

# CARBON MONOXIDE POISONINGS

## December 2014

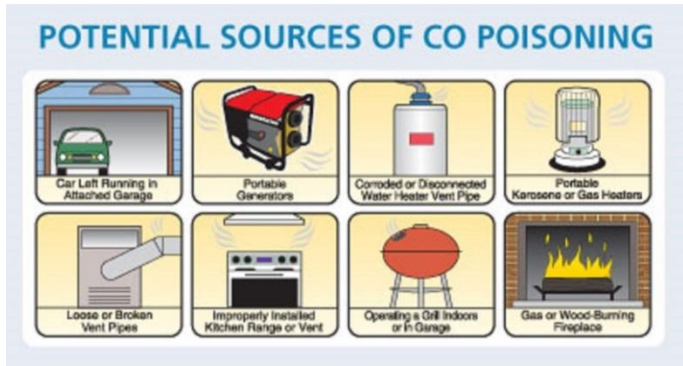
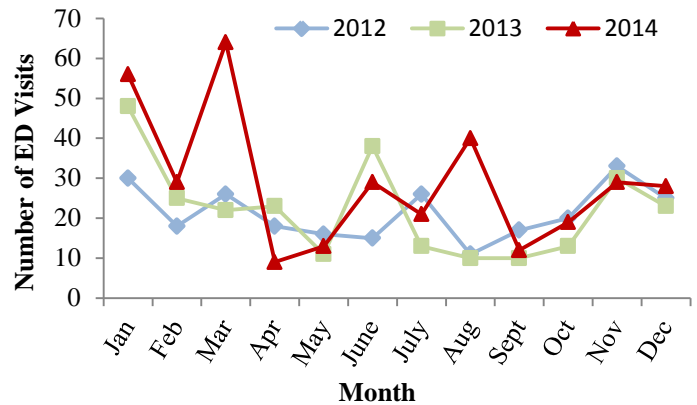


Image courtesy of Hermiston (OR) Fire & Emergency Services: [Hermistonfire.com](http://Hermistonfire.com)

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



**Table.** 28 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

N (%)		N (%)	
<b>Sex</b>		<b>Disposition</b>	
Female	15 (54)	Discharged	22 (79)
Male	13 (46)	Left without advice	1 (4)
<b>Age Group (yrs)</b>		Observation	2 (7)
0–9	4 (14)	Transferred	2 (7)
10–24	6 (21)	Unknown	1 (4)
25–44	6 (21)	<b>Insurance</b>	
45–64	8 (29)	Medicaid	4 (14)
65+	4 (14)	Medicare	3 (11)
<b>Exposure Site</b>		Other government payments	1 (4)
Home	5 (18)	Private	3 (11)
Vehicle	4 (14)	Self-pay	6 (21)
Workplace	5 (18)	Workers' compensation	4 (14)
Unspecified	14 (50)	Other / Unknown	7 (25)

Percentages may not add to 100 due to rounding

### December 2014 CO Exposure Descriptions

- Two children were exposed to CO in their home after a gas stove was left on all day.
- A homeless older adult experienced CO poisoning after using a propane heater to keep warm while sleeping in a vehicle.

**Carolinas Poison Center (CPC):** The CPC received 14 calls<sup>1,2</sup> related to unintentional CO exposure in North Carolina, 2 calls requesting CO information, and 1 call related to CO alarm use.

- 29 exposed people were mentioned:
  - 16 (55%) Female
  - 13 (45%) Male
- Site of exposure:
  - 21 (73%) Residence
  - 3 (10%) Workplace
  - 5 (17%) Other

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

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

**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, CO alarm use or a request for CO information was documented.

NC DETECT is a statewide public health syndromic surveillance system, funded by the N.C. 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 is not responsible for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.