

CARBON MONOXIDE POISONINGS

MONTHLY REPORT February 2014



Photo courtesy of Gas Safe Register (UK): GasSafeRegister.co.uk

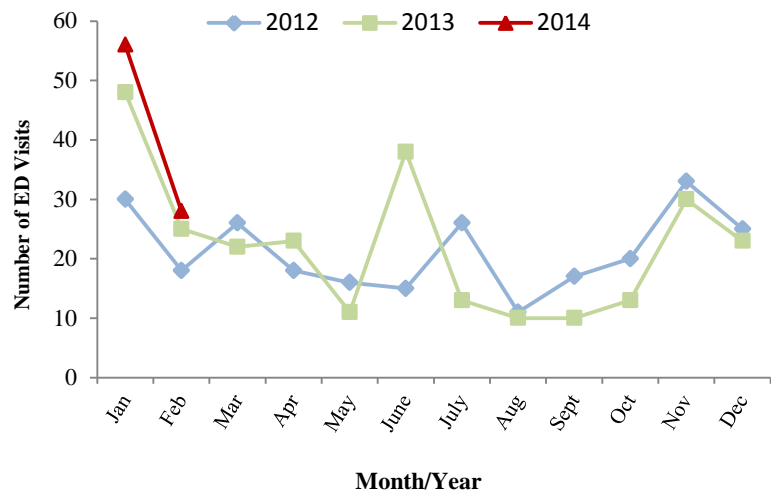
Emergency Department (ED) Visits: 28 visits related to unintentional non-fire related carbon monoxide (CO) poisoning were identified.

Table 1. ED visits related to unintentional non-fire-related CO poisoning, North Carolina

February 2014	ED Visits
	N (%)
Total	28
Female	14 (50)
Male	14 (50)
Age Group (years)	
0-9	6 (21)
10-24	5 (18)
25-44	3 (11)
45-64	10 (36)
65+	4 (14)
Exposure Site	
Home	7 (25)
Public building	1 (3.6)
Workplace	1 (3.6)
Unspecified	19 (68)
Disposition	
Admitted	6 (21)
Discharged	20 (71)
Unspecified	2 (7.1)

NOTE: N.C. DETECT (Disease Event Tracking and Epidemiologic Collection Tool; www.ncdetect.org) search criteria: ICD-9-CM diagnostic code 986 or external cause of injury code E868.3, E868.8, E868.9, E982.1, E868.2 or E982.0. ED visits related to self-inflicted or fire-related exposures (identified by keywords "fire" or "smoke") were excluded. CPC calls were filtered by substance and calls were included when unintentional exposure to CO was documented (whether or not additional substances were mentioned). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

Figure 1. ED visits related to unintentional non-fire-related CO poisoning by month and year, North Carolina



Carolinas Poison Center (CPC): In addition to ED visits, 32 calls^{1,2} related to unintentional CO exposure were captured through the CPC.

- 55 exposed persons were mentioned in the 32 calls:
 - 24 (44%) Female
 - 31 (56%) Male
- Site of exposure:
 - 52 (95%) Residence
 - 1 (1.8%) Workplace
 - 1 (1.8%) Public Area
 - 1 (1.8%) Unidentified

February 2014 CO Exposure Descriptions

- Headaches, nausea, and dizziness were the most common complaints expressed by those exposed.
- Inappropriate generator use contributed to several carbon monoxide exposures.
- Loss of consciousness or coma was described in multiple CO poisoning incidents.
- Medicaid was the most common source of payment for CO poisoning ED visits.

¹ We do not have the ability to determine the extent of overlap (if any) between CPC calls and ED visits. Therefore, they are analyzed separately.

² We do not have the ability to determine if CPC calls were related to fires.