

Investigation and Development of a Database on Incidence and Practices in the Management of Poisoning Cases Across Hospitals in India

Type of study: Observational and non-interventional data collection

Aims and objectives:

Primary objective:

1. To study the current epidemiology of poisonings in India
2. To compare the epidemiological pattern of poisoning with data of previous years

Secondary objectives

1. To find the pattern of presenting symptoms for various poisonings
2. To determine the outcome (Length of stay, mortality) of various poisonings
3. To find gaps between knowledge (guidelines) and practice amongst various hospitals and regions.

Methodology

An online Case Report Form (CRF) which is very user friendly to fill up will be created. Data will be harvested in the CRF, including demographic profile, socio-economic status, diagnosis, clinical characteristics, laboratory parameters, treatment received, procedure performed, co-morbidities, complications and outcomes. Various centers will be enrolled to represent our diverse population and practices. They will be requested to get approval/permission from institutional ethics committees/administrators to share their data. Patient identity will be kept confidential by the teams. As it is an observational and non-interventional data collection, waiver of consent from hospital ethics committee or administrator should be taken. Approved principal investigators along with co-investigators from various centers will be assigned responsibility to share their data with the national pool.

This database will be used to study patterns of poisoning, clinical features, diagnosis, treatment strategies, practice gaps and outcomes. The intent is to know the problem spectrum with minute details including practice and health



care delivery gaps, so that appropriate solutions can be derived from data analysis. Outcome analysis will be correlated with established literature to facilitate guidelines tailored to Indian settings and resources.

Data collection:

Willing hospitals/ institutes will be shared with the link after consent to participate in study. They will be provided with information through documents and training sessions on data filling in CRF. To maintain patient confidentiality, investigators will be requested to generate patient new code against hospital patient ID, so that data can be traced if required by the investigators. Principal investigators can include other 2 co-investigators also for help.

Principal investigator will be responsible for permission from the hospital ethical committee, if applicable, and do data reporting etc.

References:

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Toxicology Case Record Form

Hospital ID / Case No.....

Name:

Age: Gender: Male Female

Address:

City: State:

Economic status:

(Kuppaswami Class: Upper Class Middle Class Lower Class)

Rural Area: Urban:

Occupation: Farmer Service class Business student others

Date & Time of Admission:

Date & Time of Exposure / Incident:

Provisional diagnosis:

Final diagnosis:

Type of Exposure:

Accidental Occupational Suicidal Homicidal Environmental

Route of Exposure: Inhalation Ingestion Dermal Injection Ocular

Any Circumstantial evidence presented: Yes No

if yes- pack bottle strip vial ampoule snake others

Presenting symptoms and signs:

GCS E V M Heart

Rate/min



Blood Pressure (mm Hg)

Saturation on room air.....

SpO2 on Oxygen support.....

Pupils:

Skin- dry/ diaphoretic:

Temperature:

ABG (on arrival) – pH , PaO2 . paCO2 . H2CO3

Lactate

Acidosis (Yes No)

Na , K , Cl

Mg if done

RBS

SGOT/SGPT

Urea /Creatinine

POCUS

CXR

LVEF

ECG

First Interventions

1 Resuscitation (First 30 minutes)

Fluids – Nature: Amount:

Oxygen (Yes/No)

Lavage (Yes/No)

Intubation (Yes/no)



Mechanical Ventilator

Other methods of Ventilation

Vasopressors

Specific antidote given? (Yes/No)

If OP which drug preferred – atropine , PAM . Both

Pharmacological Name

Dose

Duration

2. Bowel Decontamination

Gastric Lavage

Use of charcoal

Use of lavage agents like KMNO₄ oil, saline, water

Whole Bowel wash

Supportive treatment

MV

RRT

Hemoperfusion

TPE

Other medicines

ECMO

Most challenging problems

Hypotension

Consciousness

Seizures



Organ failure

Hypoxia

Bleeding

Acidosis

Electrolyte imbalance

Shock

3. Past History

Past Medical / Surgical Illness:

History of Similar Exposure:

Drug / Alcohol / Smoking History:

Allergies:

Outcome

Organ status on day 2, 3 and 4

Diagnostic Tests under taken if any

Lab diagnosis of Poisoning

RBC/Plasma Anticholinesterase

Others (mention specific)

ICU length of stay (days)

Outcome: Discharge / Death