IOWA POISON CONTROL CENTER

Poison HOTLINE

1-800-222-1222

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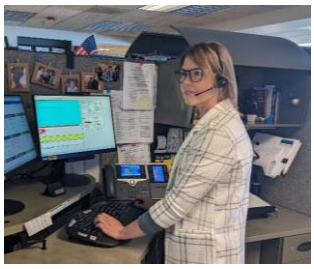

Did you know ……

The clinicians who answer the IPCC 24/7 Poison Help line are nurses and pharmacists who have had rigorous and extensive training in managing patients with poisoning and overdose.

Once a nurse or pharmacist is hired, they begin an intensive 12-week training regimen followed by several additional months of supervised independent work. All-in, it takes about 6 months to get a new Specialist in Poison Information (SPI) to a place where they can work semi-independently.

All SPIs are expected to sit for an annual national certification exam. To be eligible to sit for the exam, candidates must have managed at least **2000** human exposures and have at least **1200** hours of experience in a poison center. Once certified, the certification is valid for 7 years. A Certified Specialist in Poison Information (CSPI) must then sit for the exam again to recertify. The IPCC currently has 9 CSPIs and 4 SPIs who are preparing for the exam this spring.

Whys from SPIs

Hospital staff often hear a Specialist in Poison Information (SPI) from the Iowa Poison Control Center (IPCC) say: “Please check a salicylate level and a 4-hour post-ingestion acetaminophen (APAP) level.” Clinicians may wonder why SPIs recommend repeating an acetaminophen level if the initial result is below the toxic threshold, or why we recommend repeating various labs during the patient’s clinical course.

The short answer? Providers at the IPCC recommend testing at specific timeframes based on drug absorption, scientific data, and evidence-based best practices. These recommendations are tailored to each patient’s unique clinical situation and may vary from case to case.

For all self-harm attempts, we recommend checking both a salicylate and APAP level. These products are commonly found in most homes, and their symptoms can be mistaken for effects of other substances the patient reports taking. For APAP specifically, a 4-hour post-ingestion level is recommended because peak plasma concentrations are not reached until about 4 hours after ingestion. Any level drawn prior to this cannot be used to determine toxicity using the Rumack-Matthew Nomogram and therefore cannot guide treatment decisions.

Several additional substances are often monitored during the clinical course. These include, but are not limited to, carbamazepine, digoxin, iron, lithium, phenytoin, theophylline, valproic acid, ethylene glycol, and methanol. The recommended timing for repeat levels varies depending on the patient and situation.

To guide clinical management, many cases warrant further testing, which may include ammonia levels, PT/INR, liver function tests, blood gases, electrolytes, or diagnostic studies like EKGs and bedside cardiac ultrasounds. These are recommended when the ingested substance may cause abnormal lab results or cardiac function abnormalities.

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POISON HELP 1-800-222-1222 POISONHELP.ORG

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