Emergency Department (ED) Visits

In 2016, there were 295 ED visits for unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina.

- Common exposure sources: generators, vehicles, propane/kerosene heaters, power tools, HVAC systems
- August and December had the greatest number of ED visits (Figure 1), potentially due to weather-related power outages
- ED visits occurred in all regions of the state (Figure 2)

**Figure 1.** ED visits related to unintentional, non-fire related CO poisoning by month and year, North Carolina, 2013–2016

**Figure 2.** Rate of ED visits related to unintentional, non-fire related CO poisoning by county, North Carolina, 2016

**Figure 3.** Characteristics of patients and ED visits related to unintentional, non-fire related CO poisoning, North Carolina, 2016

Carolina Poison Center (CPC) Calls

CPC received 208 calls about unintentional CO exposure in North Carolina; 396 exposed people were mentioned,* who were reported to be exposed to carbon monoxide in the following locations.

**NOTE:** NC DETECT [www.ncdetect.org](http://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 was documented.

*We are not able to determine if CPC calls are related to fires and cannot identify overlap between CPC calls and ED visits.

For information about CO poisoning prevention, visit [http://epi.publichealth.nc.gov/oee/a_z/co.html](http://epi.publichealth.nc.gov/oee/a_z/co.html)