

CARBON MONOXIDE POISONINGS

February 2015

CARBON MONOXIDE (CO) POISONING



Image courtesy of the Centers for Disease Control and Prevention (CDC)

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

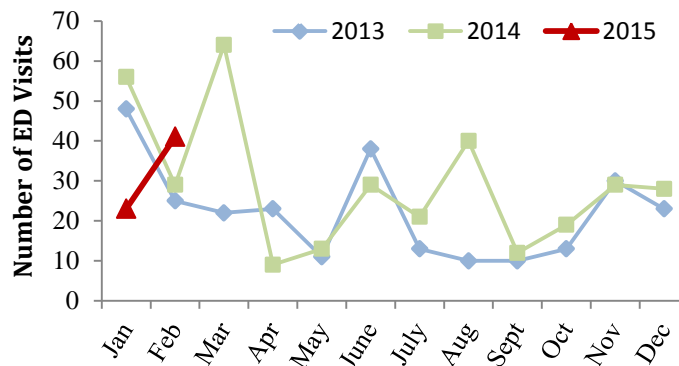


Table. 41 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

N (%)		N (%)	
Sex		Disposition	
Female	20 (49)	Admitted	4 (10)
Male	21 (51)	Discharged	32 (78)
Age Group (yrs)		Transferred	2 (5)
0-9	1 (2)	Unspecified	3 (7)
10-24	8 (20)	Insurance	
25-44	9 (22)	Medicaid	3 (7)
45-64	11 (27)	Medicare	9 (22)
65+	12 (29)	Private	10 (24)
Exposure Site		Self-pay	4 (10)
Home	16 (39)	Workers compensation	8 (20)
Workplace	8 (20)	Other	3 (7)
Unspecified	17 (41)	Unspecified	4 (10)

Winter Weather and CO Poisoning

There were nearly twice as many ED visits for CO poisoning in February compared to January, which may be due in part to the large number of snow and ice days that occurred in February. Using alternative sources of fuel or electricity for heating or cooking during a power outage or cold weather can cause CO to accumulate inside homes, garages or campers.

Carolinas Poison Center (CPC)

The CPC received 32 calls^{1,2} related to unintentional CO exposure in North Carolina, 2 calls requesting CO information, and 1 call related to CO alarm use.

- 51 exposed people were mentioned:
 - 30 (59%) Female
 - 21 (41%) Male
- Site of exposure:
 - 46 (90%) Residence
 - 3 (6%) Workplace
 - 2 (4%) Other

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

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

NOTE: NC DETECT (www.ncdetect.org) search criteria for ED visits: 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 for North Carolina residents who visited North Carolina hospitals. ED visits related to self-inflicted or fire-related exposures were excluded. CPC calls were filtered by substance and included when unintentional CO exposure, CO alarm use or a request for CO information was documented.

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