## CARBON MONOXIDE POISONINGS

## MONTHLY REPORT July 2014

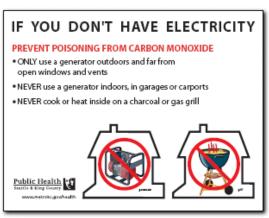


Image courtesy of King County (WA) Public Health

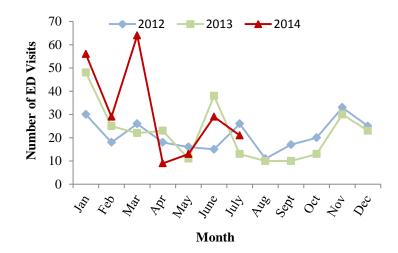
Emergency Department (ED) Visits: 21 visits related to unintentional non-fire related carbon monoxide (CO) poisoning were identified.

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

	N (%)
Total	21
Female	9 (43)
Male	12 (57)
Age Group (years)	
0–9	1 (5)
10–24	4 (19)
25–44	6 (29)
45–64	7 (33)
65+	3 (14)
Exposure Site	
Home	5 (24)
Vehicle	1 (5)
Workplace	3 (14)
Unspecified	12 (57)

	N (%)	
Disposition		
Admitted	2 (10)	
Discharged/ Left without Advice	17 (80)	
Transferred	2 (10)	
Insurance		
Private	8 (37)	
Medicaid/ Medicare	4 (19)/ 2 (10)	
Self-pay	2 (10)	
Workers' compensation	1 (5)	
Other	3 (14)	
Unknown	1 (5)	

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



**Carolinas Poison Center (CPC):** The CPC received 7 calls<sup>1, 2</sup> related to unintentional CO exposure and 4 calls related to CO alarm use in North Carolina.

- 7 exposed persons were mentioned in the calls:
  - o 2 (29%) Female
  - o 5 (71%) Male
- Site of exposure:
  - 5 (71%) Residence
  - o 2 (29%) Workplace

## **July 2014 CO Exposure Descriptions**

- Common symptoms reported include chest pain, trouble breathing, headache, and dizziness.
- A construction worker passed out from CO poisoning while working inside a mall where a gas generator was running without adequate ventilation.

NOTE: N.C. DETECT (Disease Event Tracking and Epidemiologic Collection Tool; <a href="www.ncdetect.org">www.ncdetect.org</a>) search criteria for ED visits: ICD-9-CM diagnostic code 986 or external cause of injury code E868.3, 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 included when unintentional CO exposure or CO alarm use was documented. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.







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.

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