with propranolol, diazepam, phenytoin, phenobarbital, and infusions of levarterenol and dopamine. Additional doses of activated charcoal were given along with polyethylene glycol gastrointestinal electrolyte solution. Serial theophylline levels were <200 μg/mL at 16 hours, 265 μg/mL at 19 hours, 273 μg/mL at 21 hours, 215 μg/mL at 27 hours, 223 µg/mL at 31 hours, 217 µg/mL at 39 hours, and 207 µg/mL at 43 hours. By 47 hours postingestion she was only slightly responsive to painful stimuli. Urine output was minimal. Asystole occurred 49 hours postingestion.

Case 355. A 28-year-old man was found at home seizing after an intentional ingestion of theophylline (long-acting preparation). Within minutes he sustained a cardiac arrest. Cardiopulmonary resuscitation restored his rhythm with a systolic BP of 80 mm Hg and a pulse of 140/min. The patient was intubated and given fluids and pressors. The initial theophylline level was 119 μg/mL. Before the initiation of hemodialysis the patient had two additional cardiac arrests. The theophylline level decreased to 58 µg/mL after the first hemodialysis, then to 0 µg/mL after the second dialysis. The patient continued to experience multiple seizures, and 18 hours postadmission he experienced a fatal cardiac arrest. Postmortem examination revealed a massive left ventricular myocardial infarction; blood and urine were negtive for drugs of abuse.

Case 370. A 79-year-old woman receiving theophylline, 300 mg three times daily, for the treatment of asthma presented to an emergency department with grand mal seizures, tachycardia, and hypotension. Initial therapy included intubation, phenytoin, diazepam, and activated charcoal. The first theophylline level was 82 µg/mL and a second level measured 4 hours later was 78 µg/mL. She had renal insufficiency with minimal urinary output. Seizure activity continued despite repeated dosing with diazepam, phenobarbital. and phenytoin. Dopamine was administered in an attempt to improve the patient's urinary output. However, her condition continued to deteriorate and hemodialysis was initiated. Twelve hours postadmission the theophylline level was 68 µg/mL. After dialysis the level was 28 µg/mL. The patient continued to convulse and died approximately 20 hours after admission.

Case 377. A 41-year-old woman presented to the emergency department 4.5 hours after ingesting an unknown amount of theophylline (long-acting). The patient was known to be abusing levothyroxine. BP was 90/60 mm Hg, pulse was 130/min (regular), and respiratory rate was 28/min. The patient was agitated and tremulous. Arterial blood gases were pH, 7.23; Pco<sub>2</sub>, 14 mm Hg; and Po<sub>2</sub>, 109 mm Hg. Sodium concentration was 139 mEq/L, potassium was 2.6 mEq/L, chloride was 106 mEq/L, bicarbonate was 6.3 mEq/L, BUN was 8 mg/dL, creatinine was 1.4 mg/dL, glucose was 303 mg/dL, and calcium was 8.8 mg/dL. The patient was given metoclopramide for vomiting and started on multiple-dose activated charcoal. The first theophylline level (about 6 hours postingestion) was 133 µg/mL. The patient had a grand mal seizure, then later developed atrial fibrillation with rates as high as 180/min and BPs in the range of 80 to 90/50 to 60 mm Hg. Treatment included potassium supplementation, unsuccessful attempts at cardioversion, and hemoperfusion (initiated 11.5 hours postingestion). The theophylline level decreased to 68 µg/mL 3 hours into charcoal hemoperfusion. The patient's heart rate decreased to 140/min 12 hours after the ingestion, with a theophylline level of 44 µg/mL. Subsequently, the patient experienced atrial flutter with a rate of 116/min and a systolic BP of 84 mm Hg. Esmolol administration was started, then was discontinued when the patient's BP continued to drop and she became bradycardic (60/min, nodal rhythm). Hemoperfusion was discontinued after 6 hours because of hypotension. Ventricular tachycardia occurred but responded to treatment. The patient was receiving maximum doses of norepinephrine and dopamine but remained hypotensive (60 mm Hg systolic) with a rate of 194/min. A second cardiac arrest occurred 26.5 hours after the ingestion, and the patient died 31 hours postingestion. Theophylline level measured 26 hours postingestion had been 39.6 µg/mL.

Case 379. A 43-year-old woman took an overdose of her Italian medications: 30 Ritmosedina (ajmaline, an antiarrhythmic) and an unknown amount of the analgesic-antipyretic Nisidina (dipyrone, adiphenine, diphenadione, benzetilum). She was noted to be stumbling and lethargic, and she subsequently became unconscious. Within 30 minutes she had agonal pulse and respirations with no palpable BP. Cardiopulmonary resuscitation was instituted during the 45-minute transport to the hospital. Administration of epinephrine and atropine en route resulted in return of a wide complex rhythm, palpable pulse, and BP. In the emergency department she was decontaminated with gastric lavage, activated charcoal, and a cathartic. She was placed on mechanical ventilation and her BP was maintained with intravenous infusions of dopamine, norepinephrine, and epinephrine. The systolic BP was 70 to 90 mm Hg and the heart rate was 160 to 170/min. Pupils were fixed and dilated. She subsequently developed adult respiratory distress syndrome, decreased renal function, diabetes insipidus, hyperglycemia, disseminated intravascular coagulation, and elevated serum transminases. Her BP progressively dropped without response to increased doses of epinephrine. An EEG performed on the second hospital day revealed electrical silence. She died on the third hospital day. Postmortem toxicologic analysis revealed blood phenobarbital, 22.6 µg/mL; blood salicylate, 81.0 µg/mL; and serum aimaline, approximately 4.52 µg/mL (standards prepared from Ritmosedina tablets).

Case 381. A 37-year-old man with a history of diabetes, pancreatitis, and long-standing drug abuse was found unconscious by his social worker after ingesting an unknown number of clonidine hydrochloride tablets at an unknown time. In the emergency department, 0.4 mg naloxone was administered with minimal response (patient opened eyes and grunted). Tolazoline hydrochloride (10 mg) was administered shortly thereafter (with no apparent response), and gastric lavage was begun, returning green tablet fragments. Thirteen minutes after the tolazoline was administered, the patient suffered a cardiac arrest. There was no response to conventional resuscitation, including defibrillation and external pacing.

Case 382. A 2-day-old infant was in the intensive care nursery in critical condition secondary to multiple anomalies following an infection with Epstein-Barr virus in utero. The patient was given a dose of digoxin, 0.28 mg (the normal loading dose for a child this size should have been 0.084 mg), following which the serum digoxin level was 22 ng/mL. The child developed ventricular arrhythmias and was given one vial of sheep digoxin-specific antibody without response. The child died 30 minutes later.

Case 397. A 58-year-old woman ingested 60 digoxin tablets (unknown strength) and 90 diltiazem tablets (60

mg) at an unknown time. On presentation to the emergency department she was awake and combative with sinus tachycardia (117/min) and frequent premature ventricular contractions. The digoxin level was 16.5 ng/mL and the potassium level was 2.8 mEq/L. Lavage was performed, and potassium and activated charcoal in sorbitol were administered. Despite recommendations to initiate digoxin-specific antibody treatment, only multiple-dose activated charcoal was begun. Five hours after admission the patient developed ventricular ectopy with subsequent cardiac arrest.

Case 416. A 35-year-old woman presented 45 minutes after ingesting an undetermined amount of quinidine gluconate. She vomited spontaneously, and pill fragments were noted. The heart rate was 140/min. Ipecac was administered in the emergency department, and 30 minutes later she had a grand mal seizure, then vomited clear fluids and became unresponsive. Pupils were 4 mm and sluggish to react. Vital signs were BP, 62/40 mm Hg and heart rate, 120/min; nailbeds and lips were pale. Intravenous fluids were increased and the patient became responsive and pink. BP decreased to 56/30 mm Hg on dopamine. Slight anisocoria was observed, with sluggishly reactive pupils. The patient now responded only to pain. The heart rate decreased to 40/min with wide ventricular complexes and a BP of 56/38 mm Hg. Subsequent resuscitation, including placement of an external pacemaker, was unsuccessful. Quinidine level was 8.0 μg/mL.

Case 419. A 56-year-old man with a history of atherosclerotic heart disease had 2 days of increasing chest pain. He took ten sustained-release verapamil, 240 mg, over 3 to 4 hours in an attempt to relieve his pain. Two hours later the patient was brought to the emergency department with a heart rate of 20/min, no detectable BP, and a respiratory rate of 5/min. He was intubated and given 1 g calcium chloride, isoproterenol, and dopamine, all with minimal effect. A pacemaker was inserted, and a pulse rate of 70/min with a corresponding systolic BP of 60 to 70 mm Hg was obtained. Glucagon (3 mg) caused conversion to normal sinus rhythm with a BP of 80 mm Hg systolic, but a continuous infusion failed to sustain this. While preparations for insertion of an intra-aortic balloon pump were being made, the patient suffered a cardiac arrest and could not be resuscitated.

Case 423. A 23-year-old woman presented to an emergency department in a coma after ingesting an unknown amount of verapamil (sustained-release) and possibly diphenhydramine capsules. The BP was 75/40 mm Hg and the pulse was 58/min on dopamine. An arterial blood gas showed pH, 7.25; Pco<sub>2</sub>, 27 mm Hg; and Po<sub>2</sub>, 200 mm Hg. The patient was intubated, lavage was performed, and activated charcoal, a cathar-

tic, fluids, 5 g of calcium chloride, and 1 g of calcium gluconate were administered, with a transient response. Isoproterenol increased the pulse rate but not the BP. A pacemaker was inserted with an increase in both BP and pulse. Cardiac output was measured at 2.2 L/min. Over the next 12 hours the patient's condition improved and then deteriorated, requiring dopamine, dobutamine, and norepinephrine. Amrinone caused a transient improvement but had no sustained effect. The patient was prepared for cardiac balloon pump placement but improved dramatically and was weaned from all pressors. The heart rate was 60/min. Serum calcium was 20 mEq/H, but decreased prior to her deterioration. Over the next 6 hours the patient rapidly deteriorated with hypotension unresponsive to pressors, including glucagon, amrinone, and isoproterenol. During insertion of the aortic balloon pump, the patient had a cardiac arrest and could not be resuscitated. The patient never had anticholinergic symptoms.

Case 426. A 4-year-old boy was thought to have ingested an unknown number of his grandmother's pills in the evening. The next morning the child seized. Paramedics arrived and transported the child to the emergency department. En route, the child had a full cardiac arrest. Prolonged resuscitation efforts resulted in bradycardia but the child was declared brain dead 6 hours after the seizure. Autopsy showed cerebral edema, erosive esophagitis, and a blood verapamil level of 2.02 µg/mL. A premortem toxicologic screen demonstrated an unknown phenothiazine.

Case 428. A 17-month-old boy, hospitalized since birth with pulmonary complications of meconium aspiration, was inadvertently given 5 mL of a pediatric decongestant syrup (containing phenylephrine, chlorpheniramine, and pyrilamine) intravenously rather than orally. Within 2 minutes the child was unresponsive, in complete cardiorespiratory arrest.

Case 429. The death of this 3-month-old boy was originally attributed to sudden infant death syndrome. However, toxicologic analysis of the serum revealed ephedrine, 0.6 mg/dL; carbinoxamine, 0.04 mg/dL; and promethazine, 0.04 mg/dL.

Case 430. A 15-month-old girl began vomiting 15 minutes after ingesting tablets of ferrous sulfate, 300 mg. In an emergency department 30 minutes after the ingestion she was lethargic, hypotonic, and vomiting blood. Initial laboratory results were sodium, 137 mEq/L; chloride, 102 mEq/L; potassium, 3.5 mEq/L; bicarbonate, 16 mmol/L; glucose, 358 mg/dL; BUN, 14 mg/dL; creatinine, 0.9 mg/dL; hematocrit, 31.6%; serum iron, 1,200 µg/dL; and total iron binding capacity, 1,220 µg/dL. The child was given deferoxamine, 1 g over 4 hours, and lavage was performed with normal saline. A radiograph revealed nine tablet fragments in

the stomach. The child became cyanotic and apneic and had fixed and dilated pupils and a weak pulse of 80/min. Treatment with epinephrine, atropine, and normal saline boluses was given. Laboratory results included pH, 6.48; Pco<sub>2</sub>, 25 mm Hg; Po<sub>2</sub>, 268 mm Hg; hematocrit, 23.1%; hemoglobin, 7.3 g/dL; sodium, 154 mEq/L; bicarbonate, 6 mEq/L; potassium, 6 mEq/L; chloride, 107 mEq/L; glucose, 356 mg/dL; prothrombin time, 21.5 seconds; partial thromboplastin time, >80 seconds; serum iron, 896.4 µg/dL; and total iron binding capacity, 881.1 µg/dL. BP was 50/20 mm Hg. The child was intubated, warmed, and given dopamine, normal saline, potassium, deferoxamine, 15 mg/ kg/h, isoproterenol, sodium bicarbonate, fresh frozen plasma, plasmanate, atropine, and epinephrine. Hypernatremia, bradycardia, and marked acidosis continued. The morning after admission the child experienced frequent dysrhythmias with BP in the low 30s and did not respond to resuscitative efforts.

Case 432. A 15-month-old boy was treated at a hospital for a fever. After the child's discharge, results revealing a blood glucose level of >300 mg/dL became available and the child was brought back to the hospital for admission. Apparently the child was immediately given insulin without remeasurement of the glucose and developed respiratory arrest. The glucose level was then found to be 0 mg/dL. He developed diabetes insipidus, coma with complete flaccidity, and pinpoint pupils, and was declared brain dead.

Case 436. A 57-year-old renal transplant patient was accidentally given <1 mL of monoctanoin through a central venous catheter. The error was recognized immediately, and the nurse drew back on the syringe. The patient rapidly experienced respiratory, then cardiac, arrest. The patient was intubated and resuscitated over 4 hours with epinephrine, vecuronium, and dopamine. A liter of fluid was withdrawn from the lungs. Nine hours later, the patient experienced ventricular fibrillation. The patient was pronounced dead 9.5 hours after the inadvertent administration. Autopsy confirmed the cause of death as respiratory failure secondary to lung infiltrates of monocctanoin.

Case 441. A 75-year-old man ingested 750 mg of chlordiazepoxide in a suicide attempt. Medical history included congestive heart failure, mitral valve insufficiency, and chronic atrial fibrillation; medications included digoxin and furosemide. He had been depressed and had stopped taking his medication for a few days. In the emergency department 5 hours postingestion he was lethargic. He received activated charcoal and was admitted to the intensive care unit. He remained lethargic, arterial blood gases were poor, and he experienced an episode of ventricular bigeminy. He was treated with 100% oxygen and lidocaine. The serum chlordiazepoxide level was 29 mg/L. He

developed an aspiration pneumonia and became totally unresponsive, febrile, and oliguric. He died on the fourth hospital day.

Case 446. A 67-year-old woman ingested 3.6 g flurazepam during the 8 hours prior to arrival in the emergency department. Despite naloxone, she was obtunded with spontaneous movements. Lavage was performed and intravenous fluids, multiple doses of activated charcoal, and a cathartic were administered. She became more responsive, then on the second hospital day she became unresponsive and was intubated, placed on a ventilator, and began receiving dopamine. On the third hospital day she was taken to the operating room, where dead bowel tissue was discovered. She died shortly thereafter.

Case 468. A 22-year-old woman arrived in the emergency department in cardiac arrest after ingesting an unknown number of diet pills. Resuscitation efforts were unsuccessful. It was later determined that she had consumed "mail-order" diet pills containing caffeine. The serum caffeine level measured during the resuscitation attempt was 1,560 µg/mL. Gastric contents measured 490 µg/mL caffeine (40 mL tested).

Case 469. A 27-year-old woman presented with tachycardia, 140/min, a systolic BP of 80 mm Hg, and dyspnea 40 minutes after ingesting a large number of mail-order diet pills containing caffeine. Lavage was performed and activated charcoal and a cathartic were administered. Arterial pH was 7.37 and Po<sub>2</sub> was 124 mm Hg. The heart rate increased to 200/min. She was intubated for increased difficulty in breathing and was given intravenous diazepam, naloxone, and lidocaine. After 1.5 hours in the emergency department, she began having runs of ventricular tachycardia and fibrillation treated with additional doses of lidocaine and with propranolol and bretylium. Heart rate ranged from 130 to 140/min and systolic BP was 80 to 90 mm Hg. Recurrent ventricular tachycardia occurred with hypotension, seizure activity, and subsequent cardiac arrest. She died 2.5 hours after arrival in the emergency department. The postmortem examination demonstrated intact but hyperemic gastric mucosa and a serum caffeine level of 305 µg/mL.

Case 473. A 21-year-old woman presented unresponsive and cyanotic after ingesting an unknown amount of cocaine. She subsequently suffered a cardiopulmonary arrest, was resuscitated, then developed seizures (which were treated with pancuronium) and gastrointestinal bleeding. Laboratory results included prothrombin time, normal; partial thromboplastin time, >150 seconds; WBC, 46,000/μL; hemoglobin, 17.6 g/dL; lactic dehydrogenase, 2,436 IU/L; and creatine phosphokinase, >1,500 IU/L. Toxicologic screen showed only a high concentration of cocaine. Treatment included vitamin K, potassium, activated char-

coal and cathartic, albumin, and platelets. An ECG showed anterolateral and inferolateral ischemia. CT scan of head was negative. Twenty-four hours after admission she was unresponsive with decerebrate movement in response to noxious stimuli. Laboratory results included serum creatinine, 6.6 mg/dL; BUN, 29 mg/dL; creatine phosphokinase, >30,000 IU/L; WBC, 50,000/µL; and prothrombin time, 46 seconds. On the third hospital day the EEG was "flat." After hemodialysis, laboratory results included serum creatinine, 12.2 mg/dL and prothrombin time, 99.9 seconds. The patient was given fresh frozen plasma. BP was 50 to 70 mm Hg systolic with dopamine. The patient died on the third hospital day.

Case 479. A 26-year-old man presented in respiratory arrest after ingesting 3 g of cocaine while being arrested. Two generalized tonic-clonic seizures occurred in the ambulance. Initial examination revealed a comatose individual receiving mechanical ventilation with a heart rate of 140/min and temperature of 41.8°C. The arterial pH was 6.93, and toxicology screens showed only cocaine. Initial treatment included sodium bicarbonate, a cooling blanket, lidocaine, phenytoin, and activated charcoal. Dopamine and norepinephrine infusions were needed throughout the hospital stay to maintain a systolic BP of 100 mm Hg. Hemodynamic monitoring on high-dose norepinephrine revealed a pulmonary artery wedge pressure of 22 mm Hg, central venous pressure of 16 mm Hg, cardiac output of 7.9 L/min, cardiac index of 4.2 L/min/m<sup>2</sup>. and systemic vascular resistance of 668 dyn·s/cm<sup>3</sup>. Persistent complications during his hospital stay included hyperkalemia from rhabdomyolysis, acute renal failure, hyperthermia, seizure activity, disseminated intravascular coagulation, and lactic acidosis. Treatment included daily dialysis, potassium exchange resins, antibiotics, hyperalimentation, phenytoin, fresh frozen plasma, and platelet transfusions. Cardiac arrests occurred 36 hours, 15 days, and, finally, 18 days after presentation.

Case 480. A 26-year-old man was found in status epilepticus. On arrival of paramedics he was pulseless and apneic. The cardiac monitor showed an idioventricular rhythm with a rate of 30. Intravenous drug abuse paraphernalia was present in the room. He was resuscitated to a supraventricular rhythm, with a rate of 120 and a systolic BP of 80 mm Hg but remained comatose with fixed and dilated pupils. Urine toxicology screen was positive only for metabolites of cocaine. He made no neurological recovery after 36 hours. At that time his pupils were 3 mm and nonreactive. He had no gag reflex, corneal reflex, or doll's eyes. There were no spontaneous respirations and he postured to painful stimuli. He developed diffuse myoclonic activity. CT of the brain showed global edema

consistent with anoxic cerebral injury. He died 48 hours after admission. An autopsy revealed severe cerebral edema secondary to anoxic encephalopathy and an acute infarction of the papillary muscle of the left ventricle.

Case 502. A 41-year-old man with a history of intravenous drug abuse collapsed while running on a typical hot Dallas summer day. The patient presented unresponsive with a temperature of 41.7°C. Respirations were shallow and rapid, pupils were constricted and nonreactive, and rigid extension of the bilateral lower extremities was noted. Doppler BP was 68 mm Hg; an ECG showed sinus tachycardia with occasional ventricular arrhythmias. The patient was intubated and placed on a ventilator and a cooling blanket. Lidocaine, dopamine and antibiotics were administered. Arterial blood gases on room air were pH, 7.28; Pco<sub>2</sub>, 37 mm Hg; and Po<sub>2</sub>, 79 mm Hg. Sodium was 144 mEq/L; potassium, 7.7 mEq/L; chloride, 111 mEq/L; bicarbonate, 18 mEq/L; creatinine, 2.9 mg/dL; glucose, 84 mg/dL; creatine phosphokinase, 4,500 IU/ mL; aspartate aminotransferase, 153 IU/L; lactate dehydrogenase, 1.433 IU/L; lactate, 5.8 mmol/L; calcium, 10.8 mg/dL; magnesium, 2.3 mg/dL; and phosphorus, 4.2 mg/dL. On preliminary drug screen, cocaine, lidocaine, and ethylene glycol were detected. The patient was transferred to the intensive care unit with the diagnosis of malignant hyperthermia complicated by rhabdomyolysis, acute renal failure, lactic acidosis, hypotension, and hyperkalemia. Rectal temperature was 38.9°C, BP was 115/60 mm Hg, and pulse was 120/min. The patient developed disseminated intravascular coagulopathy. Peritoneal dialysis was started. Nine hours after admission, the pH was 7.14; calcium was 6.6 mg/dL, and potassium was 5.0 mg/dL. Rhabdomyolysis developed with a creatine phosphokinase of 434,500 IU/mL; lactate dehydrogenase, 67,900 IU/L; and aspartate aminotransferase, 7,527 IU/L. Twenty-two hours after admission he developed asystole and died. Autopsy showed massive widespread myonecrosis; petechiae and ecchymoses of the soft tissue, intestines, renal calices, testes, and subendocardium; fatty metamorphosis of liver; pulmonary congestion and edema; linear cutaneous scars on the left forearm; recent cutaneous "tracks" on the right forearm; generalized soft tissue and muscle swelling; and pigmented protein casts in the renal tubules.

Case 520. A 20-year-old man who was a known intravenous drug abuser was doing "speedballs" approximately 4 hours before arrival in the emergency department. Thirty minutes before arrival in the emergency department, a friend found him with labored breathing and he was transported to the emergency department by private automobile. He became apneic en route and was in cardiopulmonary arrest on arrival.

He was intubated and successfully resuscitated with atropine, epinephrine, and cardioversion, but remained comatose, requiring ventilatory and pressor support. He received 10 mg naloxone without apparent change. His toxicologic screen was positive for opiates, cocaine, and caffeine. The ethanol level was 80 mg/dL. He developed disseminated intravascular coagulopathy, pulmonary edema, and renal failure. He became flaccid and serial EEGs showed no activity. Supportive care was withdrawn and he died approximately 14 hours after admission. An autopsy showed a focal area of acute infarction of the posterior papillary muscle, cardiomegaly, early focal bronchopneumonia, and generalized visceral congestion. Antemortem toxicology showed a blood cocaine level of 600 ng/mL. Postmortem toxicology evaluation showed opiates and cocaine metabolite to be present. A postmortem morphine level of 170 ng/mL was obtained.

Case 529. An 18-year-old woman arrived in the emergency department in cardiopulmonary arrest. She may have been convulsing for up to 2 hours before she was found. "Rush" (isobutyl nitrite) was in her possession. She was resuscitated, placed on a ventilator, and given diazepam, phenytoin, and dopamine. Blood appeared dark, and she was given methylene blue although the methemoglobin level was 0.7%. She developed adult respiratory distress syndrome, had another cardiac arrest, and died the day she presented.

Case 530. An 18-year-old woman collapsed after insufflating an unknown amount of methamphetamine. In the emergency department she had a BP of 60 mm Hg systolic, heart rate of 220/min, and a rectal temperature of 42.8°C. Pupils were fixed and dilated. Treatment included dopamine, labetalol, and external cooling. About 2 hours after admission, the patient developed disseminated intravascular coagulation with a low fibrinogen, prothrombin time of 17.0 seconds (control, 12.0 seconds), and partial thromboplastin time of 51 seconds (control, 26 seconds). The patient died about 28 hours after admission. Postmortem examination showed large amounts of amphetamine and methamphetamine in the blood, urine, and liver.

Case 531. A 24-year-old man developed painful muscle contractions, stiffness of the jaw, and stiffness of peripheral muscles shortly after ingesting methamphetamine. Upon arrival, he had a temperature of 41.7°C and was in shock. Endotracheal intubation was performed, administration of intravenous fluids was started, and the patient was placed on a cooling blanket. Gastric lavage was performed and charcoal and a cathartic were placed in the stomach. Dopamine was started for hypotension. The patient developed myoglobinuric renal failure and disseminated intravascular coagulopathy over the next 24 hours and died 25 hours after admission. Postmortem examination showed

large amounts of methamphetamine in the urine and blood.

Case 532. A 25-year-old man was brought to an emergency department combative, agitated, and semicomatose after snorting speed and smoking marijuana. The patient's medical history was significant for drug abuse, possible stroke, and hypertension with reported noncompliance with antihypertensive medication. On admission the patient was diaphoretic with miotic pupils. BP was 240/120 mm Hg with a heart rate of 90/min. The patient required intubation; lavage was performed and activated charcoal with sorbitol was administered. Vital signs immediately following the completion of lavage were BP, 250/150 mm Hg; heart rate, 57 to 88/min; and temperature, 35.9°C. The patient subsequently developed coupled premature ventricular contractions (treated with lidocaine) and hypotension with labile BP. A brain CT scan demonstrated an inoperable intracerebral hemorrhage. EEG was consistent with severe brain injury. General supportive management included nitroprusside and labetalol. The patient died 6 days after admission following termination of life support systems. Postmortem findings were significant for intracerebral hemorrhage with intraventricular extension; hypertensive arteriosclerotic heart disease; myocardial hypertrophy; left ventricular coronary atherosclerosis; and a severe confluent bilateral bronchopneumonia. Blood toxicologic results included 0.04 μg/mL amphetamine, 0.70 μg/mL methamphetamine, and 0.22 µg/mL diazepam.

Case 534. A 44-year-old known heavy "crystal" abuser presented to the emergency department hypotensive, apneic, and febrile to 40.6°C. He was placed on a ventilator and required dopamine for BP support. An EEG showed no activity. Creatine phosphokinase was >20,000 IU/mL; BUN was 89 mg/dL; serum creatinine was 6.7 mg/dL; and lactate dehydrogenase was 1,157 IU/L. Urine was positive for amphetamine and methamphetamine. The patient remained unchanged for five days, after which supportive care was terminated.

Case 535. A 51-year-old morbidly obese man with a history of parenteral amphetamine abuse presented agitated and disoriented with a swollen, tender right leg. BP was 120/70 mm Hg; heart rate was 100/min; temperature was 38.4°C, and WBC count was 16,000/µL. The patient was treated for sepsis and deep venous thrombosis with antibiotics and heparin. He subsequently had a cardiac arrest and was intubated, but he continued to have arrhythmias and died within 12 hours of admission. Toxicology screening revealed an antemortem blood amphetamine level of 0.09 µg/mL and a methamphetamine level of 0.59 µg/mL. Autopsy showed hypertrophic cardiomyopathy, focal organizing pneumonitis, splenic lymphoid depletion, multivis-

ceral congestion, and refractile material in the pulmonary tissue.

Case 539. An 18-year-old man was found thrashing in the bushes by police. After restraint by several police officers, he was brought to the emergency department agitated and confused. Vital signs on presentation revealed a heart rate of 146/min, a BP of 105/50 mm Hg, and a temperature of 38.4°C. Arterial blood gases were pH, 6.73; Po<sub>2</sub>, 168 mm Hg; and Pco<sub>2</sub>, 26 mm Hg. Initial electrolytes revealed a sodium of 147 mEq/L, potassium of 5.4 mEq/L, chloride of 94 mEq/ L, and bicarbonate of 6 mEq/L with an anion gap of 47 mEq/L. Serum glucose was 197 mg/dL, urea nitrogen was 12 mg/dL, creatinine was 2.1 mg/dL, and phosphorus was 11.8 mg/dL. The patient was intubated, ventilated with 100% oxygen, and given large doses of sodium bicarbonate intravenously. Three hours after presentation the patient's temperature had risen to 40.0°C and he was obtunded. Four hours after presentation the patient developed ventricular tachycardia and a cardiac arrest; serum potassium was 9.4 mEq/L at the time. Despite cardiopulmonary resuscitation, insulin with glucose, sodium bicarbonate, calcium, and lidocaine, the patient died approximately 5 hours after presentation. Toxicologic analysis of the postmortem serum revealed a phencyclidine level of 0.12 µg/mL and an ethanol level of 0.02 g/dL. Autopsy showed multiple minor contusions and abrasions on the neck, scalp, and extremities.

Case 540. An 18-year-old woman presented to the emergency department with left-sided weakness and lethargy 12 to 24 hours after ingesting at least 20 phenylpropanolamine diet aid capsules and 12 beers in a suicide attempt. Initial examination revealed a heart rate of 51/min, BP of 163/89 mm Hg, lethargy, slurred speech, decreased grip, and paralysis of the left side of the mouth. Intermittent decerebrate posturing (bilateral), hypertension, and tonic-clonic seizures developed. Treatment included nitroprusside, diazepam, lorazepam, and phenytoin. CT scan showed a right lateral basoganglial hemorrhage with intraventricular rupture, marked pressure effect, and a midline shift. Neurological examination at this time showed minimally reactive pupils of 6 mm and decorticate posturing. A right frontal lobectomy was performed with removal of the area of intracerebral hemorrhage and placement of an intracranial pressure monitor. Increased intracranial pressure was noted within 12 hours and was initially controlled with hyperventilation, mannitol, aspiration of CSF, and pentobarbital coma, but then became refractory to all treatment. Cerebral blood flow ceased and the patient died 3 days after presentation. The ethanol level was <10 mg/dL.

Case 541. An 18-month-old boy ingested several mouthfuls from a bottle of isopropyl alcohol to which

his grandfather had added an unknown amount of methyl salicylate. Five hours postingestion the child developed vomiting. Ten hours postingestion the child was brought to the emergency department. The child appeared ill with a BP of 95/45 mm Hg, a pulse of 200/min, a respiratory rate of 50/min, and a temperature of 36.3°C. The admission arterial blood gas was pH, 7.39; Pco<sub>2</sub>, 11 mm Hg; and Po<sub>2</sub>, 98 mm Hg. Rehydration, multiple-dose activated charcoal, and alkalinization were started. The patient's mental status, vital signs, and acid-base disturbances improved until 18 hours postingestion, at which time the urine output decreased, urine pH dropped below 7, and early pulmonary edema became evident. Plans were made for hemodialysis; however, when the child improved with furosemide and an increased Fio2, the transfer was aborted. A 20-hour salicylate level was 80 mg/dL. Thirty hours postingestion the child developed massive diarrhea (several liters), became hypotensive, acidotic, and developed respiratory failure. The patient was placed on dopamine and transferred for hemodialysis. He was intubated and placed on mechanical ventilation. A 24-hour salicylate level had decreased to 47 mg/dL. The serum sodium was 173 mEq/L. The patient developed hypotension, cardiogenic shock (high-output cardiac failure), cerebral edema, and diabetes insipidus. Despite aggressive treatment, including dialysis, he died 7 days postingestion.

Case 542. An 80-year-old woman accidentally ingested 10 mL of oil of wintergreen, thinking it was cough syrup. The patient tried to induce vomiting with bacon grease. She arrived at the emergency department 30 minutes to one hour after the ingestion. Activated charcoal, magnesium citrate, and bicarbonate were administered. The salicylate levels were 104 mg/dL (two hours) and 115 mg/dL (four hours). A cardio-pulmonary arrest occurred approximately 5 hours postingestion.

Case 544. A 17-month-old boy ingested an unknown number of prenatal iron tablets belonging to a guest in the home sometime mid-morning on the day of admission. The patient vomited three times and had one diarrheal stool. Six hours after ingestion the iron level was 25,000 μg/dL (hemolyzed); a 12-hour level was 4,400 µg/dL. Initial arterial pH was 7.1 and the child received bicarbonate, plasma volume expanders, pressors, and fluids. Coagulopathy and bloody diarrhea developed. Continued acidosis was treated with several doses of bicarbonate. Deferoxamine was initiated approximately 7 hours after ingestion at 15 mg/kg/h and was increased to 45 mg/kg/h when the second iron level was known. Edema, anuria, rising liver enzymes, and massive bowel necrosis requiring resection were noted on the third day of hospitalization. The patient died on the fourth hospital day.

Case 545. A 17-month-old boy ingested an unknown number of prenatal vitamins containing ferrous sulfate, 325 mg. The child spontaneously vomited pill fragments, then became lethargic. On arrival at a health care facility, approximately 3.5 hours postingestion, the child had no palpable BP and a temperature of 31.7°C. An abdominal film revealed 40 to 50 residual tablets in the stomach, which were removed by repeated lavage (removal verified by abdominal radiograph). The serum iron level was 1,400 µg/dL and the arterial pH was 7.06. Deferoxamine therapy was begun at 15 mg/kg/h and increased to 30 mg/kg/h with continuous production of vin rose urine. Normal saline

hydration was begun and the systolic BP increased to 100 mm Hg. His condition improved after approximately 24 hours, with the child opening his eyes and then moving his extremities. Liver function parameters increased, with aminotransferases about 4,000 IU/L and amylase of approximately 1,000 U/L. The child then became comatose and developed pulmonary edema and shock. Dopamine, dobutamine, and epinephrine were required. Ascites developed and a minilaparoscopy was performed, demonstrating necrotic bowel. Prior to surgery, the child died. At autopsy, the child was found to have necrotic bowel with residual iron tablets.