

CARBON MONOXIDE POISONINGS

MONTHLY REPORT August 2014

CARBON MONOXIDE (CO) POISONING



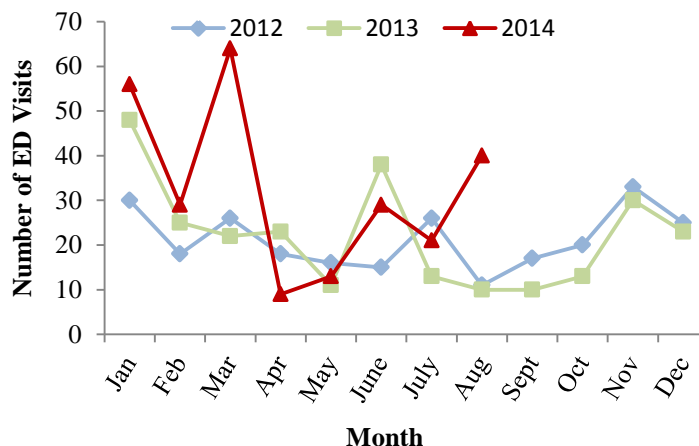
Image courtesy of the Centers for Disease Control and Prevention (CDC)

Emergency Department (ED) Visits: 40 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

N (%)		N (%)	
Total		Disposition	
Female	14 (35)	Admitted	1 (3)
Male	26 (65)	Discharged	26 (65)
Age Group (yrs)		Left without Advice	2 (5)
0-9	2 (5)	Transferred	11 (27)
10-24	17 (42)	Insurance	
25-44	9 (23)	Medicaid	3 (8)
45-64	8 (20)	Medicare	2 (5)
65+	4 (10)	Private	5 (12)
Exposure Site		Self-pay	4 (10)
Home	9 (23)	Workers' compensation	20 (50)
Vehicle	5 (12)	Other	5 (12)
Workplace	21 (53)	Unknown	1 (3)
Unspecified	5 (12)		

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



Carolinas Poison Center (CPC): The CPC received 10 calls^{1,2} related to unintentional CO exposure in North Carolina and 1 call requesting CO information.

- 15 exposed persons were mentioned:
 - 7 (47%) Female
 - 8 (53%) Male
- Site of exposure:
 - 12 (80%) Residence
 - 3 (20%) Workplace

August 2014 CO Exposure Descriptions

- 15 construction workers were exposed to CO while using a propane-powered tile cutter indoors without adequate ventilation
 - 11 workers required hyperbaric oxygen
- Three young adults were exposed to CO while riding in a car with no exhaust pipe

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.

NOTE: N.C. 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 (identified by keywords "fire" or "smoke") 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. NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.