

# American Association of Poison Control Centers



## National Poison Data System (NPDS)

### NPDS Coding Users' Manual<sup>©</sup> **Version 4.3**

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## List of Abbreviations

The following is a list of abbreviations referenced in this document:

AAPCC	American Association of Poison Control Centers
AMA	Against Medical Advice
CSPI	Certified Specialist in Poison Information
FTP	File Transfer Protocol
HCF	Health Care Facility
NPDS	National Poison Data System
PIP	Poison Information Provider
RPC	Regional Poison Center
SFTP	Secure Shell protocol (SSH) File Transfer Protocol
SPI	Specialist in Poison Information
XML	Extensible Markup Language

## Purpose and Scope

The mission of the American Association of Poison Control Centers (AAPCC) is to actively advance the health care role and public health mission of their members through information, advocacy, education and research. AAPCC members are accredited regional poison control centers who offer confidential medical advice at no cost to the end user in an effort to prevent and treat poison exposures. The National Poison Data System (NPDS), owned and operated by AAPCC, is a centralized data repository that captures case information reported to all regional poison control centers and is a vital infrastructure of the association.

NPDS serves many purposes:

- 1) Assistance with identification and medical management of exposures
- 2) Development of evidence-based referral and treatment guidelines
- 3) Real-time toxicosurveillance
- 4) Product safety evaluations for pharmaceuticals and non-pharmaceuticals
- 5) Epidemiological studies
- 6) Public health information and education

This manual is intended to provide detailed information regarding the standardized structure, format and content of NPDS. This is the official manual of the AAPCC and its members. **This manual should be considered proprietary information and is not to be shared outside of the association without expressed and written approval from AAPCC.**

## Data Components

### *National Poison Data System (NPDS)*

The following instructions are provided to promote coding uniformity among regional poison control centers participating in NPDS. Regional poison control centers submitting data to NPDS are required to comply with these coding guidelines for all NPDS fields. Deviation from these definitions/instructions will produce inaccurate, biased or invalid data. No patient identifiers are provided to NPDS; thus patient confidentiality is maintained. To maximize coding accuracy, it is optimal that NPDS coding be done by a staff member handling the call or other appropriately trained regional poison center personnel.

All NPDS data reported by the AAPCC during the year in which the exposures occurred is considered preliminary until the NPDS database for that year is locked. This is because it is possible that a regional poison center may update a case anytime during the year if new information is obtained. During the third quarter each year, the database for the previous calendar year is locked and no additional changes are permitted. At that time the data for the previous year is considered locked and cannot be altered.

### *Medical Record*

In addition to the encoded fields which are submitted to AAPCC, regional poison control centers must also document each case through a narrative medical record which provides data sufficient to verify coded data fields and to allow quality assurance review of information obtained and provided. Guidelines for the narrative portion of the medical record are developed by each individual regional poison center; however retrieval of these records and submission of blinded copies may be required by AAPCC for quality assurance audits or requested for public health purposes. AAPCC recognizes that in many cases regional poison center narrative medical records are appropriately brief.

### *Software Options*

There are currently four computerized options for collecting NPDS data. The vendors and their contact information for each of these products are listed below in Appendix A AAPCC does not endorse any individual product, but supports the efforts of all four vendors to provide compatible and efficient data entry software.

## **NPDS Technical Requirements**

The technical specifications for record layout and data model for NPDS is owned by AAPCC and maintained by AAPCC's NPDS development contractor.

### **Substance Coding Hierarchy**

Product-specific substance coding is a valuable and unique characteristic in the NPDS system. Product-specific coding allows for early detection of public health issues, targeted exposure management guidelines, tracking of safety related to specific substances, ability to evaluate interventions or market changes, and enhanced toxicosurveillance.

The substance coding hierarchy is illustrated in Figure 1. The most specific level is **Product Code**. These codes identify a specific substance, often including the brand name or formulation (e.g. Clorox Bleach, Tylenol Extra Strength Caplets). The inventory of Product Codes is found in Poisindex® (IBM Watson Health, Greenwood Village, Colorado). Often, one case will report more than one substance. Therefore, multiple Product Codes may be identified for one case. While Product Code is not a required data field, it should be populated whenever possible to ensure the most appropriate exposure management and data accuracy.

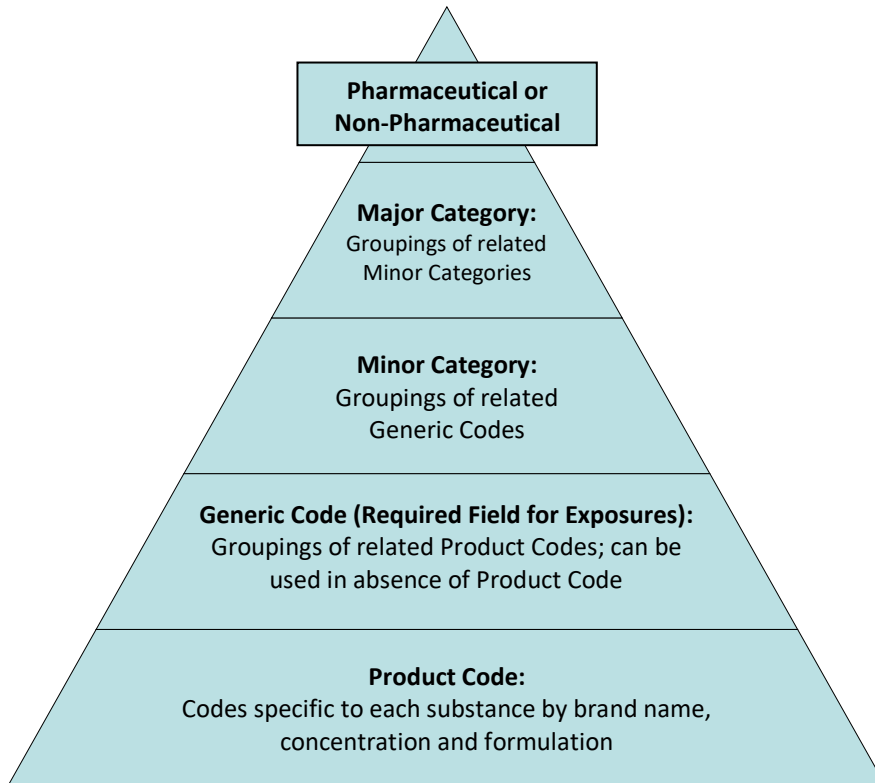
The next layer of the substance coding hierarchy is **Generic Code**. Generic Code is a required data field that serves two purposes: 1) allows for groupings of related Product Codes (each Product Code is assigned to only one Generic Code) and 2) allows for general identification of a substance when the specific Product Code is not available. AAPCC maintains a copyrighted list of Generic Codes. Examples of Generic Codes include Bleaches: Hypochlorite, Copperhead Envenomation, Benzodiazepines, Codeine, Marijuana and Albuterol.

Generic Codes are consolidated into approximately 200 **Minor Categories**. Each Generic Code is assigned to only one Minor Category. Examples of a Minor Category include Bleaches, Insecticides, Opioids, Antibodies, Anticonvulsants, Hormonal Products, and Diet Aids. Minor category designation is not an NPDS data field. Rather, it is strictly used to organize NPDS data output.

Related Minor Categories are then grouped into a broader **Major Category**. Examples of a Major Category include Alcohols, Cleaning Substances, Foreign Bodies/Toys/Miscellaneous, Analgesics, Antidepressants, Sedative/Hypnotics/Antipsychotics, Stimulants/Street Drugs, Vitamins and Veterinary Drugs. Major Category designation is not an NPDS data field. Like the Minor Category designation, it is strictly used to organize NPDS data output.

Finally, the highest level in the coding hierarchy is designation of a substance as a **Pharmaceutical or Non-Pharmaceutical** agent. Each Major Category is assigned as either Pharmaceutical or Non-Pharmaceutical. Like Major Category and Minor Category, Pharmaceutical/Non-Pharmaceutical designation is not an NPDS data field. Rather, it is strictly used to organize NPDS data output.

Figure 1. Substance Coding Hierarchy



## Field Definitions

Each NPDS field is defined in the following pages. The fields are listed alphabetically.

Each field includes the full common name (Common Name - Long), the shortened version of the common name (Common Name – Short), the NPDS file field name, definition, coding options, additional detail and edits. Each of these specifications is defined in the template provided below:

➔ **<Common Name – Long>**

Common Name – Short: **<Common Name – Short>**

NPDS field name: **<NPDS file field name>**

**Definition:**

*<provides full definition of the data field>*

**Coding Options:**

*<specifies valid options for response in either numerical or categorical format; provides guidance on how to make the most appropriate coding decisions>*

**Additional Detail:**

*<provides relevant information for the purpose of clarifying case coding, this may include guidance regarding how this field relates to others, specific case examples, expected challenges or other helpful information>*

**Edits:**

*<outlines the technical specifications of coding including valid inputs for this data field and, as appropriate, other related data fields>*

*Edits are applied to cases based on the following criteria. Unless otherwise specified, an edit applies to all closed, human and animal, exposures, regardless of the Override Flag value.*

**→ Age**

Common Name – Short: **Age**  
 NPDS field name: **Age**

**Definition:**

Numerical age of the patient.

**Coding Options:**

Age Value	Description
1-120	Actual age value
NULL	Actual age not available

Record the patient's actual age by inserting the numerical value in the **Age** field and the unit (i.e. years, months) in the **Age Unit** field.

Only integers (whole numbers) can be added, therefore the actual age should be rounded down to the nearest whole number (i.e. if 3 ¾ years then round down to 3 years, if 5 ¼ months then round to 5 months).

If actual age cannot be obtained, the **Age** field is not populated (NULL). In this instance, an estimated age should be obtained and recorded by selecting an age category in the **Age Unit** field.

**Additional Detail:**

Efforts should be made to obtain the most specific age possible. Both **Age** and **Age Unit** fields must be populated if recording actual age.

Code **Age** in days if child is <1 month old.

Code **Age** in months if child is between the age of 1 month and 23 months.

Code **Age** in years if patient is 2 years and older.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
1	Age	Valid values are 1 - 120 or NULL, values can only be integers	Age: Valid value or NULL required;	Closed Exposures (human & animal)
2	Age	If the center sends 0 as the Age then NULL should be saved		Closed Exposures (human & animal)
3	Age	Value must be present if the Age Unit = 15, 16, 17	Age: Value required when Age Unit is 15, 16 or 17;	Closed Exposures (human & animal)
4	Age	If Age Unit = 15 then Age must be 1 - 120	Age: Value must be 1 - 120 when Age Unit is 15;	Closed Exposures (human & animal)
5	Age	If Age Unit = 16 then Age must be 1 - 23	Age: Value must be 1 - 23 when Age Unit is 16;	Closed Exposures (human only)
6	Age	If Age Unit = 17 then Age must be 1 - 31	Age: Value must be 1 - 31 when Age Unit is 17;	Closed Exposures (human only)
7	Age	Age is not stored for Information Calls		Not stored for Information Cases

➔ **Age Unit**

Common Name – Short: **Age Unit**  
 NPDS field name: **PaAgeUnitID**

**Definition:**  
 Age unit of patient.

**Coding Options:**

Age Unit Value	Description
1	≤5 years
2	6-12 years
3	Teen 13-19 yrs
4	20s
5	30s
6	40s
7	50s
8	60s
9	70s
10	80s
11	≥90
12	Unknown child (≤19 years)
13	Unknown adult (≥20 years)
14	Unknown age
15	Years
16	Months
17	Days

Code an actual age unit (i.e. years, months, days). If actual age cannot be obtained, select the appropriate age category using the ranges listed.

Both **Age** and **Age Unit** fields must be populated if recording actual age.

Only use **Age Unit** = Days if child is <1 month old.

Only use **Age Unit** = Months if child is between the age of 1 month and 23 months.

Use **Age Unit** = Years if patient is 2 years and older.

**Additional Detail:**

Efforts should be made to obtain the most specific age possible.

Choose **≤5 years**, **6-12 years**, **Teen 13-19 yrs** or one of the **decade** categories only if you are confident you are accurate. Otherwise, choose **unknown child (≤19 years)**, **unknown adult (≥20 years)**, or **unknown age**.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
8	Age Unit	If Age is NULL then Age Unit must be 1 - 14	Age Unit: Value must be 1 - 14 when Age is NULL;	Closed Exposures (human only)
9	Age Unit	If Age is not NULL then Age Unit must be 15 - 17	Age Unit: Value must be 15 - 17 when Age is not NULL;	Closed Exposures (human & animal)
10	Age Unit	Age Unit is not stored for Information Calls		Not stored for Information Cases

➔ **Animal Type**

Common Name – Short: **Animal Type**  
 NPDS field name: **PaAnimalTypeID**

**Definition:**

Type of animal involved when **Species** is animal.

**Coding Options:**

<b>Animal Type Value</b>	<b>Description</b>
1	Cat
2	Dog
3	Bird ( <i>includes: parrots, parakeets, chickens, turkeys, etc.</i> )
4	Aquatic ( <i>includes: fish, marine animals</i> )
5	Cow
6	Horse
7	Rodent/Lagomorph ( <i>includes: rabbits, rats, mice, squirrels, porcupines, beavers, gerbils, hamsters, etc.</i> )
8	Sheep/Goat
9	Other

**Additional Detail:**

Cow: code all types of cattle, of either gender, here

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
11	Animal Type	Valid values are 1 - 9 or NULL	Animal Type: Valid value or NULL required;	Closed Exposures (human & animal)
12	Animal Type	Must be NULL if Species = 1 (human)	Animal Type: Value must be NULL when Species is 1;	Closed Exposures (human only)
13	Animal Type	Must be > 0 if Species = 2 (animal)	Animal Type: Value required when Species is 2;	Closed Exposures (animal only)
14	Animal Type	Animal Type is not stored for Information Calls		Not stored for Information Cases

➔ **Call Site Code**

Common Name – Short: **Call Site Code**  
 NPDS field name: **CallerSiteCode**

**Definition:** The more specific site of a caller at the time of the initial call when the **Caller Site** is Health Care Facility (HCF) or Other.

**Coding Options:** One of the following codes must be used when **Caller Site** = Health Care Facility (HCF):

<b>Call Site Code Value</b>	<b>Description</b>
<b>0001</b>	<b>Acute care hospital and hospital-based emergency department</b>
	<b>0002-0999</b> Reserved for individual RPC use if RPC chooses to develop site-specific codes for acute care hospitals and hospital-based emergency departments
<b>1000</b>	<b>Free-standing emergency clinic, first aid station (with a physician in attendance)</b>
	<b>1001-1999</b> Reserved for individual RPC use if RPC chooses to develop site-specific codes for free-standing emergency clinics, or first aid stations (with a physician in attendance)
<b>2000</b>	<b>Physician, physician's office, or clinic (with a physician in attendance)</b>
	<b>2001-2999</b> Reserved for individual RPC use if RPC chooses to develop site-specific codes for physicians, physician office, or clinics (with a physician in attendance)

One of the following codes must be used when **Caller Site** = Other:

<b>Call Site Code Value</b>	<b>Description</b>
<b>3000</b>	<b>Nursing home, other chronic care residential facility, shelter</b>
	<b>3001-3499</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for nursing homes, other chronic care residential facilities, or shelters
<b>3500</b>	<b>Certified nurse practitioner, physician's assistant, midwife, dentist</b>
	<b>3501-3999</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for certified nurse practitioners, physician's assistants, midwives, or dentists
<b>4000</b>	<b>Registered nurse, school nurse, occupational nurse, correctional facility nurse (jail, prison, detention center), LPN, or home health agency</b>
	<b>4001-4499</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for registered nurses, school nurses, occupational health nurses, correctional facility nurses (jail, prison, detention center), or LPNs
<b>4500</b>	<b>Ambulance, rescue/squad/dispatcher, EMT, paramedic, hazardous materials team, police</b>
	<b>4501-4999</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for ambulances, rescue squads/dispatchers, EMTs, paramedics, hazardous materials teams, police
<b>5000</b>	<b>Detox center, mental health treatment facility (inpatient/outpatient), mental health worker, psychologist</b>
	<b>5001-5499</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for detox centers, mental health treatment facilities (inpatient or outpatient), mental health workers, psychologists
<b>5500</b>	<b>Pharmacist or pharmacy</b>
	<b>5501-5999</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for pharmacists or pharmacies
<b>6000</b>	<b>Veterinarians</b>
	<b>6001-6499</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for veterinarians, veterinary clinics, or animal hospitals
<b>6500</b>	<b>Vehicles</b> (include calls made from cars, boats, planes, trains)
<b>7000</b>	<b>Other</b>
	<b>7001-7999</b> Free for other RPC assignments
<b>8000</b>	<b>Poison Center</b>
	<b>8001-8999</b> Reserved for individual RPC use, if RPC chooses to develop site-specific codes for other RPCs

**Additional Detail:**

*Note:* Where **Caller Site** = Other, if multiple other **Caller Site** codes are applicable, select the code that best identifies the site rather than the credentials of the caller. For example, a call from a certified nurse practitioner in a prison is coded as 4000 (or 4001-4499) for prison, rather than 3500 (or 3501-3999) for certified nurse practitioner.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
56	Call Site Code	Valid Values are 1 - 8999, NULL	Call Site Code: Valid value or NULL required;	Closed Exposures (human & animal)
57	Call Site Code	Not NULL if the Caller Site = 4 (HCF) or 8 (Other)	Call Site Code: Valid value required when Caller Site is 4 or 8;	Closed Exposures (human only)
58	Call Site Code	If Caller Site = 4 (HCF) then Call Site Code should be 1 - 2999	Call Site Code: Value must be 1 - 2999 when Caller Site is 4;	Closed Exposures (human only)
59	Call Site Code	If Caller Site = 8 (Other) then Call Site Code should be 3000 - 8999	Call Site Code: Value must be 3000 - 8999 when Caller Site is 8;	Closed Exposures (human only)

**→ Call Subcategory**

Common Name – Short: **Case Record Subcategory**  
 NPDS field name: **caCallTypeCatID**

**Definition:**

Further specifies the type of information call for coding the Information Request Case Record.

**Coding Options:**

<b>Call Subcategory Value</b>	<b>Description</b>
<b>Drug Information (Call Type = 1)</b>	
10	Adverse effects (no known exposure)
20	Brand/generic name clarifications
30	Calculations
40	Compatibility of parenteral medications
50	Compounding
60	Contraindications
70	Dietary supplement, herbal, and homeopathic
80	Dosage
90	Dosage form/formulation
100	Drug use during breast-feeding
110	Drug-drug interactions
120	Drug-food interactions
130	Foreign drug
140	Generic substitution
150	Indications/therapeutic use
160	Medication administration
170	Medication availability
180	Medication disposal
190	Pharmacokinetics
200	Pharmacology
210	Regulatory
220	Stability/storage
230	Therapeutic drug monitoring
240	Other Drug Information
<b>Drug Identification (Call Type = 2)</b>	
250	PUBLIC INQUIRY Drug sometimes involved in abuse
260	PUBLIC INQUIRY Drug not known to be abused
270	PUBLIC INQUIRY Unknown abuse potential
280	PUBLIC INQUIRY Unable to identify
290	HEALTH PROFESSIONAL INQUIRY Drug sometimes involved in abuse
300	HEALTH PROFESSIONAL INQUIRY Drug not known to be abused
310	HEALTH PROFESSIONAL INQUIRY Unknown abuse potential
320	HEALTH PROFESSIONAL INQUIRY Unable to identify
330	LAW ENFORCEMENT INQUIRY Drug sometimes involved in abuse
340	LAW ENFORCEMENT INQUIRY Drug not known to be abused
350	LAW ENFORCEMENT INQUIRY Unknown abuse potential
360	LAW ENFORCEMENT INQUIRY Unable to identify
370	Other Drug Identification

<b>Call Subcategory Value</b>	<b>Description</b>
<b>Environmental Information (Call Type = 3)</b>	
380	Air quality
390	Carbon monoxide – no known patient(s)
400	Carbon monoxide alarm use
410	Chem/bioterrorism/weapons (suspected or confirmed) - no known victim(s)
420	Clarification of media reports of environmental contamination
430	Clarification of substances involved in a HAZMAT incident – no known victim(s)
440	General questions about contamination of air and/or soil
450	HAZMAT planning
460	Lead – no known patient(s)
470	Mercury thermometer cleanup
480	Mercury (excluding thermometers) cleanup
490	Notification of a HAZMAT incident – no known victim(s)
500	Pesticide application by a professional pest control operator
510	Pesticides (other)
520	Potential toxicity of chemicals in the environment
530	Radiation
540	Safe disposal of chemicals
550	Water purity/contamination
560	Other Environmental Information
<b>Medical Information (Call Type = 4)</b>	
620	Dental questions
630	Diagnostic or treatment recommendations for diseases or conditions – non-toxicology
640	Disease prevention
650	Explanation of disease states
660	General first-aid
670	Interpretation of non-toxicology laboratory reports
680	Medical terminology questions
690	Rabies – no known patient(s)
700	Sunburn management
710	Other Medical Information
<b>Occupational Information (Call Type = 5)</b>	
720	Occupational treatment/first-aid guidelines – no known patient(s)
730	Information on chemicals in the workplace
740	MSDS interpretation
750	Occupational MSDS requests
760	Routine toxicity monitoring
770	Safe handling of workplace chemicals
780	Other Occupational Information
<b>Poison Information (Call Type = 6)</b>	
790	Analytical toxicology
800	Carcinogenicity
810	Food poisoning - no known patient(s)
820	Food preparation/handling practices
830	General toxicity
<b>Poison Information (Call Type = 6) (Cont'd)</b>	

<b>Call Subcategory Value</b>	<b>Description</b>
840	Mutagenicity
850	Plant toxicity
860	Recalls of non-drug products (including food)
870	Safe use of household products
880	Toxicology information for legal use/litigation
890	Other Poison Information
<b>Prevention/Safety/Education Information (OPTIONAL) (Call Type = 7)</b>	
1130	Confirmation of RPC number
1140	General (non-poison) injury prevention requests
1150	Media requests
1160	Poison prevention material requests
1170	Poison prevention week date inquiries
1180	Professional education presentation requests
1190	Public education presentation requests
1200	Other Prevention/Safety/Education Information
<b>Teratogenicity Information (Call Type =8)</b>	
900	Teratogenicity
<b>Other (Call Type =9)</b>	
910	Other Information Call (not otherwise specified)
<b>Substance Abuse Information (Call Type =10)</b>	
570	Drug screen information
580	Effects of illicit substances – no known patient(s)
590	New trend information
600	Withdrawal from illicit substances – no known patient(s)
610	Other Substance Abuse Information
<b>Administrative (OPTIONAL) (Call Type =11)</b>	
920	Expert witness requests
930	Faculty activities
940	Funding
950	Personnel issues
960	RPC record request
970	Product replacement/malfunction (issues intended for the manufacturer)
980	Scheduling of RPC rotations
990	Other Administrative
<b>Caller Referred (Call Type =12)</b>	
1000	Immediate referral - animal poison center or veterinarian (Required for RPCs that do not manage animal exposures.)
1010	Immediate referral - drug identification
1020	Immediate referral – drug information (Required for RPCs that do not respond to drug information requests.)
1030	Immediate referral - health department
1040	Immediate referral - medical advice line
1050	Immediate referral - pediatric triage service
1060	Immediate referral - pesticide hotline
1070	Immediate referral - pharmacy
1080	Immediate referral - poison center
1090	Immediate referral - private physician

Call Subcategory Value	Description
<b>Caller Referred (Call Type =12) (Cont'd)</b>	
1100	Immediate referral - psychiatric crisis line
1110	Immediate referral - teratology information program
1120	Other Caller Referred

**Additional Detail:**

If a complex inquiry fits into multiple information Call Subcategories, select the subcategory that reflects the major purpose of the query from the caller's perspective. Information request calls that evolve into exposure cases during the information collection process should be submitted to NPDS as an exposure case record.

*Note: Information request case records were not recorded in NPDS prior to 1/1/2002.*

The use of **Call Subcategories** noted as "OPTIONAL" are determined by each regional poison center. If a regional poison center does not handle animal poisonings or drug information requests, use the applicable "Caller Referred" coding options.

**240. Other Drug Information**

This subcategory is also used for questions about recalled drug products.

**900. Teratogenicity**

This subcategory should be used for questions regarding the fetal effects of drugs or chemicals. During pregnancy, if the mother is exposed to a substance with a C, D, or X rating, the case should be coded as an exposure with the mother as the patient with an outcome of unable to follow, judged as potentially toxic. Teratogens which cause spontaneous abortion or fetal demise should be coded as exposures to the mother with "fetal death" as the clinical effect. Do not code an unborn fetus as a patient. Calls involving a documented effect to the child due to a teratogen should be coded as an exposure with the child as the patient.

**1120. Other Caller Referred**

This subcategory can be used by regional poison control centers that immediately refer a caller to another information resource without providing or attempting to provide any information. Referral to another regional poison center involves situations in which the incorrect regional poison center was contacted initially and did not provide any management activities. This category should not be used when emergency calls involving poisoning victims are immediately referred to 911.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
15	Call Subcategory	Must be a valid value, NOT NULL	Call Subcategory: Valid value required;	Closed Information Cases
16	Call Subcategory	Call Type Category ID must match with Call Type ID	Call Subcategory: Value must belong to Call Type;	Closed Information Cases
17	Call Subcategory	Call Type Category ID must be NULL for Exposure Calls	Call Subcategory: Value must be NULL;	Closed Exposures (human & animal)

➔ **Case Type**

Common Name – Short: **Case Record Type**  
 NPDS field name: **caCallTypeID**

**Definition:**

Specifies if a case meets criteria as an exposure or information request. It also further sub-classifies the type of information request.

**Coding Options:**

Call Type Value	Description
0	Exposure Call
1	Drug Information Case
2	Drug Identification
3	Environmental Information
4	Medical Information
5	Occupational Information
6	Poison Information
7	Prevention/ Safety/ Education Information (optional)
8	Teratogenicity Information
9	Other
10	Substance Abuse
11	Administrative (optional)
12	Caller Referred (optional)

**Exposure (Case Type = 0):**

Actual or suspected contact with any substance which has been ingested, inhaled, absorbed, applied to, or injected into the body, regardless of toxicity or clinical manifestation.

**Include:**

- Cases which are initially thought to be exposures even if confirmed as non-exposures later (e.g., all the implicated pills are found)
- Exposures to nontoxic substances, even if the patient did not report any clinical effects
- Exposures to toxic substances which, because of the amount involved or treatment rendered, do not cause clinical effects
- Adverse reactions associated with appropriate or inappropriate product use
- Information cases which, when further history is obtained, evolve into exposure cases

**Information (Case Type = 1-12):**

A key feature of an information case is the lack of an identifiable exposed person. It is important to confirm that there is no exposed individual (human or animal). If the caller just wants information, use the coding options under *Case Subcategory*.

**Exclude:**

- Human exposures
- Animal exposures (If a regional poison center immediately refers all animal exposures to an animal poison center, code as "Immediate referral – animal poison center")
- Follow-up calls regarding existing or closed exposure cases
- Wrong numbers

**Differentiating between a drug information request and an exposure:**

A request for information on a potential drug interaction, prior to the initiation of therapy with the involved drugs, should be coded as "Drug information: drug-drug interaction" (Case Type=1; Case Subcategory=110). If the call occurs after the initiation of therapy and involves drugs known to interact, or the patient has signs or symptoms of an interaction, the call should be coded as an exposure (Case

Type=0). In the absence of signs or symptoms, questions about the interaction of drugs not known to interact should be coded as "Drug information: drug-drug interactions".

A request for information during therapeutic use of a medication(s) should be coded as a drug information call as long as the patient has not experienced an adverse effect or toxicity that is suspected to be related to the involved medication.

A request for information about the use of medications during breast-feeding, prior to the initiation of therapy with the involved medications and/or prior to the initiation of breast-feeding, should be coded as "Drug Information: drug use during breastfeeding" Case Type=1; Case Subcategory=100). If the call involves questions about the use of medications in breast-feeding, after the initiation of therapy and breast-feeding, the call should be coded as an exposure, with the child as the patient, unless the medication is known to be safe during breast-feeding and the patient is asymptomatic in which case coding should be "Drug Information: drug use during breastfeeding".

Information requests regarding measurement of drug concentrations for therapeutic purposes should be included under "therapeutic drug monitoring" (Case Type=1; Case Subcategory=230), not "pharmacokinetics" (Case Type=1; Case Subcategory=190).

Drug recalls should be coded as "Drug information: regulatory" Call Type=1; Call Subcategory=210). Recalls of non-drug products should be coded as "Poison information: recalls of non-drug products" (Case Type=6; Case Subcategory=860).

**Exclude:**

- An adverse drug reaction associated with therapeutic use (code as an exposure)
- Drug interaction that results in symptoms (code as an exposure)
- The administration of an extra dose of medication (code as an exposure)
- "Does erythromycin cause nausea? I've been taking it and have been nauseated for three days." (code as an exposure)
- Drug abuse or street drug information (code as substance abuse)

**Additional Detail:**

If a complex inquiry fits into multiple information categories, select the category that reflects the major purpose of the query from the caller's perspective. Inquiries that evolve into exposure cases during the information collection process should be submitted to NPDS as an exposure case.

*Note: Information Request Case Records were not recorded in NPDS prior to 1/1/2002.*

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
18	Call Type	Valid values are 0 - 12, not NULL	Call Type: Valid value required;	All Closed Cases
19	Call Type	NF - If > 0, then Outcome must be NULL (should not store any exposure data for information calls)		Closed Information Cases
20	Call Type	NF - If > 0, then Reason must be NULL (should not store any exposure data for information calls)		Closed Information Cases

**➔ Caller Site**

Common Name – Short: **Caller Site**  
 NPDS field name: **exSiteID\_Caller**

**Definition:**

Site of the caller at the time of the initial call.

**Coding Options:**

Caller Site Value	Description
1	Own residence
2	Other residence
3	Workplace
4	Health Care Facility (HCF)
5	School
6	Restaurant/Food Service
7	Public Area
8	Other
9	Unknown

**1) Own Residence:** Any house or domicile used to serve the residence of the *caller*.

**Exclude:**

- Calls from neighbor's or relative's home

**2) Other Residence:** Any house, domicile used to serve the residence of someone other than the caller.

**Include:**

- calls from neighbor's or relative's home
- calls from a babysitter (whether or not a relative) or friend temporarily at the home they are calling from
- calls from a person staying at a hotel

**3) Workplace:** Any shop, building, office or nonresidential room where the caller is employed.

**Include:**

- A call from an exposed employee of a HCF while on the job

**4) Health Care Facility (HCF):** Any hospital-based patient care unit or emergency department, free-standing emergency medical clinic, first aid station, physician's office, or clinic. If this response is chosen, the specific HCF should be identified in the Call Site Code data field.

*For purposes of this field, HCFs are those sites where a physician is (or is expected to be) in attendance. It is not necessary that the caller be a physician.*

**5) School:** Any school, child care center, college, university, classroom, schoolyard, dormitory, or school-sponsored activity

**Exclude:**

- School cafeteria (code as restaurant/food service)
- School nurse (code as other)

**6) Restaurant/Food Service:** Any restaurant or other commercial food preparation area, including school cafeteria.

**7) Public Area:** Any park, theater, public event center, store, or other public site that is not a restaurant or other food preparation service.

**Include:**

- A call from a family barbecue in a public park
- A call from a beauty salon about a customer with an ocular exposure

**8) Other:** Any site not specifically defined above. Calls from an ambulance, rescue squad, car or other vehicle, chronic care residential facility, correctional facility (jail, prison, detention center, etc.), detox center, dispatch, home health agency, nursing home, pharmacy, school nurse or another regional poison center should be coded here, if a physician is not in attendance.

**9) Unknown:** Use if the site of the caller cannot be determined.

**Additional Detail:**

The caller may be someone other than the patient or the individual placing the call may first contact the regional poison center hours after the exposure; therefore, this may not always be the site of the patient or **Exposure Site**.

Occasionally multiple caller sites are applicable and seem equally appropriate. In these cases, select the caller site with the highest priority from the following list ("A" is the highest priority):

- A) Health Care Facility (HCF)
- B) Other
- C) Own Residence/Other Residence
- D) School
- E) Workplace
- F) Restaurant/Food Service
- G) Public Area

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
25	Caller Site	Valid Values are 1 - 9, not NULL	Caller Site: Valid value required;	Closed Exposures (human only)
26	Caller Site	Valid Values are 1 - 9, NULL Caller Site is not required for Closed Animal Exposures	Caller Site: Valid value or NULL required;	Closed Exposures (animal only)

➔ **Case Number**

Common Name – Short: **Case Record Number**  
 NPDS field name: **CaseNumber**

**Definition:**

A number assigned to each case (exposure or information) that is unique for that calendar year.

**Coding Options:**

<b>Case Number Value</b>	
1 - 2147483647	Number assigned to each case that is unique for that calendar year

**Additional Detail:**

Each case must have a unique case number within a calendar year. Regional poison control centers should number cases sequentially, including exposures and information calls.

All serial numbers submitted to NPDS must be unique. Reuse of a serial number will result in overwriting the data from the prior case when it is submitted to NPDS. The data from the original case will be lost and the subsequent case data will be identified by the reused serial number (re-submission with the same case number is the only mechanism for correcting NPDS data which has already been submitted). In addition, the combination center code (either **Center Code [Private]** or **Primary Center Code**)/**Case Number/Year** provides the only unique identifier for each case.)

Dropped (deleted) case numbers should not be re-used.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
27	Case Number	Valid Values are 1 - 2147483647, not NULL	Case Number: Valid value required;	All Cases (Open & Closed)

## → Case Status

Common Name – Short: **Status**  
 NPDS field name: **caStatusID**

**Definition:**

Defines whether a case is open or closed. A closed case is one in which the regional poison center has determined that no further follow-up/recommendations are required or no further information on the case is available.

**Coding Options:**

Case Status Value	Description
1	Open
2	Closed
1076	Rejected by NPDS
1077	Deleted at Regional Poison Center

**Additional Detail:**

NPDS case record only have value of 1 or 2.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
131	Status	Valid Values 1, 2, 1077, not NULL	Status: Valid Value required;	All Cases (Open & Closed)

## → Center Code (Private)

Common Name – Short: **Center Code Private**  
 NPDS field name: **adOrganizationID\_Primary**

**Definition:**

Code that identifies the regional poison center submitting the case to NPDS.

**Coding Options:**

Center Code (Private) Value	Description
1-999	Center code (private)

**Additional Detail:**

The identification of the regional poison center associated with each case is often sensitive information. If a given regional poison center releases their center code, the confidentiality of that regional poison center's data is compromised. In addition, please respect the confidentiality of codes belonging to other regional poison control centers if the identity of these codes is learned. Data released by AAPCC to government agencies, researchers, industry, and other regional poison control centers may contain center codes if inclusion of center codes is approved by the AAPCC Board of Directors. Should be an AAPCC-assigned code. (H)(A)(I)(O&C)

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
28	Center Code Private	1 - 999, not NULL must be valid AAPCC assigned value	Center Code Private: Valid value required;	All Cases (Open & Closed)

## → Chronicity

Common Name – Short: **Chronicity**  
 NPDS field name: **exChronicityID**

**Definition:**

Chronicity of the exposure.

**Coding Options:**

Chronicity Value	Description
1	Acute
2	Acute-on-Chronic
3	Chronic
4	Unknown

- 1) **Acute:** A single, repeated or continuous exposure occurring over a period of eight hours or less.
- 2) **Acute-on-chronic:** A single exposure that was preceded by a continuous, repeated, or intermittent exposure occurring over a period exceeding eight hours. If this option is selected, the **Exposure Duration** field must also be coded.  
**Include:**
  - A patient who takes four daily doses of aspirin therapeutically for six weeks, then takes a single overdose
- 3) **Chronic:** A continuous, repeated, or intermittent exposure to the same substance lasting longer than eight hours. If this option is selected, the **Exposure Duration** field must also be coded.  
**Include:**
  - A medication taken repeatedly for more than eight hours
  - A worker exposed to a chemical in the workplace intermittently, one day a week, for several months
  - A person exposed continuously to a chemical such as carbon monoxide for a period of time greater than eight hours.
- 4) **Unknown:** It is not possible to determine whether the exposure is acute, acute-on-chronic, or chronic.

**Additional Detail:**

**Chronicity** is coded at the case level. If a complex inquiry has multiple substances and multiple chronicities, select the chronicity that reflects the major clinical problem of the query.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
29	Chronicity	Valid Values are 1 - 4, not NULL	Chronicity: Valid value required;	Closed Exposures (human & animal)
30	Chronicity	If Chronicity = 2 or 3 then Exposure Duration cannot be NULL	Exposure Duration: Value required when Chronicity is 2 or 3;	Closed Exposures (human & animal)
31	Chronicity	Chronicity is not stored for Information Calls		Not stored for Information Cases

**➔ Clinical Effect**

Common Name – Short: **CE**  
 NPDS field name: **exClinicalEffectID**

**Definition:**

Reported signs, symptoms and clinical findings associated with an exposure, recorded by relationship to the exposure.

**Coding Options:**

Select each **Clinical Effect** reported.

Additional Information: **Do not capture pre-existing conditions unless it is worsened by the exposure.**

Clinical effect codes capture only whether a clinical effect, as defined, was found to be present based on reported signs, symptoms **and/or** reported physical examination and/or laboratory findings. Coding of a clinical effect does not always indicate the clinical effect requires treatment (must consider effects, therapies provided, and outcome to make this determination).

If more than one specific clinical effect option exists (e.g., AST, ALT > 100 U/L and ≤ 1,000 vs. AST, ALT > 1,000; seizure (single) vs. seizures (multi-discrete); CNS depression mild vs. moderate vs. major; diarrhea vs bloody diarrhea; oral irritation vs. oral burns) only code the effect representing the highest level of severity.

Clinical effects and their definitions are listed below alphabetically by organ system. If clinical effects occur that are not on the list, document them in the medical record and select “other” for the clinical effect under the appropriate organ system category.

Major Category	Map Value	Description	Expanded Description
<b>Cardiovascular (1)</b>			
	500	Asystole	Cardiac standstill, cardiac arrest; absence of cardiac contractions.
	600	Atrial Fibrillation/Flutter	Atrial fibrillation or atrial flutter
	300	Bradycardia	Slowing of the heart rate to less than 60 beats per minute in adults. Apply age-related standards for children.
	302	Chest pain	Include both cardiac and non-cardiac sources.
	601	CK-MB elevation	Elevation in creatine kinase – myocardial band levels. Do not code elevations in only creatine kinase (CK).
	304	Dysrhythmia (other/N.O.S.)	Other dysrhythmia not specifically list (ST-segment elevations, flipped T-waves, etc.) or a cardiac rhythm disturbance not otherwise specified
	602	ECG change – QRS prolongation	Impaired cardiac conduction as evidenced by a QRS interval of > 110 msec or 20 msec longer than the patient's baseline value (as determined by serial monitoring).
	603	ECG change – QTc prolongation	Impaired cardiac conduction as evidenced by a QTc interval > 450 msec for males or > 470 msec for females.
	604	ECG change – PR prolongation	Impaired cardiac conduction as evidenced by a PR interval > 200 msec or 40 msec longer than the patient's baseline value (as determined by serial monitoring).
	501	ECG change (other/N.O.S.)	Include other ECG abnormalities associated with impaired cardiac conduction not listed or not otherwise specified.
	605	Heart block (2 <sup>nd</sup> , 3 <sup>rd</sup> degree)	Delay or blockage of impulse transmission from the atria to the ventricles that is identified as second-or-third degree atrioventricular block.

Major Category	Map Value	Description	Expanded Description
	306	Hypotension	Abnormally low blood pressure; seen in shock but not necessarily indicative of it. In adults, blood pressure <90 mm Hg systolic or more than 15 mm Hg less than patient's usual systolic blood pressure.
	307	Hypertension	Transient or persistent elevation of arterial blood pressure. Diastolic blood pressure >90 mm Hg or systolic blood pressure > 140 mm Hg in adults. Do not capture pre-existing hypertension unless it is worsened by the exposure.
	607	Pulseless Electrical Activity	Existence of a heart rhythm in the absence of a pulse. Also called electromechanical dissociation.
	308	Tachycardia	Excessively rapid heart rate (above 100 beats per minute in adults). Apply age-related standards for children.
	608	Torsade de pointes	A distinctive form of polymorphic ventricular tachycardia associated with a prolonged QT interval.
	609	Troponin elevation	Elevation of troponin (cTn) levels, either troponin I (cTnI) and/or troponin T (cTnT), above normal values (as established for the utilized assay).
	305	V. tachycardia/ V. fibrillation	Ventricular tachycardia, ventricular fibrillation.
	606	Other - Cardiovascular	Cardiovascular effects not otherwise listed
<b>Dermal (2)</b>			
	610	Alopecia	Loss of hair by cause other than by physical means (i.e., pulling, burns, trauma).
	309	Blisters - bullae	Raised fluid-filled lesions, usually greater than 2 cm in diameter. Includes blood filled lesions.
	611	Blisters - vesicles	Raised fluid-filled lesions, usually less than or equal to 2 cm in diameter. Includes blood filled lesions.
	310	Burns (superficial)	A lesion caused by contact with a chemical, heat or radiation and showing redness.
	311	Burns 2° and 3°	Second degree burns demonstrate vesication; third degree burns demonstrate necrosis. Second degree burns are typically partial thickness. Third degree burns are typically full thickness burns.
	312	Cellulitis	Diffuse inflammation of soft tissue and/or connective tissues caused by infection. Include localized infections.
	317	Dermal irritation/pain	Include dermal pain, irritation and/or burning sensations.
	612	Desquamation	Loss of the outermost layer of skin in scales or sheets.
	313	Ecchymosis	A non-elevated, blue or purplish hemorrhagic patch on the skin or mucous membranes (e.g., bruising).
	314	Edema	The presence of abnormally large amounts of fluid in the intercellular tissue spaces. Includes diffuse or localized swelling.
	315	Erythema/ flushed	Abnormal red discoloration of the skin usually caused by dilation of the capillaries.
	316	Hives/welts	Urticaria. An acute or chronic reaction in which transient red or pale elevated patches (wheals/welts) develop on the skin.
	613	Nail changes	Nail discoloration, presence of nail abnormalities (e.g., Mees lines), etc.. Do not include color changes from chemical stains or nail changes associated with trauma.
	318	Necrosis	The death of some or all of the cells of the skin (or superficial tissue and connective tissue).
	319	Pallor	Abnormal paleness of the skin.
	615	Petechia	
	320	Pruritus	Itching
	321	Puncture wound/sting	A wound caused by a sharp object, such as a cactus, thorn or pencil, or a sting or envenomation (snakebite).
	322	Rash	A temporary eruption on the skin, usually typified by reddening (either discrete or generalized).
	614	Other Dermal	Dermal effects not otherwise listed (e.g., dermal adhesions from glue, dry mouth)

Major Category	Map Value	Description	Expanded Description
			<i>For a bee sting, code all that apply: edema, erythema/flushed, irritation/pain, puncture wound/sting, hives/welts.</i>
<b>Gastrointestinal (3)</b>			
	323	Abdominal pain	Pain in the abdominal region.
	324	Anorexia	Loss of appetite
	502	Blood per rectum (other)	Stools or rectal effluent containing bright red blood or stools without gross evidence of blood that are guaiac positive on testing. If stools are tarry because of the presence of blood, code melena, instead. If diarrhea is present, code "Diarrhea-bloody" instead.
	325	Constipation	Bowel evacuations occur infrequently or feces are hard and small.
	326	Dehydration	Deficiency of water in body tissues. May be mild, moderate or severe.
	327	Diarrhea	Frequent bowel evacuation or the passage of abnormally soft or liquid feces.
	616	Diarrhea - bloody	Frequent bowel evacuation of bloody stools (ranging from blood-tinged to massive exsanguinations) or the passage of abnormally soft or liquid feces containing red blood.
	328	Dysphagia	Difficulty swallowing
	329	Esophageal injury	1°, 2° or 3° burns of the esophagus or mechanical injury.
	330	Esophageal stricture	A narrowing of the esophagus as a result of scar tissue formation. Include esophageal stenosis.
	331	Fecal incontinence	Involuntary passage of feces. (Do not include infants and toddlers who are not toilet-trained.)
	503	Gastric burns	Endoscopic or surgical finding of chemical damage to the gastric mucosa, whether superficial or deep.
	332	Hematemesis	Bloody emesis or bloody return per nasogastric tube (ranging from guaiac positive, blood-tinged to massive exsanguination).
	504	Ileus/no bowel sounds	Mechanical or nonmechanical obstruction of the bowel or paralysis of the bowel wall. Absent bowel sounds on auscultation should also be coded here if the diagnosis of ileus is suspected.
	333	Melena	Black tarry feces due to the presence of partly digested blood from higher up the digestive tract.
	334	Nausea	The feeling that one is about to vomit.
	335	Oral burns (incl. lips)	1° - 3° burns of the oral mucosa, tongue or lips.
	336	Oral irritation	Undue sensitivity in the oral cavity, usually characterized by redness or swelling.
	505	Oropharyngeal edema	Swelling of the lips, mouth, tongue, larynx, vocal cords, throat, palate, or buccal mucosa. This AAPCC definition is anatomically broader than the usual narrow definition of oropharynx.
	618	Pancreatitis	Inflammation of the pancreases as evidenced by clinical or laboratory findings.
	337	Throat irritation	Undue sensitivity in the throat, usually characterized by redness or swelling.
	338	Vomiting	The reflex action of ejecting the contents of the stomach through the mouth. Do not code vomiting from ipecac as a clinical effect.
	617	Other - Gastrointestinal	Gastrointestinal effects not otherwise listed.
<b>Heme/Hepatic (4)</b>			
	619	Ammonia elevation	Ammonia levels > 50 mcg/dL or greater than the normal limit for the laboratory performing the analysis.
	339	AST, ALT > 100 U/L ≤ 1,000 U/L	AST is also known as SGOT; ALT is also known as SGPT.
	340	AST, ALT > 1,000 U/L	AST is also known as SGOT; ALT is also known as SGPT.

Major Category	Map Value	Description	Expanded Description
	341	Bilirubin increased	Increased bile pigments in blood, usually manifested by dark amber discoloration of the plasma. Total bilirubin >1.0 mg/dL or >17 µmol/L or greater than the normal limit for the laboratory performing the analysis.
	346	Coagulopathy - other	Include prolonged PTT, prolonged bleeding times or other clinical or laboratory evidence of coagulopathy. Exclude DIC
	343	DIC	Disseminated intravascular coagulation. Include consumption coagulopathies.
	344	Hemolysis	Destruction of red blood cells.
	620	Jaundice	Yellow discoloration of the skin and/or sclera secondary to hepatic dysfunction.
	347	LFT abnormality - other	Include abnormalities in GGT (γ glutamyltransferase), alkaline phosphatase, bromsulphalein excretion, 5' nucleotidase, LDH (unless known to be of nonhepatic origin), albumin or other.
	621	Low absolute lymphocyte count	Absolute lymphocyte count < 1500/microL.
	622	Low hemoglobin/hematocrit	Females < 12 mg/dL and < 35% respectively. Males < 14 mg/dL and < 39% respectively.
	623	Low neutrophils	Neutropenia. Neutrophil concentration < 2,500/microL.
	624	Low platelets	Thrombocytopenia. Platelet concentration < 150,000/microL.
	625	Low white blood count	Leukopenia. White blood count < 4,500 microL (Caucasians) or < 3,900 (African-Americans).
	626	Methemoglobinemia	Presence of methemoglobin in blood at concentrations above physiologic normal values (typically > 2%).
	345	PT/INR prolonged	Prolonged clotting of blood as measured by an abnormally delayed protime. The ratio of the PT to the control must exceed 1.2 to code this option. Also code abnormalities of the INR here (values > 1.1). Do not code therapeutic elevations in INR (goal INR is 1.5 – 3.5 depending on the indication) for patients on warfarin therapy in the absence of a history to support a warfarin overdose or excessive use.
	627	Other Heme/Hepatic	Other hematologic or hepatic effect not otherwise listed.
<b>Neurological (6)</b>			
	348	Agitation	Include excessive restlessness, combativeness, fussiness, hyperactivity, shakiness, nervousness or anxiety. <i>Note:</i> Crying and making a funny face are not considered symptoms or clinical effects. However, persistent crying may be a manifestation of pain or irritability.
	349	Ataxia	Muscular incoordination; include unsteady gait.
	630	CNS depression (Major)	A state of unconsciousness in which the patient cannot be awakened with a stimulus.
	631	CNS depression (Mild)	Fatigue, drowsiness, normal sleep from which the patient can be awakened with minimal stimulation. Do not code appropriate sleep (e.g., naps).
	632	CNS depression (Moderate)	A state of unconsciousness in which the patient will arouse to loud verbal or painful stimuli.
	629	Clonus	Repetitive, rhythmic muscle contractions; alternating, involuntary contraction and relaxation of muscle (a finding associated with serotonin syndrome).
	351	Confusion	Disturbed orientation or inability of patient to think with customary speed and clarity.
	352	CVA	Cerebrovascular accident; a stroke syndrome.
	633	Diplopia	Presence of double vision.
	353	Dizziness/vertigo	A disabling sensation in which the affected individual feels that he or his surroundings are in a state of constant movement. Include lightheadedness and other nonvertiginous complaints of dizziness.

Major Category	Map Value	Description	Expanded Description
	634	EPS – akathisia	Extrapyramidal Syndrome (EPS) movement disorder associated with drugs that interfere with dopamine in the basal ganglia characterized by subjective feelings of restlessness and objective findings of restlessness (e.g., pacing, rocking).
	635	EPS – dyskinesia	Extrapyramidal Syndrome (EPS) movement disorder associated with drugs that interfere with dopamine in the basal ganglia. Includes tardive dyskinesias (TD's) characterized by involuntary movements of the tongue, lips, face, trunk, and extremities associated with chronic administration of dopaminergic antagonist agents. Also includes choreiform dyskinesia; chorei being described as irregular, brief, jerky movements that appear to flow from one body part to another in an unpredictable manner.
	355	EPS – dystonia	Extrapyramidal Syndrome (EPS) movement disorder associated with drugs that interfere with dopamine in the basal ganglia (e.g., phenothiazines and drugs from other classes) characterized by prolonged, unintentional muscle contractions (twisting movements and postures) of voluntary or involuntary muscles; dystonic reactions. Includes: cervical dystonia (spasmodic torticollis), trismus, opisthotonus, laryngeal dystonia, oculogyric crises.
	636	EPS – other	Extrapyramidal syndrome (EPS) movement disorder, not otherwise listed, associated with drugs that interfere with dopamine in the basal ganglia.
	637	EPS – parkinsonism	Extrapyramidal Syndrome (EPS) movement disorder associated with drugs that interfere with dopamine in the basal ganglia, characterized by a triad of tremor, rigidity, and bradykinesia resembling idiopathic Parkinson's disease. Also referred to as drug-induced parkinsonism.
	356	Fasiculations	Brief spontaneous contraction of a few muscle fibers, which is seen as a flicker of movement under the skin.
	357	Hallucinations / delusions	A false perception of something that is not really there; an irrationally held belief that cannot be altered by rational argument.
	358	Headache	Include head pain of any level of severity.
	638	Hypoxic brain injury	Radiographic evidence, or autopsy finding, of brain injury secondary to oxygen deprivation to brain tissue.
	359	Intracranial bleed	Bleeding within the skull. Include subarachnoid, intracerebral and intracranial hemorrhages.
	360	Muscle rigidity	Resistance to passive movement of the muscles.
	361	Muscle weakness	Include any degree of partial loss of motor response, including subjective reports of weakness by patient.
	639	Myoclonus	Sudden, brief, involuntary jerking (shock-like movements) of muscle or group of muscles.
	506	Numbness	A peculiar sensation resulting from impaired cutaneous sensation. Numbness may be a symptom of peripheral neuropathy. If numbness is present and peripheral neuropathy is suspected, code both "numbness" and "peripheral neuropathy".
	362	Paralysis	Permanent or temporary loss of motor function.
	641	Paranoia	Delusions of persecution and extreme distrust.
	363	Peripheral neuropathy	All neuropathies occurring outside the central nervous system, usually causing weakness, numbness, sensory deficit or a tingling sensation. Include paresthesias.
	364	Seizure (single)	Convulsion, a violent involuntary contraction or series of contractions of the voluntary muscles. If seizures are present, code only one of these 3 options: 1) seizure (single); 2) seizures (multiple/discrete); 3) seizures (status). Select the most severe effect applicable.
	365	Seizures (multi/discrete)	More than one single seizure. If seizures are present, code only one of these 3 options: 1) seizure (single); 2) seizures (multiple/discrete); 3) seizures (status). Select the most severe effect applicable.

Major Category	Map Value	Description	Expanded Description
	366	Seizures (status)	Multiple seizures occurring without a lucid interval. If seizures are present, code only one of these 3 options: 1) seizure (single); 2) seizures (multiple/discrete); 3) seizures (status). Select the most severe effect applicable.
	367	Slurred speech	Speech in which the words are slurred and incomplete.
	368	Syncope	Loss of consciousness induced by a temporarily insufficient flow of blood to the brain.
	369	Tinnitus	Buzzing or ringing in the ear.
	370	Tremor	A rhythmical alternating movement that may affect any part of the body.
	640	Other - Neurological	Neurological effects not otherwise listed; e.g., tics
<b>Ocular (7)</b>			
	371	Blurred vision	Loss of visual sharpness.
	372	Burns	Do not include irritation alone.
	373	Corneal abrasion	Erosion of the surface of the cornea.
	375	Lacrimation	The production of excess tears.
	376	Miosis	Constriction of the pupil.
	377	Mydriasis	Dilation of the pupil (includes "fixed dilated pupils")
	378	Nystagmus	Rapid involuntary movements of the eye(s) that may be vertical, horizontal or rotary.
	374	Ocular irritation/pain	Any degree of eye irritation, pain (excluding photophobia) or stinging.
	379	Papilledema	Swelling or edema of the optic disk or optic papilla.
	507	Photophobia	Abnormal sensitivity to or avoidance of light.
	380	Pupil(s) nonreactive	Pupils do not react to light.
	508	Red eye /conjunctivitis	Redness or inflammation of the mucous membrane covering the anterior portion of the eyeball and the lining of the eyelids. Do not include erythema of the skin of the eyelids or periorbital erythema; instead code these as dermal erythema.
	381	Visual defect	Include blindness, decreased acuity, field defects, scotoma, floaters and others. Do not include diplopia here; code under the Neurological category clinical effect "diplopia".
	642	Other - Ocular	Other ocular effects not otherwise listed.
<b>Renal/GU (8)</b>			
	382	Creatinine increased	Creatinine elevation of >1.5 mg/dL or >133 µmol/L.
	383	Hematuria	The presence of microscopic or gross blood in the urine.
	384	Hemo/ myoglobinuria	The presence in the urine of free hemoglobin or myoglobin.
	385	Oliguria/anuria	The production of an abnormally small volume of urine or the absence of urine production.
	509	Oxalate crystals (urine)	Microscopic evidence of excessive excretion of oxalate crystals in the urine.
	386	Polyuria	Excessive urine production.
	387	Renal failure	Include acute and chronic renal failure that has produced clinically significant azotemia and loss of renal function.
	388	Urinary incontinence	The involuntary passage of urine. (Do not include infants and toddlers who are not toilet-trained.)
	389	Urinary retention	The inability to pass urine retained in the bladder.
	510	Urine color change	Include only atypical color changes (blue, red, brown). Do not include normal variations in urinary concentration.
	643	Other – Renal/GU	Other renal or genitourinary effects not otherwise listed.
<b>Respiratory (9)</b>			
	390	Bronchospasm	Narrowing of bronchi by muscular contraction in response to some stimulus; wheezing; reactive airway diseases. Include stridor.
	391	Cough/choke	A form of violent exhalation by which irritant particles in the airways can be expelled; interruption of respiration by obstruction. Also code "gagging" here.

Major Category	Map Value	Description	Expanded Description
	392	Cyanosis	Bluish discoloration of the skin and mucous membranes.
	393	Dyspnea	Labored or difficult breathing; shortness of breath.
	394	Hyperventilation / tachypnea	Breathing at a rate > 20 breaths/min in adults. Apply age related standards for pediatric patients.
	395	Pneumonitis	Inflammation of the pulmonary parenchyma.
	396	Pulmonary edema	Accumulation of fluid in the lungs. Include cardiogenic and noncardiogenic etiologies.
	397	Respiratory arrest	Cessation of spontaneous respirations.
	398	Respiratory depression	Respiratory rate < 10 breaths/min (apply age related standards for children) and/or a SpO <sub>2</sub> ≤ 90%.
	399	X-ray findings (+)	Pulmonary x-ray findings other than normal. (Do not code non-pulmonary x-ray findings here.)
	644	Other - Respiratory	Other respiratory effects not otherwise listed.
<b>Miscellaneous (5)</b>			
	400	Acidosis	Bicarbonate < 20 mEq/L (mmol/L), pH < 7.35, or elevated lactic acid (lactate) levels.
	401	ADR to treatment	Patient experiences an adverse reaction to a treatment used for the patient's overdose (e.g., rash from IV NAC given for APAP overdose). Also code the specific clinical effect, e.g., rash. If the adverse reaction to the drug treatment produces a moderate effect, major effect, or death, code the drug given as treatment as one of the substances. Only select adverse reaction as the reason if the adverse reaction caused the major portion of the patient's clinical effects.
	402	Alkalosis	Bicarbonate > 28 mEq/L (mmol/L) or pH > 7.45. Do not code if sodium bicarbonate is being administered to induce a systemic alkalosis as antidotal therapy.
	628	Anaphylactoid reaction	Non-IgE mediated reactions similar in appearance to anaphylactic (IgG-mediated) reactions. Often related to rapid administration of certain types of parenteral agents (e.g., vancomycin, N-acetylcysteine). Note: If from a therapy used to manage the poisoning, also code the therapy causing the reaction as a substance in the case.
	403	Anion gap increase	$[Na^+ - (Cl^- + HCO_3^-)] > 12$ mEq/L
	404	Bleeding (other)	Exclude bleeding in the GI tract or blood in urine.
	405	Deafness	Decreased auditory acuity.
	406	Diaphoresis	Excessive sweating
	407	Electrolyte abnormality	An imbalance in any of the electrolytes. Include sodium, potassium, bicarbonate, chloride, calcium, magnesium and phosphate.
	408	Excess secretions	Include drooling, foaming at the mouth, excessive salivation. Exclude lacrimation.
	512	Fetal death	Induced or spontaneous abortion, miscarriage, fetal demise, or in utero fetal death. Do not include cases of live premature birth with subsequent death. Fetal death is captured as a clinical effect, only. Do not prepare a NPDS case record for the fetus.
	409	Fever / hyperthermia	Temperature = or > 100.4°F (38°C).
	410	Hyperglycemia	Glucose > 150 mg/dL not attributable to pre-existing diabetes.
	411	Hypoglycemia	Deficiency of glucose in the blood, usually associated with glucose concentrations below 70 mg/dL or 3.9 mmol/L.
	412	Hypothermia	Reduction of body temperature below 95°F or 35°C.
	414	Osmolal gap increased	[measured osmolality determined by freezing point depression] - $[2(Na) + (BUN/2.8) + (glucose/18)] > 10$ mOsm/kg H <sub>2</sub> O
	415	Pain (not dermal, GI, ocular)	Exclude dermal, GI and ocular pain and headache. Include myalgia, arthralgia, irritation (e.g. nasal), burning, muscle spasms and others.
	416	Rhabdomyolysis	Breakdown of muscle resulting in the release of muscle cell contents evidenced by the presence of myoglobin in the urine or a creatine kinase (CK) level > 500 IU/L.

Major Category	Map Value	Description	Expanded Description
	417	Other - Miscellaneous	Include clinical effects and/or laboratory abnormalities not listed here which would not otherwise be appropriately coded as "other" under a more specific NPDS system category.

**Inactive Clinical Effects**

301	Cardiac arrest <b>INACTIVE 12/31/2018</b>	Sudden cessation of cardiac function with disappearance of arterial blood pressure.
303	Conduction disturbance <b>INACTIVE 12/31/2018</b>	Impaired cardiac conduction as evidenced by prolonged ECG intervals:
342	Cytopenia <b>INACTIVE 12/31/2018</b>	A deficiency of one or more of the various types of blood cells. Include anemia, pancytopenia, neutropenia and/or thrombocytopenia.
350	Coma <b>INACTIVE 12/31/2018</b>	A state of unconsciousness. Include all levels of CNS depression in which the patient cannot be awakened with a stimulus.
354	Drowsiness/lethargy <b>INACTIVE 12/31/2018</b>	Fatigue or sleep or minor levels of CNS depression from which the patient can be awakened with a stimulus. Do not code appropriate sleep (e.g., naps).
413	Multiple Chemical Sensitivities (MCS) <b>INACTIVE 12/31/2018</b>	Complaints of sensitivity to multiple chemicals
511	CPK Elevated <b>INACTIVE 12/31/2018</b>	Creatine kinase elevations (including elevation of any isoenzyme) should be coded here. Creatine kinase is the current term for creatine phosphokinase.

**Additional Detail:**

For each **Clinical Effect** that occurs, determine the relationship of the effect to the exposure and enter the appropriate code in the **Clinical Effect Relatedness** field.

As follow-up of a case continues and additional (new) clinical effects are identified, continue to select those clinical effects until all clinical effects exhibited by the patient are coded.

There is no selection for patients with no clinical effects. These patients have a **Medical Outcome of no effect** (if followed).

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
33	CE	Valid Values must be defined in exClinical Effect	CE: Valid value or NULL required;	Closed Exposures (human & animal)
34	CE	At least 1 Related (1) or Unknown if Related (3) CE is required for Closed Exposures with Outcome = 1, 2, 3, 4	CE: CE Relatedness value of at least one CE must be 1 or 3 when Outcome is 1, 2, 3 or 4;	Closed Exposures (human & animal)
35	CE	CEs are not stored for Information Calls		Not stored for Information Cases

## ➔ Clinical Effect Duration

Common Name – Short: **CE Duration**  
 NPDS field name: **exClinicalEffectDurationID**

**Definition:**

Time to resolution of all related clinical effects except those which are trivial or inconsequential.

**Coding Options:**

If **Medical Outcome** is recorded as minor effect, moderate effect or major effect, also select one of the following options for the **Clinical Effect Duration**:

Clinical Effect Duration Value	Description
1	≤ 2 hours
2	> 2 hours to ≤ 8 hours
3	> 8 hours to ≤ 24 hours
4	> 24 hours to ≤ 3 days
5	> 3 days to ≤ 1 week
6	> 1 week to ≤ 1 month
7	> 1 month
8	Anticipated permanent
9	Unknown

**Additional Detail:**

If multiple clinical effects are reported, select the longest duration reported.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
32	CE Duration	CE Duration is not stored for Information Calls		Not stored for Information Cases
38	CE Duration	Valid Codes are 1 - 9, NULL	CE Duration: Valid value or NULL required;	Closed Exposures (human only)
39	CE Duration	If Outcome = 1, 2 or 3 then CE Duration cannot be NULL	CE Duration: Value required when Outcome is 1, 2 or 3;	Closed Exposures (human only)
40	CE Duration	If Outcome = 0 then CE Duration must be NULL	CE Duration: Must be NULL when Outcome is 0;	Closed Exposures (human only)

## ➔ Clinical Effect Relatedness

Common Name – Short: **CE Relatedness**  
 NPDS field name: **Related**

**Definition:**

The relationship of the **Clinical Effects** to the substances reportedly involved in the exposure.

**Coding Options:**

For each **Clinical Effect** that occurs, determine whether the effect is:

Clinical Effect Relatedness Value	Description
1	Related to the exposure
2	Not related to the exposure
3	Unknown if related to the exposure

1) **Related to the exposure (R):**

- Timing of clinical effect is reasonable for reported exposure
- Severity of effect is consistent with reported exposure
- Effect is consistent with anticipated substance toxicity
- Clinical assessment of relationship was made by a physician
- *Note: An assessment of Related does not necessarily serve as confirmation of causality.*

2) **Not related to the exposure (NR):**

- Effect was pre-existing or began prior to the exposure, and was not augmented or worsened as a result of the exposure, or
- Effect can be attributed to a documented alternative etiology

3) **Unknown if related to the exposure (UR):**

- Relationship between exposure and effect cannot be reasonably ascertained
- Effect has never been ascribed to the particular substance, but an alternative etiology cannot be conclusively established
- Effect is not expected based on reported exposure
- Knowledge of patient's history (e.g., concomitant illnesses, other medications) is not adequate to allow a determination of the relationship between the exposure and the effect

**Additional Detail:**

**Clinical Effect Relatedness** is judged in relation to each substance involved in the exposures at a case level. In cases that involve multiple substances, relatedness assessments are based on the full case and are not substance specific.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
36	CE Relatedness	Valid Values are 1 - 3, not NULL *** CE Relatedness must be defined if CE defined	CE: Valid CE Relatedness value required	Closed Exposures (human & animal)
37	CE Relatedness	If there is 1 CE with the CE Relatedness = 1 then the Outcome <> 0 or 5	Outcome: Value may not be 0 or 5 when at least one CE relatedness is 1;	Closed Exposures (human & animal)

## ➔ Exposure Duration

Common Name – Short: **Exposure Duration**  
 NPDS field name: **exExposureDurationID**

**Definition:**

Duration of exposure if **Chronicity** is Acute-on-Chronic or Chronic.

**Coding Options:**

If **Chronicity** is Acute-on-Chronic or Chronic, code one of the following for exposure duration.

Exposure Duration Value	Description
1	> 8 hours to ≤ 24 hours
2	> 24 hours to ≤ 1 week
3	> 1 week to ≤ 1 month
4	> 1 month to ≤ 3 months
5	> 3 months
6	Unknown

**Additional Detail:**

**Exposure Duration** is captured at the case level. If a complex inquiry has multiple substances and multiple exposure durations, select the exposure duration associated with **Substance Sequence Number** = 1.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
41	Exposure Duration	Valid values are 1 - 6, NULL	Exposure Duration: Valid value or NULL required;	Closed Exposures (human & animal)
42	Exposure Duration	If not NULL then Chronicity must be 2 or 3	Chronicity: Value must be 2 or 3 when Exposure Duration is not NULL;	Closed Exposures (human & animal)
43	Exposure Duration	Exposure Duration is not stored for Information Calls		Not stored for Information Cases

➔ **Exposure Site**

Common Name – Short: **Exposure Site**  
 NPDS field name: **exSiteID**

**Definition:**

Location of the patient at the time the exposure occurred.

**Coding Options:**

<b>Exposure Site Value</b>	<b>Description</b>
1	Own residence
2	Other residence
3	Workplace
4	Health Care Facility (HCF)
5	School
6	Restaurant/Food Service
7	Public Area
8	Other
9	Unknown

**1) Own Residence:** Any home or domicile that serves as the residence of the *patient*.

**Include:**

- Include hotel rooms, other locations serving as a temporary residence for overnight stays (unless Exposure Site: School or Other applies).

**Exclude:**

- Neighbor's or relative's home.

**2) Other Residence:** Any house or domicile that serves as the residence of *someone other than the patient*.

**Include:**

- Neighbor's or relative's homes

**3) Workplace:** Any shop, building, office or nonresidential room where the caller is employed.

**Include:**

- Exposures occurring to an employee of a HCF while on the job

**4) Health Care Facility (HCF):** Any hospital-based patient care unit or emergency department, free-standing emergency medical clinic, first aid station, physician's office, or clinic.

*For purposes of this field, HCFs are those sites where a health care physician is (or is expected to be) in attendance.*

**5) School:** Any school, child care center, college, university, classroom, schoolyard, dormitory, or school-sponsored activity.

**Exclude:**

- School cafeteria (code as restaurant/food service)
- School nurse (code as other)

**6) Restaurant/Food Service:** Any restaurant or other *commercial* food preparation area, including school cafeteria.

**7) Public Area:** Any park, theater, public event center, store, or other public site that is not a restaurant or other food preparation service.

**Include:**

- An exposure that occurs at a family barbecue in a public park
- A customer at a beauty salon with an ocular exposure

**8) Other:** Any site not specifically defined above. Exposures occurring in an ambulance, rescue squad, car or other vehicle, chronic care residential facility, correctional facility (jail, prison, detention center, etc.), detox center, and or nursing home should be coded here.

**9) Unknown:** Use if exposure site cannot be determined.

**Additional Detail:**

It is important to distinguish between the **Caller Site** and the **Exposure Site**. Examples include:

- If a mother calls from work about a child exposed at home, the **Caller Site** is **workplace** and the **Exposure Site** is **residence**.
- A nursing home resident is exposed in a nursing home (**Caller Site= other** [code the facility]; **Exposure Site = other**).
- A hospital employee is exposed at work then goes to the emergency department and the emergency department calls the regional poison center (**Caller Site= HCF** (code the emergency department facility); **Exposure Site = workplace**).

**Edits:**

Data Item	Edit	Error Message	Call Types	Data Item
45	Exposure Site	Valid Values are 1 - 9, not NULL	Exposure Site: Valid value required;	Closed Exposures (human only)
46	Exposure Site	Valid Values are 1 - 9, NULL Exposure Site can be NULL for Animal Exposures	Exposure Site: Valid value or NULL required;	Closed Exposures (animal only)
47	Exposure Site	Exposure Site is not stored for Information Calls		Not stored for Information Cases

## ➔ Final Health Care Facility

Common Name – Short: **Final HCF**  
 NPDS field name: **HCF\_Final**

**Definition:**

The type of health care facility (HCF) where the patient was ultimately managed when more than one HCF was involved in the patient's care.

**Coding Options:**

One of the following codes must be used when **Caller Site** = HCF:

<b>Final Health Care Facility Value</b>	<b>Description</b>	
<b>0001</b>	<b>Acute care hospital and hospital-based emergency department</b>	
	<b>0002-0999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for acute care hospitals and hospital-based emergency departments
<b>1000</b>	<b>Free-standing emergency clinic, first aid station (with a physician in attendance)</b>	
	<b>1001-1999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for free-standing emergency clinics, or first aid stations (with a physician in attendance)
<b>2000</b>	<b>Physician, physician's office, or clinic (with a physician in attendance)</b>	
	<b>2001-2999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for physicians, physician office, or clinics (with a physician in attendance)

One of the following codes must be used when **Caller Site** = Other is selected:

<b>Final Health Care Facility Value</b>	<b>Description</b>	
<b>3000</b>	<b>Nursing home, other chronic care residential facility, shelter</b>	
	<b>3001-3499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for nursing homes, other chronic care residential facilities, or shelters
<b>3500</b>	<b>Certified nurse practitioner, physician's assistant, midwife, dentist</b>	
	<b>3501-3999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for certified nurse practitioners, physician's assistants, midwives, or dentists
<b>4000</b>	<b>Registered nurse, school nurse, occupational nurse, correctional facility nurse (jail, prison, detention center), LPN, or home health agency</b>	
	<b>4001-4499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for registered nurses, school nurses, occupational health nurses, correctional facility nurses (jail, prison, detention center), or LPNs
<b>4500</b>	<b>Ambulance, rescue/squad/dispatcher, EMT, paramedic, hazardous materials team, police</b>	
	<b>4501-4999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for ambulances, rescue squads/dispatchers, EMTs, paramedics, hazardous materials teams, police
<b>5000</b>	<b>Detox center, mental health treatment facility (inpatient/outpatient), mental health worker, psychologist</b>	

	<b>5001-5499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for detox centers, mental health treatment facilities (inpatient or outpatient), mental health workers, psychologists
<b>5500</b>	<b>Pharmacist or pharmacy</b>	
	<b>5501-5999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for pharmacists or pharmacies
<b>6000</b>	<b>Veterinarians</b>	
	<b>6001-6499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for veterinarians, veterinary clinics, or animal hospitals
<b>6500</b>	<b>Vehicles</b> (include calls made from cars, boats, planes, trains)	
<b>7000</b>	<b>Other</b>	
	<b>7001-7999</b>	Free for other RPC assignments
<b>8000</b>	<b>Poison Center</b>	
	<b>8001-8999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for other RPCs

**Additional Detail:**

If the patient is transferred to a second HCF, then the code of that facility is entered here.

During follow-up, if it is determined that the patient leaves the initial management site or is transferred from the referral site for additional medical or psychiatric care, this response should be coded in the **Final Health Care Facility** field by entering the HCF code of the facility at which the **patient was ultimately managed**. If more than one transfer facility is involved, code the second facility. If the patient is treated and/or evaluated in only one HCF, the **Final Health Care Facility** field should be left blank.

If multiple other **Final Health Care Facility** codes are applicable, select the code that best identifies the site of the health care provider, rather than the credentials of the health care provider. For example, a call from a certified nurse practitioner in a prison is coded as 4000 (or 4001-4499) for prison, rather than 3500 (or 3501-3999) for certified nurse practitioner.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
48	Final HCF	Valid Codes are 1 - 7999, NULL	Final HCF: Valid value or NULL required;	Closed Exposures (human & animal)
49	Final HCF	Must be NULL of Initial HCF is NULL	Final HCF: Must be NULL when Initial HCF is NULL;	Closed Exposures (human & animal)
50	Final HCF	Final HCF is not stored for Information Calls		Not stored for Information Cases

**➔ Free Area**

Common Name – Short: **Free Area**

NPDS field names: **FreeArea1, FreeArea2A, FreeArea2B, FreeArea2C, FreeArea3D, FreeArea3E, FreeArea3F**

**Definition:**

Open fields that are provided for discretionary use by a regional poison center.

**Coding Options:**

<b>Free Area Value</b>	<b>Description</b>
1-32767	Numeric (integer) entry

Individual regional poison control centers determine coding options for each of these fields.

**Additional Detail:**

Although regional poison control centers may determine field names and coding options, output is limited to a single numeric (integer) entry per field (1-32767).

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
201	Free Area	Valid Values are 1 – 32767, NULL	Invalid Data Type Sent	All Cases (Open & Closed)

**→ Gender**

Common Name – Short: **Gender**  
 NPDS field name: **PaGenderID**

**Definition:**  
 Gender of the patient.

**Coding Options:**

Gender Value	Description
1	Male
2	Female
3	Unknown Gender
4	Pregnant

**Additional Detail:**

If **Pregnant** is selected, female is assumed. It is *not* necessary to select both female and pregnant. If the patient is transgender, the case is coded according to the gender reported with the patient history.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
52	Gender	Valid Values are 1 - 4, not NULL	Gender: Valid value required;	Closed Exposures (human only)
53	Gender	NF - If Gender = 4 then Age Unit must be 3 - 6 or 12 - 15; if Age Unit = 15 then Age must be between 13 and 49 (13, 14, 15, ..... 47, 48, 49)	Age Unit: Must be 3 - 6 or 12 - 15 when Gender is 4 (NF); Age: Must be 13 - 49 when Age Unit is 15 and Gender is 4 (NF);	Closed Exposures (human only)
54	Gender	If Gender = 4 then Preg Duration must be >= 2 and < 46 or 99 for unknown)	Preg Duration: Value must be 2 - 45 or 99 when Gender is 4;	Closed Exposures (human only)
55	Gender	Gender is not stored for Information Calls		Not stored for Information Cases

## ➔ Generic Code

Common Name – Short: **Generic Code**  
NPDS field name: **adGenericCode**

**Definition:**

A code that represents a broad group of related products that is used to identify the substances involved in both information and exposure calls.

**Coding Options:**

Select the most appropriate option from the **Generic Code** table for each substance involved.

**Additional Detail:**

**Generic Code** is a required field and all exposure cases must have at least one **Generic Code**.

All **Generic Codes** begin with the number zero. Use the **Generic Code** that best fits the product involved. Not all **Generic Codes** from the **Generic Code** table will have a specific entry in Poisindex (e.g., fumes created when hypochlorite mixed with acid, swimming pool chlorine). The best code, even if it has no product code, should be used.

Enter the **Generic Code(s)** implicated in the exposure. **Generic Codes** for the first 3 substances are required if the patient was exposed to 3 or more substances, however AAPCC encourages the entry of all substances implicated, up to the maximum number of substances allowed by individual data collection software program vendors.

If more than one substance is implicated in an exposure, the substances must be prioritized by relative contribution to the patient's clinical condition.

**Product Codes** must also be entered whenever a more specific code than the **Generic Code** is available. Most computerized data collection software programs will automatically enter the **Generic Code** when a Poisindex® **Product Code** is selected.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
108	Generic Code	Value must be a valid active or obsolete Generic Code; inactive GCs should be rejected. NOTE: Binary submissions allowed closed information calls to send a substance with no PC or GC. This will not be allowed for XML submissions.	Generic Code: Valid value required;	All Closed Cases
109	Generic Code	If the center does not send a Generic Code (sends NULL) then 0 should NOT be saved as the Generic Code		All Cases (Open & Closed)
110	Generic Code	Closed Exposure cases should be rejected if they have a Generic Code with the Generic Category of 182 – Miscellaneous Information Calls	Generic Code: Min Gen Cat must not be 182 when Call Type is 0;	Closed Exposures (human & animal)
111	Generic Code	Closed Exposure cases should be rejected if they do not have at least 1 Generic Code (substance)	Generic Code: Valid value required;	Closed Exposures (human & animal)

## → Industry Contract Case

Common Name – Short: **Industry**  
 NPDS field name: **IndustryContract**

**Definition:**

Indicates the call was associated with an industry contract with the regional poison center.

**Coding Options:**

<b>Industry Contract Case Value</b>	<b>Description</b>
0	No
1	Yes

**Additional Detail:**

Designation of industry contract case data allows separation of these cases by the contracting company when they obtain NPDS data collected by all regional poison centers. In addition, it allows both local and national tabulations of industry contract volume.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
60	Industry	Values are 0 or 1, not NULL	Industry: Valid value or NULL required;	All Closed Cases

## ➔ Initial Health Care Facility

Common Name – Short: **Initial HCF**  
 NPDS field name: **HCF\_Initial**

**Definition:**

If **Caller Site** is Health Care Facility (HCF), the specific location type of the initial HCF site.

**Coding Options:**

One of the following codes must be used when **Caller Site** = HCF:

<b>Initial Health Care Facility Value</b>	<b>Description</b>	
<b>0001</b>	<b>Acute care hospital and hospital-based emergency department</b>	
	<b>0002-0999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for acute care hospitals and hospital-based emergency departments
<b>1000</b>	<b>Free-standing emergency clinic, first aid station (with a physician in attendance)</b>	
	<b>1001-1999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for free-standing emergency clinics, or first aid stations (with a physician in attendance)
<b>2000</b>	<b>Physician, physician's office, or clinic (with a physician in attendance)</b>	
	<b>2001-2999</b>	Reserved for individual RPC use if RPC chooses to develop site-specific codes for physicians, physician office, or clinics (with a physician in attendance)

One of the following codes must be used when **Caller Site** = Other is selected:

<b>Initial Health Care Facility Value</b>	<b>Description</b>	
<b>3000</b>	<b>Nursing home, other chronic care residential facility, shelter</b>	
	<b>3001-3499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for nursing homes, other chronic care residential facilities, or shelters
<b>3500</b>	<b>Certified nurse practitioner, physician's assistant, midwife, dentist</b>	
	<b>3501-3999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for certified nurse practitioners, physician's assistants, midwives, or dentists
<b>4000</b>	<b>Registered nurse, school nurse, occupational nurse, correctional facility nurse (jail, prison, detention center), LPN, or home health agency</b>	
	<b>4001-4499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for registered nurses, school nurses, occupational health nurses, correctional facility nurses (jail, prison, detention center), or LPNs
<b>4500</b>	<b>Ambulance, rescue/squad/dispatcher, EMT, paramedic, hazardous materials team, police</b>	
	<b>4501-4999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for ambulances, rescue squads/dispatchers, EMTs, paramedics, hazardous materials teams, police
<b>5000</b>	<b>Detox center, mental health treatment facility (inpatient/outpatient), mental health worker, psychologist</b>	
	<b>5001-5499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for detox centers, mental health treatment facilities (inpatient or outpatient), mental health workers, psychologists

<b>5500</b>	<b>Pharmacist or pharmacy</b>	
	<b>5501-5999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for pharmacists or pharmacies
<b>6000</b>	<b>Veterinarians</b>	
	<b>6001-6499</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for veterinarians, veterinary clinics, or animal hospitals
<b>6500</b>	<b>Vehicles</b> (include calls made from cars, boats, planes, trains)	
<b>7000</b>	<b>Other</b>	
	<b>7001-7999</b>	Free for other RPC assignments
<b>8000</b>	<b>Poison Center</b>	
	<b>8001-8999</b>	Reserved for individual RPC use, if RPC chooses to develop site-specific codes for other RPCs

**Additional Detail:**

If multiple other **Initial Health Care Facility** codes are applicable, select the code that best identifies the site of the health care provider, rather than the credentials of the health care provider. For example, a call from a certified nurse practitioner in a prison is coded as 4000 (or 4001-4499) for prison, rather than 3500 (or 3501-3999) for certified nurse practitioner.

If the patient is transferred to a second HCF, then the code of that facility is entered in the **Final Health Care Facility** field.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
61	Initial HCF	Values are 1 - 7999, NULL	Initial HCF: Valid value or NULL required;	Closed Exposures (human & animal)
62	Initial HCF	If Mgmt Site = 2 or 3 then Initial HCF must be between 1 and 2999	Initial HCF: Value must be 1 - 2999 when Mgmt Site is 2 or 3;	Closed Exposures (human & animal)
63	Initial HCF	If Mgmt Site = 4 then Initial HCF must be between 3000 and 7999	Initial HCF: Value must be 3000 - 7999 when Mgmt Site is 4;	Closed Exposures (human & animal)
64	Initial HCF	If Mgmt Site = 2, 3, 4 then Initial HCF cannot be NULL unless Level of HCF Care = 5 or 6	Initial HCF: Value must be NULL when Mgmt Site is 2, 3 or 4 unless Level of HCF Care is 5 or 6;	Closed Exposures (human & animal)
65	Initial HCF	Must be NULL if Mgmt Site = 1	Initial HCF: Must be NULL when Mgmt Site is 1;	Closed Exposures (human & animal)
66	Initial HCF	Initial HCF is not stored for Information Calls		Not stored for Information Cases

## ➔ Initial SPI Code

Common Name – Short: **Initial SPI Code**  
 NPDS field name: **InitialSpiCode**

**Definition:**

Unique code which identifies each individual who responds to poison exposure calls or provides telephone consultations, as assigned by the regional poison center.

*Note:* Although this field is labeled **Initial SPI Code**, a code must be used to identify each individual responding to regional poison center calls or providing telephone consultations in the regional poison center, whether the individual is a specialist in poison information (SPI), certified specialist in poison information (CSPI), other poison information provider (PIP), regional poison center director, medical director, toxicology fellow in training, other health professional in training (e.g., rotating resident), or a student.

**Coding Options:**

<b>Initial SPI Code Value</b>	<b>Description</b>
1-9999	Unique code 1 to 4 digits

**Additional Detail:**

**Initial SPI Codes** are assigned by the regional poison center, and an individual SPI's code may change over time. The regional poison center must maintain a running log of **Initial SPI Code** assignments. **Initial SPI Code** numbers may not be reassigned during a calendar year.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
67	Initial SPI Code	Valid Values 1 - 9999, not NULL	Initial SPI Code: Valid value required;	All Closed Cases

## ➔ Level of HCF Care

Common Name – Short: **Level of HCF Care**  
 NPDS field name: **paLevelOfHCFCareID**

**Definition:**

The highest level of HCF involved in management of the exposure.

**Coding Options:**

Level Of HCF Care Value	Description
1	Treated/evaluated and released
2	Admitted to critical care unit
3	Admitted to noncritical care unit
4	Admitted to psychiatric care facility
5	Patient refused referral/did not arrive at HCF
6	Patient lost to follow-up/left AMA

- 1) **Treated/evaluated and released:** The patient is observed, treated and/or evaluated, then released to home, work, shelter, jail or similar site which is not a HCF. If the patient came from a nursing home or other long-term care facility and went back to that facility from the HCF, select this response.
 

**Include:**

  - Patient treated/observed in a 23-hour observation unit to avoid admission
  
- 2) **Admitted to critical care unit:** The patient is admitted to a critical or intensive care unit. Select this response even if the regional poison center assessment is that the patient did not require critical care (e.g. admitted to intensive care units only because there were no other beds, or as a suicide precaution).
  
- 3) **Admitted to noncritical care unit:** The patient is observed or treated by a physician and subsequently admitted to a noncritical care unit.
  - If the patient is transferred to another hospital and then admitted to a noncritical care unit, code the **Initial Health Care Facility** and **Final Health Care Facility**. Select **admitted to a noncritical care unit** as this is the highest level of care rendered. DO NOT select **treated/evaluated and released** even though the patient was released from the initial HCF.
  
- 4) **Admitted to psychiatric care facility:** The patient is observed or treated by a physician and subsequently admitted primarily to receive psychiatric care or evaluation.
  
- 5) **Patient refused referral/did not arrive at HCF:** The patient declined to follow the regional poison center referral recommendation or failed to arrive at the HCF to which the patient was referred. The specific HCF to which the patient was referred to may be coded, but this code is not required.
  - If the patient arrives at a HCF different from the referral HCF, do not select this response. Enter the specific HCF code of the facility where the patient did arrive, and code the actual disposition (e.g., treated/evaluated and released, admitted to critical care unit, etc.)
  - This coding option is **not valid** for patients with **Management Site = already in (en route to) HCF when PPC called**.
  
- 6) **Patient lost to follow-up/left AMA:** The patient is lost to follow-up or the patient has left the HCF against medical advice (AMA).

**Additional Detail:**

If the patient is transferred and admitted to a critical care unit in a second HCF, code both HCFs, but only code the highest level of care rendered.

In all cases, code the highest level of care rendered regardless of where it was performed, per the following prioritization in descending order:

- 0) admitted for medical care INACTIVE; USED FOR 2000 – 2005 ONLY
- 1) admitted to critical care unit
- 2) admitted to noncritical care unit
- 3) admitted to psychiatric care facility
- 4) treated/evaluated and released

A patient with **Exposure Site** in a HCF should have the **Level of HCF Care** coded according to where the patient received care, even if the care was predominantly for an unrelated medical problem rather than for the exposure.

*Example:*

The regional poison center is called by the emergency department of HCF-A about a patient who is then transferred to HCF-B and admitted to the critical care unit of HCF-B. Code:

- **Management Site = 2 (Patient already in (en route to) HCF when RPC called)** and enter the code for HCF-A in the **Initial Health Care Facility** area
- After the transfer and admission to a critical care unit, select the level of HCF care **admitted to critical care unit** and enter the specific code for HCF-B in the **Final Health Care Facility** area.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
68	Level of HCF Care	Valid Values 1 - 6, NULL	Level of HCF Care: Valid value or NULL required;	Closed Exposures (human & animal)
69	Level of HCF Care	Level of HCF Care must be NULL if the Mgmt Site NOT 2 or 3 (i.e. mgmt site = 1, 4, 5)	Level of HCF Care: Must be NULL when Mgmt Site is 1, 4 or 5;	Closed Exposures (human & animal)
70	Level of HCF Care	If Mgmt Site = 2 then 1 - 4 or 6 (not 5)	Level of HCF Care: Must not be 5 when Mgmt Site is 2;	Closed Exposures (human & animal)
71	Level of HCF Care	If Mgmt Site = 3 then 1 - 6	Level of HCF Care: Must be 1-6 when Mgmt Site is 3;	Closed Exposures (human & animal)
72	Level of HCF Care	Level of HCF Care is not stored for Information Calls		Not stored for Information Cases

➔ **Location, Caller**

Common Name – Short: **Location Caller**  
 NPDS field name: **CallerLocationCode**

**Definition:**

Location of the *caller*. Each regional poison center may choose to code either the caller's ZIP code or the caller's area code/exchange.

**Coding Options:**

<b>Location, Caller Value (must select only <u>one</u> of the options listed below)</b>	<b>Description</b>
6-digit number	Telephone area code and exchange
5-digit number	ZIP code

Caller location codes can now be mixed between the two formats (area code/exchange effective as of 2/1/2007 OR ZIP code). Each regional poison center must designate one option as primary. For example, if a regional poison center prefers to capture data by ZIP code, all cases with a ZIP code provided will have the ZIP code sent to NPDS. However if the ZIP is blank and phone number is completed, the area code/exchange will be sent to NPDS instead. This provides more caller location data to NPDS. To facilitate report compilation at the local level, regional poison control centers should not change their selection of primary caller location type mid-year.

- Option #1: Telephone number:** A regional poison center may use the area code and exchange (first three digits) of the *caller's* telephone number. *Example:* 801/581-7504 would be sent to NPDS as 801581
- Option #2: ZIP code:** A regional poison center may use the ZIP code of the caller's address.
- Option #3: INACTIVE:** A 1- to 4- digit location coding scheme devised by the regional poison center was discontinued at the end of 1999

**Additional Detail:**

ZIP or phone codes must be entered whenever known. The field is left blank if the ZIP or phone code cannot be obtained. Do NOT invent codes for unknown locations. Only existing ZIP or phone codes are accepted.

Before sending data to NPDS verify the caller location code setting (either ZIP or area code/exchange).

One- and two- digit caller location codes will be stored as a partial phone number.

Three- and four- digit caller location codes will have zeros appended to the beginning, and if it is a valid ZIP code based on the state sent for the case, the value will be saved as a ZIP code. If the caller location code is not a valid ZIP code then 3 digit values will be stored as an area code and 4 digit values will be stored as a phone number.

For non-U.S. locations, telephone area code with exchange and/or ZIP code cannot be utilized as non-U.S. phone and ZIP code information is not compatible with the 6-digit and 5-digit fields respectively. Instead, document appropriate non-U.S. locations in the "State" variable, utilizing the appropriate designation codes for non-U.S. locations.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
21	Location Caller	1 and 2 digit Location Caller will be stored in caCasePhone.PhoneNumber		All Cases (Open & Closed)
22	Location Caller	3 and 4 digit Location Caller will have 0s appended to the beginning; if it is a valid zip code based on the state sent in the file the value will be saved as a zip code. If the Location Caller is not a valid zip code then 3 digit values will be stored in caCasePhone.AreaCode; if 4 digit then the value will be stored in caCasePhone.PhoneNumber		All Cases (Open & Closed)
23	Location Caller	5 digit Location Caller. If it is a valid Zip Code (based on Melissa data) then the state must be valid  NOTE: This edit is not performed for the following states: 52, 53, 54, 56, 57, 58	Location Caller: Value must match State;	All Closed Cases
24	Location Caller	5 digit Caller Location Codes. If it is not a valid zip codes (based on Melissa data ) such as 00001 and 99999 then save characters 1 - 2 in caCasePhone.AreaCode; save characters 3 - 5 in caCasePhone.Exchange		All Cases (Open & Closed)

## ➔ Management Site

Common Name – Short: **Mgmt Site**  
 NPDS field name: **paManagementSiteID**

**Definition:** Site where patient was managed.

**Coding Options:**

Management Site Value	Description
1	Managed on site (non-health care facility)
2	Patient already in (en route to) HCF when RPC called (code)
3	Patient was referred by RPC to a HCF (code)
4	Other
5	Unknown

For each human or animal exposure, select one of the following five coding options which best describes the initial management site of the patient from the following (always code the highest level of care rendered):

**1) Managed on site (non-health care facility):**

The patient is treated at home or any other non-health care site. School or workplace exposures are included here only if the school or occupational health nurse was *not* consulted.

- *If the regional poison center later refers the patient to a HCF, select choice #3 instead.*
- Example: A hospital worker exposed on-site is coded as "managed on site, non HCF" unless seen by a physician or employee health nurse.

**2) Patient already in (en route to) HCF when RPC called (code):**

At the time of *initial* contact with the regional poison center the patient is already in a HCF or en route to a HCF or was already treated or evaluated for this exposure in a HCF. *For the purposes of this field, HCFs include only those sites where the patient is evaluated by a physician.* If this response is chosen, the specific HCF should be identified by code in the **Initial Health Care Facility** field. This includes patients who refer themselves to a HCF despite advice provided by the regional poison center.

- *Examples:*
  - A patient is in an ambulance en route to a hospital ED; select this response and enter the **Initial Health Care Facility** code for the hospital where the patient is going.
  - If the patient identified above arrests en route to the hospital and cannot be resuscitated in the Emergency Department, select this response, code the **Initial Health Care Facility**, select the **admitted to noncritical care unit** secondary response in this area and select **death** in the **Medical Outcome** field.
  - Rescue squad is summoned to a residence but after consultation with medical backup the patient is left at home. *Do not* code this response; select "other" (**Management site** = 4) and enter the code for ambulance/rescue unit.

**3) Patient was referred by RPC to a HCF (code):**

The patient is referred to a primary HCF (hospital-based or free-standing emergency department, physician's office or clinic) as part of a regional poison center's management recommendation. *For the purposes of this field, HCFs include only those sites where the patient is evaluated by a physician.* Use this option even if the regional poison center initially planned to manage the patient at home but later decided to refer the patient to a HCF.

- If this response is selected, *code the specific HCF* in the **Initial Health Care Facility** field using codes 1 thru 2999.

**4) Other:**

Any management site not identified above. If a non-physician health care provider such as an EMT, paramedic, nursing home, dentist, veterinarian, detox center, jail, mental health center, occupational health nurse, pharmacist, or school nurse is involved in the patient's care, select this option. Code the specific facility or facility type in the **Initial Health Care Facility** field using codes 3000 thru 7999.

**5) Unknown:**

Any management site that cannot be identified.

**Additional Detail:**

If the patient is managed in a HCF (whether already in or referred in by the regional poison center), then the **Level of HCF Care** must also be coded. **Initial Health Care Facility** codes are also required for patients managed in HCFs and for management site = "other".

*Note about coding management site for fatalities:*

- If patient is found dead and not transported to a HCF to be treated, evaluated or pronounced, code **managed on site**.
- If patient dies en route to a HCF and is not treated, evaluated or pronounced by a physician, code management site as **other**.
- If patient dies en route to a HCF and is treated, evaluated or pronounced in the Emergency Department, code **admitted to noncritical care unit**.
- If patient dies in the Emergency Department, code **admitted to noncritical care unit**.
- If patient is discharged from the Emergency Department and then dies, code **Level of HCF Care** as **treated/evaluated and released**.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
73	Mgmt Site	Valid Values are 1 - 5, not NULL	Mgmt Site: Valid value required;	Closed Exposures (human & animal)
74	Mgmt Site	Level of HCF Care must be not NULL if the Mgmt Site = 2 or 3	Level of HCF Care: Value required when Mgmt Site is 2 or 3;	Closed Exposures (human & animal)
75	Mgmt Site	Initial HCF required is Mgmt Site = 2, 3 or 4 unless the Level of HCF Care = 5 or 6	Initial HCF: Value required when Mgmt Site is 2, 3 or 4 unless Level of HCF Care is 5 or 6;	Closed Exposures (human & animal)
76	Mgmt Site	Mgmt Site is not stored for Information Calls		Not stored for Information Cases
202	Mgmt Site	NF - if the Mgmt Site ID = 1 (Managed on site (non health care facility)) then all Therapies must be 130 (Ipecac), 131 (Charcoal, single dose), 132 (Charcoal, multiple doses) , 134 (Cathartic), 136 (Other emetic), 137 (Dilute/irrigate/wash), 138 (Fresh air), 139 (Food/snack), 144 (Antihistamines), 149 (Bronchodilators), 150 (Calcium), 172 (Naloxone), 186 (Other), 513 (Antibiotics) or 523 (Steroids). [No other therapies are allowed]	Mgmt Site: Therapy must be 130, 131, 132, 134, 136, 137, 138, 139, 144, 149, 150, 186, 513 or 523 when Mgmt Site is 1 (NF)	Closed Exposures (human only)
203	Mgmt Site	NF - If any Therapy is 151, 160, 700, 701, 703, 705, 723, 725, 727, 729, 731, 735, 736, 739, 740, or 744 then Management Site cannot be 1	Management Site: Value may not be 1 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)
204	Mgmt Site	If any Therapy is 702, 706, 707, 708, 709, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 724, 726, 728, 730, 733, 734, 737, 738, 741, 742, or 743 then Management Site cannot be 1 or 4	Management Site: Value may not be 1 or 4 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)

➔ **Medical Outcome**

Common Name – Short: **Outcome**  
 NPDS field name: **exMedicalOutcomeID**

**Definition:**

Medical outcome of the patient following exposure based upon all available information.

**Coding Options:**

<b>Medical Outcome Value</b>	<b>Description</b>
0	No effect
1	Minor effect
2	Moderate effect
3	Major effect
4	Death
5	Not followed, judged as nontoxic exposure (clinical effects not expected)
6	Not followed, minimal clinical effects possible (no more than minor effect possible)
7	Unable to follow, judged as a potentially toxic exposure
8	Unrelated effect, the exposure was probably not responsible for the effect(s)
9	Confirmed non-exposure
10	Death, indirect report

**Case followed to known outcome:**

Select the response which best describes the known medical outcome. **Designation of medical outcome is based on related or unknown if related clinical effects only. Do not consider effects coded as unrelated.** A response is appropriate in this area only if follow-up continues until medical outcome can be documented with reasonable certainty. If the initial call is received long after the exposure, follow-up may not be necessary as a definitive outcome may already be evident during the initial call.

- 0) **No effect:** The patient developed no symptoms as a result of the exposure. Follow-up is required to make this determination unless the initial regional poison center call occurs sufficiently long enough after the exposure that there is reasonable certainty that no effects will occur.
  - *If this response is selected, do not code the duration of clinical effects.*
- 1) **Minor effect:** The patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient. The symptoms usually resolve rapidly and often involve skin or mucous membrane manifestations. The patient has returned to a pre-exposure state of well-being and has no residual disability or disfigurement. Follow-up is required to make this determination unless the initial regional poison center call occurs sufficiently long enough after the exposure that there is reasonable certainty that the clinical effect(s) will not worsen. Symptomatic patients must be followed until symptoms have resolved or nearly resolved, unless the residual symptoms are anticipated to be long-term and of minimal clinical significance.

*Examples:*

- Mild GI symptoms (self-limited, no dehydration)
- CNS Depression (mild) Skin irritation or 1° burn
- Sinus tachycardia *without* hypotension
- Bleach ingestion followed by one or two episodes of vomiting
- Oral irritation from dieffenbachia
- Insect bite with only pain, swelling and erythema
- Transient cough
- Tinnitus as the only manifestation of salicylism
- Iron ingestion with abdominal pain and one episode of vomiting and/or diarrhea without acidosis and without deferoxamine therapy

- 2) **Moderate effect:** The patient exhibited symptoms as a result of the exposure which are more pronounced, more prolonged or more of a systemic nature than minor symptoms. Usually some form of treatment is or would have been indicated. Symptoms were not life-threatening and the patient has returned to a pre-exposure state of well-being with no residual disability or disfigurement. Follow-up is required to make this determination unless the initial regional poison center call occurs sufficiently long enough after the exposure that there is reasonable certainty that the clinical effect(s) will not get worse. Symptomatic patients must be followed until symptoms have resolved or nearly resolved, unless the residual symptoms are anticipated to be long-term and of minimal clinical significance.

*Examples:*

- A corneal abrasion
- Acid-base disturbance
- High fever
- Disorientation
- Hypotension which rapidly responds to treatment
- Isolated brief seizures which resolve spontaneously or readily respond to treatment
- Minor creatinine elevations without clinical evidence of renal failure
- Hepatic injury without encephalopathy
- GI symptoms causing dehydration
- Caustic injury to esophagus without perforation or residual injury
- Conduction disturbance without hypotension
- Acetaminophen poisoning with AST or ALT >100 U/L, without a prolonged PT and without encephalopathy, GI bleeding or acidosis
- Snake envenomation with extensive swelling and ecchymosis
- Theophylline overdose with vomiting and tachycardia
- Methanol ingestion manifesting only anion gap metabolic acidosis
- Cyclic antidepressant overdose with a conduction disturbance but no seizures, no coma and no life-threatening dysrhythmias
- Aspirin overdose with acidosis, anion gap and no alteration of mental status
- Hypoglycemia with confusion
- CNS Depression (moderate) (unconsciousness in which the patient will arouse to loud verbal or painful stimuli)

- 3) **Major effect:** The patient has exhibited symptoms as a result of the exposure which were life-threatening or resulted in significant residual disability or disfigurement. Follow-up is required to make this determination unless the initial regional poison center call occurs sufficiently long enough after the exposure that there is reasonable certainty the clinical effect(s) will not get worse. Symptomatic patients must be followed until symptoms have resolved or nearly resolved, unless the symptoms are anticipated to be long-term or permanent.

*Examples:*

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Repeated seizures or status</li> <li>• Ventricular tachycardia with hypotension</li> <li>• Cardiovascular instability</li> <li>• Coma with hypotension</li> <li>• Cardiac arrest or respiratory arrest</li> <li>• Ventricular fibrillation</li> <li>• Esophageal stricture</li> <li>• Disseminated intravascular coagulation (DIC)</li> <li>• Cerebrovascular accident (CVA) or intracranial bleed</li> </ul> | <ul style="list-style-type: none"> <li>• Clinical evidence of renal failure (not just minor increases in creatinine)</li> <li>• Cyanosis plus respiratory depression</li> <li>• Rhabdomyolysis with myoglobinuria and marked CPK elevations</li> <li>• Rhabdomyolysis with increased creatinine</li> <li>• CNS Depression (Major) unconsciousness in which the patient cannot be awakened with a stimulus</li> </ul> |
|--|--|

- 4) **Death:** The patient died as a result of the exposure or as a direct complication of the exposure where the complication was unlikely to have occurred had the toxic exposure not preceded the complication. Only include those deaths which are probably or undoubtedly related to the exposure. A fatality

verification is required. Also include deaths in which the exposure was a contributing factor in the death. For deaths determined to be unrelated to the exposure (those in which the most clinically significant clinical effects are coded as unrelated) code the outcome as "Unrelated effect" (the exposure was probably not responsible for the effect[s]).

### Case not followed to a known outcome:

In some circumstances it is not appropriate or possible to follow a patient to a reasonably certain medical outcome. In these instances, choose one of the following:

- 5) **Not followed, judged as nontoxic exposure.** The patient was not followed because per clinical judgment the exposure was likely to be nontoxic because:
- The agent involved was nontoxic
  - The amount implicated in the exposure was insignificant (nontoxic), and/or
  - The route of exposure was unlikely to result in a clinical effect.
- If this response is selected, there must be reasonable certainty that the patient will not experience any clinical effect from the exposure. Cases that refused follow-up if the exposure was judged as nontoxic may also be included.*
- 6) **Not followed, minimal clinical effects possible.** The patient was not followed because, per clinical judgment, the exposure was likely to result in only minimal toxicity of a trivial nature. *If this response is selected, there must be reasonable certainty, in a worst case scenario, that the patient will experience no more than a minor effect. Cases that refused follow-up if the exposure would possibly result in minimal clinical effects and would cause no more than a minor effect may also be included.*
- Examples:*
- A call to a regional poison center is placed within 30 minutes of a child ingesting up to 80 mg/kg of acetaminophen. The maximum possible amount is known with certainty. The regional poison center chooses not to follow the case because in the regional poison center's estimation the child is not expected to develop anything more than minor GI disturbance.
  - An asymptomatic 10-month-old swallowed a mouthful of liquid dish detergent. No follow-up is provided.
- 7) **Unable to follow, judged as a potentially toxic exposure.** The patient was lost to follow-up (or the regional poison center neglected to provide follow-up) and per clinical judgment the exposure was significant and may have resulted in toxic manifestations with a moderate, major or fatal outcome.

### Exposure not responsible for the effect:

- 8) **Unrelated effect.** Based upon all the information available the exposure was probably not responsible for the effect(s).
- If this response is selected, all coded clinical effects must be coded as "unrelated".*
- 9) **Confirmed nonexposure.** There is reliable and objective evidence that the exposure never occurred and that any symptoms exhibited by the patient were not related to the reported exposure.
- Examples:*
- All missing pills are located.
  - The other parent confirms there were no missing pills.
- Exclude:**
- This coding option is *not* intended for the patient who is sent to a HCF and later has a negative screen or assay of the substance, because the substance may have been ingested in a small amount, the limits of detection of the assay may have been inadequate, or the assay results may be unreliable.

### Death reported from another source:

- 10) **Death, indirect report:** A report of a fatality but no inquiry was placed to the regional poison center. AAPCC encourages regional poison control centers to report all poisoning deaths in their regions, whether reported to the regional poison center or not. If postmortem reports on poisoning victims can be obtained (or notification of deaths from hospitals), please submit these cases. A fatality verification

is required even if the death is reported indirectly, but AAPCC recognizes that the case abstract may be quite limited.

**Include:**

- Case obtained from a medical examiner who sends post mortem reports to the regional poison center or from a newspaper article.

**Exclude:**

- A medical examiner calling with a question about the cause of death or a family member calling with a question about a toxicology laboratory result.

**Additional Details:**

**Medical Outcome** should be the final determination made by the SPI/CSPI based upon all the information available at the conclusion of a case. Periodic follow-up should continue until outcome can be documented.

If minor effect, moderate effect, major effect or death are selected the implication is that the patient had clinical effects that were probably related to the exposure. If the patient had a minor, moderate or major clinical effect that was probably related to the exposure, also code the **Clinical Effect Duration**.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
77	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0 or 5	Outcome: Value may not be 0 or 5 when at least one Clinical Effect relatedness is 1;	Closed Exposures (human & animal)
205	Outcome	Valid Values are 0 - 10, not NULL	Outcome: Valid value required	Closed Exposures (human & animal)
206	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0,1,2,5 or 6 for the following CEs [305, 605, 607, 608, 620, 630, 638]	Outcome: Value may not be 0,1,2,5 or 6 when Clinical Effect relatedness is 1 for CE &CEID;	Closed Exposures (human & animal)
207	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0,1,5 or 6 for the following CEs [600, 601, 304, 602, 603, 604, 609, 501, 610, 309, 616, 618, 626, 628, 632, <del>350</del> , 633, 355, 634, 635, 637, 639, 641]	Medical Outcome: Value may not be 0,1,5 or 6 when Clinical Effect relatedness is 1 for CE &CEID  Note: 350, coma inactive 1/1/2019	Closed Exposures (human & animal)
208	Outcome	If any Therapy is 711 then Medical Outcome cannot be 0, 1, 5, or 6	Outcome: Value may not be 0, 1, 5, or 6 when at least one Therapy is 711;	Closed Exposures (human & animal)
209	Outcome	If any Therapy is 151 or 183 then Medical Outcome cannot be 0, 1, 2, 5, or 6	Outcome: Value may not be 0, 1, 2, 5, or 6 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)
78	Outcome	If Outcome = 1, 2, 3 or 4 then at least one CE must be 1 or 3 (related or unknown if related)	CE: CE Relatedness value of at least one CE must be 1 or 3 when Outcome is 1, 2, 3 or 4;	Closed Exposures (human & animal)
79	Outcome	Outcome is not stored for Information Calls		Not stored for Information Cases
134	Outcome	If Confirmed nonexposure (9), no CE can be related or unknown-if related.	Outcome: No CE can be related or unknown-if related when Outcome is 9	Closed Exposures (human & animal)

## ➔ Number of Follow-up Calls

Common Name – Short: **N Followup**  
 NPDS field name: **FollowupConsults**

**Definition:**

The number of follow-up contacts made on each case.

**Coding Options:**

<b>Number of Follow-up Calls Value</b>	<b>Description</b>
1-999	Number of follow-up calls

**Additional Detail:**

The data collection software program should automatically track and report this data.

To maintain accuracy, count only those instances in which the caller was contacted to obtain updated information on the patient. Do not count as follow-ups:

- Notes placed in the narrative for the sole purpose of documenting that a chart review or quality assurance activity was conducted
- Notes documenting an addendum to a previously saved note

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
51	N Followup	Valid Values are 1 - 999, NULL	N Followup: Valid value or NULL required;	All Closed Cases

## ➔ Number of Products

Common Name – Short: **N Products**  
 NPDS field name: **NumOfSubstances**

**Definition:**

The number of substances reported for each case.

**Coding Options:**

<b>Number of Products Value</b>	<b>Description</b>
1-65535	Number of products

**Additional Detail:**

The data collection software program should automatically track and report this data.

The **Number of Products** provided by the data collection software program is validated against the actual number of products received with the case.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
132	N Products	N Products must match the Substances sent.	Sequence Number: Maximum value must match the N Products provided	All Closed Cases
210	N Products	Valid values are 1 – 65535, not NULL	Invalid Data Type Sent	All Cases (Open & Closed)

**➔ Override**

Common Name – Short: **Override**  
 NPDS field name: **Override**

**Definition:**

Indication to accept a nonfatal edit (improbable but possible situation).

**Coding Options:**

<b>Override Value</b>	<b>Description</b>
0	No
1	Yes

Select the edit override to cancel all nonfatal edits for a given case. It is not possible to selectively cancel nonfatal edits.

**Additional Detail:**

Data edits are quality control measures designed to detect incorrect coding. AAPCC edits include fatal and nonfatal edits. Fatal edits detect coding errors or incompatible data and lead to data rejection.

Nonfatal edits represent improbable but possible situations. Upon verification that an improbable coding combination is appropriate, staff may override a nonfatal edit.

*Examples:*

- Fatal Edit: **Therapy** = intubation and **Management Site** = managed-on-site, non-health care facility; both should not be coded in the same patient.
- Nonfatal Edit: **Reason** = suicide and **Age** = 6 years is an unlikely but possible combination; if data are confirmed then **Override** = 1.

**AAPCC urges caution in selecting this option, as all nonfatal edits will be overridden for the case.**

This option is not a substitute for careful troubleshooting of coding problems. We suggest that each regional poison center adopt a strict protocol for use of this option, allowing edit overrides ONLY when the case is reviewed by a supervisor. In addition, NPDS coordinators at each regional poison center should regularly review the report of all overrides and notify AAPCC of recurring override issues.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
80	Override	Values are 0 or 1, not NULL	Override: Valid value required;	All Closed Cases

## ➔ Pregnancy Duration

Common Name – Short: **Preg Duration**  
 NPDS field name: **PregnancyDurationWks**

**Definition:**

If **Gender** = Pregnant, the number of weeks of pregnancy counting from the last menstrual period before conception.

**Coding Options:**

<b>Pregnancy Duration Value</b>	<b>Description</b>
NULL	Patient is not pregnant
2-45	Weeks of pregnancy
99	Unknown pregnancy duration

**Additional Detail:**

None

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
81	Preg Duration	Valid Values are 2 - 45 or 99, not NULL if Gender = 4 (pregnant)	Preg Duration: Value must be 2 - 45 or 99 when Gender is 4;	Closed Exposures (human only)
82	Preg Duration	Preg Duration is not stored for Information Calls		Not stored for Information Cases
133	Preg Duration	Must be NULL when Gender is not 2 (female) or 4 (pregnant)	Preg Duration: Value must be NULL when Gender is not 2 or 4	Closed Exposures (human & animal)

## ➔ Primary Center Code

Common Name – Short: **Primary Center Code**  
 NPDS field name: **PublicID\_adOrganization\_Secondary**

**Definition:**

Identification of the primary regional poison center when more than one regional poison center is consulting on the same NPDS case.

**Coding Options:**

Primary Center Code Value	Description	Status
203	AL- Regional Poison Control Center - Children's Hospital (Birmingham)	Active
204	AR- Arkansas Poison Control Center (Little Rock)	Active
205	AZ- Arizona Poison & Drug Information Center (Tucson)	Active
206	AZ- Banner Poison Control Center (Phoenix)	Active
207	CA- California Poison Control System-Fresno/Madera (Madera)	Active
208	CA- California Poison Control System-Sacramento (Sacramento)	Active
210	CA- California Poison Control System-San Diego (San Diego)	Active
209	CA- California Poison Control System-San Francisco (San Francisco)	Active
211	CO- Rocky Mountain Poison & Drug Center (Denver)	Active
212	CT- Connecticut Poison Control Center (Farmington)	Active
213	DC- National Capital Poison Center (Washington, DC)	Active
214	FL- FL/USVI Poison Information Center-Jacksonville (Jacksonville)	Active
215	FL- Florida Poison Information Center-Miami (Miami)	Active
216	FL- Florida Poison Information Center-Tampa	Active
217	GA-Georgia Poison Center (Atlanta)	Active
219	IA- Iowa Statewide Poison Control Center (Sioux City)	Active
221	IL- Illinois Poison Center (Chicago)	Active
222	IN- Indiana Poison Center (Indianapolis)	Active
223	KS- Mid-America Poison Control Center (Kansas City)	Active
224	KY-Kentucky Regional Poison Center (Louisville)	Active
225	LA- Louisiana Drug and Poison Information Center (Monroe)	Active
226	MA-Regional Center for Poison Control and Prevention Serving Massachusetts and Rhode Island (Boston)	Active
227	MD-Maryland Poison Center (Baltimore)	Active
228	ME- Northern New England Poison Center (Portland)	Active
229	MI- Children's Hospital of Michigan Regional Poison Control Center (Detroit)	Active
231	MN-Hennepin Regional Poison Center(Minneapolis)	Active
232	MO-Missouri Regional Poison Center (St. Louis)	Active
234	MS- Mississippi Regional Poison Center (Jackson)	Active
235	NC- Carolinas Poison Center (Charlotte)	Active
237	NE- Nebraska Regional Poison Center (Omaha)	Active
239	NJ- New Jersey Poison Information and Education System (Newark)	Active
240	NM-New Mexico Poison & Drug Information Center (Albuquerque)	Active
241	NY- Upstate New York Poison Center (Syracuse)	Active
245	NY-New York City Poison Control Center (New York)	Active
247	OH-Central Ohio Poison Center (Columbus)	Active
248	OH-Cincinnati Drug and Poison Information Center (Cincinnati)	Active
250	OK-Oklahoma Poison Control Center (Oklahoma City)	Active
251	OR-Oregon Poison Center (Portland)	Active
253	PA-Pittsburgh Poison Center (Pittsburgh)	Active
254	PA-The Poison Control Center (Philadelphia)	Active
275	PR – Puerto Rico Poison Center (San Juan)	Active
256	SC- Palmetto Poison Center (Columbia)	Active
257	TN-Tennessee Poison Center (Nashville)	Active
259	TX-Central Texas Poison Center (Temple)	Active
260	TX-North Texas Poison Center (Dallas)	Active

Primary Center Code Value	Description	Status
261	TX-South Texas Poison Center (San Antonio)	Active
262	TX-Southeast Texas Poison Center (Galveston)	Active
263	TX-Texas Panhandle Poison Center (Amarillo)	Active
264	TX-West Texas Regional Poison Center (El Paso)	Active
265	UT-Utah Poison Control Center (Salt Lake City)	Active
266	VA-Blue Ridge Poison Center (Charlottesville)	Active
267	VA-Virginia Poison Center (Richmond)	Active
269	WA-Washington Poison Center (Seattle)	Active
270	WI- Wisconsin Poison Center (Milwaukee)	Active
272	WV-West Virginia Poison Center (Charleston)	Active
201	AK- Anchorage Poison Control Center (Anchorage)	INACTIVE
202	AL- Alabama Poison Center (Tuscaloosa)	INACTIVE
218	HI- Hawaii Poison Center (Honolulu)	INACTIVE
220	IA Poison Control Center (Iowa City)	INACTIVE
230	MI- DeVos Children's Hospital Regional Poison Center (Grand Rapids)	INACTIVE
233	MO The Children's Mercy Hospital Poison Center (Kansas City)	INACTIVE
236	ND- North Dakota Poison Information Center (Fargo)	INACTIVE
238	NH- New Hampshire Poison Information Center (Lebanon)	INACTIVE
243	NY Hudson Valley Regional Poison Center (Sleepy Hollow)	INACTIVE
242	NY- Ruth A. Lawrence Poison and Drug Information Center (Rochester)	INACTIVE
244	NY-Long Island Regional Poison Control Center (Mineola)	INACTIVE
246	NY-Western New York Poison Center (Buffalo)	INACTIVE
249	OH-Northern Ohio Poison Center (Cleveland)	INACTIVE
252	PA-Central Pennsylvania Poison Center (Hershey)	INACTIVE
255	RI Lifespan Poison Center (Providence)	INACTIVE
258	TN-Southern Poison Center (Memphis)	INACTIVE
268	VT Vermont Poison Center (Burlington)	INACTIVE
271	WI- University of Wisconsin Hospital & Clinics Poison Control Center (Madison)	INACTIVE

**Additional Detail:**

When two or more regional poison control centers that participate in NPDS consult on the same case, secondary regional poison control centers must identify the primary regional poison center to prevent duplication of the case in the national database. Primary regional poison control centers should **never** enter a value in the **Primary Center Code** field for a given case; primary regional poison control centers should leave the field *blank*. The secondary regional poison center should choose the appropriate primary regional poison center code from the list above to indicate that another regional poison center was primary (*Note: Do NOT use Center Codes (Private)*).

Cases with a primary regional poison center code will be reported in the regional poison center's data but will be dropped from the national database.

Collaborating regional poison control centers must decide among themselves which regional poison center will be the primary regional poison center and which will be the secondary regional poison center(s). Usually the regional poison center with the most information on a case will be the primary regional poison center.

Do NOT code a **Primary Center Code** for a regional poison center that does not participate in NPDS. Regional poison control centers *not* on the list above were not NPDS participants at the time this manual was compiled. Regional poison control centers with status of "INACTIVE" are closed or not currently submitting to NPDS, thus these regional poison control centers **cannot** be marked as primary.

The difference between **Primary Center Codes** and **Center Code (Private)** is that **Primary Center Codes** are ≥ 200 and **Center Code (Private)** are < 200.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
83	Primary Center Code	Valid Values are 200 - 299 or NULL	Primary Center Code: Valid value or NULL required;	Closed Exposures (human & animal)

## ➔ Product Code

Common Name – Short: **Product Code**  
NPDS field name: **adPoisIndexCode**

### Definition:

Code specific to the exact substance or product involved in both information and exposure calls.

### Coding Options:

Select the most appropriate option from the available 7-digit **Product Codes** in Poisindex® for each substance involved.

### Additional Detail:

Enter the **Product Code** for each substance involved. Codes for the **first 3 substances** are required if the patient was exposed to 3 or more substances, however AAPCC encourages the entry of all substances implicated.

If more than one substance is implicated in an exposure, the substances **must** be prioritized by relative contribution to the patient's clinical condition.

- When choosing a substance code, select the code that gives the most information. This is usually, but not always, a product-specific code.

**Never** select a Poisindex® **Product Code** that identifies a brand if the actual brand involved in the case is not known. If the brand but not the strength is known, a strength may be arbitrarily chosen to code. If an arbitrary strength is coded, all attempts should be made to select the appropriate dosage formulation (e.g., do not select a strength associated with filmstrip or dissolvable tablet unless that dosage formulation was involved).

For non-drug products, **never** select a Poisindex® **Product Code** that identifies a specific product with a brand name line unless the ingredients can be verified to be the same as the selected product. For example, one cannot select any Lysol or D-con product if the product is only identified as Lysol or D-Con without a specific product line name confirming an ingredient match.

**Do not** use codes listed as manufacturers' emergency phone numbers, as these match to the Poison Information **Generic Code**, and do not provide information about the implicated substances.

**Do not** use codes followed by the word “synonym” in parenthesis. Also, **do not** use codes mapping to “medical review officer” or “visual color changes”.

If a product is not found in Poisindex®, select a six-digit **Generic Code** from the AAPCC **Generic Code** list. **Generic Codes** cannot be entered in the specific product field.

**Do not** use the **Product Code** of an outdated, discontinued or foreign product unless there is certainty that this is the product involved. Exception: a foreign product listing *may be used* if there is no product-specific code for the *identical* U.S. product. When such a code is used, submit a Product Inquiry Request to Micromedex Support for the U.S. Product.

If the **Product Code** cannot be identified for products with multiple ingredients, **do not** code the individual ingredients, rather use the appropriate **Generic Code** and leave the **Product Code** NULL.

**Always document the implicated substances on the medical record in addition to the computerized record.**

**Infectious Diseases:** The vector is coded as the first substance (e.g., dog, mice, mosquito). If the bite results in a confirmed infection, code the type of infection as the second substance (e.g., rabies, hanta

virus, mosquito borne encephalitis). For food poisoning, the source is coded as the first substance (e.g., food, type of seafood ingested). If the type of food poisoning is confirmed, code the type of food poisoning as the second substance (e.g., ciguatera, salmonella, botulism).

**Concomitant Medications:** A concomitant medication is an additional drug or drug product which was in use at the time an event occurred but which may have not necessarily been co-ingested with the primary substance. From the standpoint of properly characterizing adverse drug reactions it is extremely important to distinguish between these two types of situations.

If the concomitant medication was actually ingested at the time the primary drug was ingested, or the concomitant medication may have contributed to the adverse drug reaction, code the concomitant medication as an additional substance.

If the concomitant medication was administered at some time other than the time the primary drug was administered, and/or the concomitant medication was unlikely to have been a factor in the adverse drug reaction, do not code the concomitant medication as a substance, but rather, record the information in the "History, Symptoms, Calculations & Assessment" section of the medical record.

Identical **Product Codes** may **not** be used for more than one substance entry in any unique case. **Generic Codes** may be duplicated if multiple products were implicated and these products link to the same **Generic Code**.

**Edits:**

The same **Product Code** may not be used for more than one substance entry within the same case.

**Note to on-line systems developers:** AAPCC requires the substance name as entered by the SPI/CSPI (not just the substance name as retrieved from Poisindex®) to be stored as retrievable free text or as a separate field. This is essential for both the regional poison center's and AAPCC's quality assurance.

ID	Data Item	Edit	Error Message	Call Types
112	Product Code	Valid Values are >= 2000000, NULL	Product Code: Valid value or NULL required;	All Closed Cases
113	Product Code	The same Product Code cannot be used for more than 1 substance entry	Product Code: Duplicate values not allowed;	All Closed Cases

**→ Reason**

Common Name – Short: **Reason**  
 NPDS field name: **ExReasonID**

**Definition:**

The underlying reason, purpose, or intent for which the exposure occurred.

- *Unintentional*: Exposure resulting from an unforeseen or unplanned event.
- *Intentional*: Exposure resulting from a purposeful action.
- *Adverse Reaction*: Unwanted effects due to an allergic, hypersensitivity, or idiosyncratic response to the active ingredient(s), inactive ingredient(s) or excipient of a drug, chemical, cosmetic, food or other substance when the exposure involves the normal, prescribed, labeled or recommended use of the substance.

**Coding Options:**

Reason Value	Description
1	Unintentional - General
2	Unintentional - Environmental
3	Unintentional - Occupational
4	Unintentional - Therapeutic error
5	Unintentional - Misuse
6	Unintentional - Bite / sting
7	Unintentional - Food poisoning
8	Unintentional - Unknown
9	Intentional - Suspected suicide
10	Intentional - Misuse
11	Intentional - Abuse
12	Intentional - Unknown
13	Other - Contamination / tampering
14	Other - Malicious
19	Other - Withdrawal
15	Adverse reaction - Drug
16	Adverse reaction - Food
17	Adverse reaction - Other
18	Unknown reason

**Unintentional**

**1) Unintentional - General:** All unintended exposures that are not specifically defined below. Most unintentional exposures in children should be coded here. Never use this code if there is another code that fits the case.

**Include:**

- Toddler got into (and swallowed) a grandparent's prescription medicine, a bottle of drain opener left under the sink, or the entire contents of a container of chewable multivitamins
- Dermal exposure to poison ivy
- Unintentional plant ingestion
- Ingestions in persons assessed as having limited mental capacity (e.g., secondary to Down's syndrome or Alzheimer's disease)

**2) Unintentional - Environmental:** Any passive, non-occupational exposure that results from contamination of air, water, or soil. Environmental exposures are usually, but not always, caused by man-made contaminants.

**Include:**

- Cases in which the exposed individual had direct control over the event that released the chemical but did not have direct control over the chemical itself:
  - A man used a heat gun to strip paint from windows in his home. The cat had seizures and the family complained of headaches, nausea, anorexia, and fatigue.
  - A man was sanding his older home over a period of 2 weeks. He did not use a mask or any protective equipment. Now he feels ill.
  - A man inhaled dust while target shooting; later an elevated lead level was documented.
  - A woman driving a car with a large exhaust leak developed symptoms of CO toxicity.
  - Three children were exposed to exhaust fumes while riding with the tail gate open
- Exposures to contaminated water resulting from improper disposal of chemicals
- Passive inhalation of toxic fumes or gases as a result of discharge at an industrial plant
- A hazardous materials incident
- Most non-suicidal, non-occupational carbon monoxide exposures
- Hazardous spills, explosions or emissions originating at industrial sites which contaminate local inhabitants
- Exposures to smog
- Radon exposures inside the home
- Smoke produced by gas appliances or fire in the home
- Chlorofluorocarbon (Freon®) leaks from refrigerators
- Formaldehyde exposure in the home due to insulation
- Exposure to radioactive particles carried in wind, water or soil
- Exposure to pesticides in food
- Exposure to pesticides after someone else applied them to the lawn or following indoor extermination procedures (professional pesticide applicator is coded as occupational)
- Exposure to heavy metals in soil, water, or household dust
- Exposure to lead-based paint (including pica)
- Food contaminated with heavy metals, pesticides, PCBs, drugs, etc.
- Soils contaminated with heavy metals, dioxins, PCBs, pesticides
- Exposures involving gas space heaters, kerosene heaters, cabinet heaters, gas stoves, coal- and wood-burning stoves, and from pressed wood products, including particle board, plywood, paneling
- Ground water or surface water contaminated by hazardous materials such as hydrocarbons, pesticides, solvents, PCBs, metals
- Dust particle contamination generated by a chemical release from an industrial plant
- Contamination of soil or water from a landfill or chemical spill
- Exposure in the area surrounding a hazardous waste dump site
- Chemical spills on the highway that contaminate surrounding inhabitants
- Fumes or vapors from burning botanicals

**Exclude:**

- Cases in which the exposed individual had direct control over the substance:
  - Patient cleaning the bathroom with a water stain remover inhaled the vapor briefly
  - Inhalation exposure during clean-up of a bottle of insecticide that fell
  - Patient mixed Tilex and Bleach to produce a stronger cleaning agent and experienced chest tightness (code as intentional misuse). The patient's child was also exposed. The child's exposure *is* environmental.
  - A man sprayed the family room with a pesticide. His exposure is not environmental as he had direct control over the substance. His wife developed a headache after sitting in the room. (The wife's exposure *is* environmental.)
- Cases that are both occupational and environmental (code these as occupational)
- Bites or stings (code as bite/sting)
- Plant poisonings (these are usually unintentional general)

**3) Unintentional - Occupational:** Any exposure that occurs as a *direct* result of the person being on the job or in the workplace.

**Exclude:**

- An exposure of family members to contaminated work clothing brought home
- An exposure of a child visiting a parent at work
- A suicide attempt or therapeutic error occurring at work
- Use of occupational or industrial materials outside the workplace
- Eating bad food at work (site of exposure is workplace; reason is food poisoning)

**4) Unintentional - Therapeutic error:** An unintentional deviation from a proper *therapeutic* regimen that results in the wrong dose, incorrect route of administration, administration to the wrong person, or administration of the wrong substance. Includes instances in which any type of substance (medications, herbals, non-pharmaceuticals or other products) is substituted for a medication. Drug interactions (or drug/food interactions) resulting from unintentional administration of drugs/foods which are known to interact should also be included.

**Include:**

- Pharmacy labeling or dispensing errors
- An oral decongestant placed in the nose due to a misunderstanding of instructions for use
- A case where both parents independently dose a child because neither was aware of the other's action
- 10-fold neonatal ICU dosing errors
- Administration of an antacid through the central venous line instead of the pediatric feeding tube
- A patient took silver polish instead of a kaolin/pectin suspension
- Concomitant use of MAO inhibitor and nasal decongestant (or aged cheese)
- Allergic reaction to medication given in error to a patient with a known allergy to the medication
- A child develops adverse effects as a result of exposure to a medication (excluding drugs of abuse) through breast milk
- Use of a non-drug substance as a home remedy

**5) Unintentional - Misuse:** Unintentional improper or incorrect use of a non-pharmaceutical substance. *Unintentional* misuse differs from *intentional* misuse in that the exposure was unplanned or not foreseen by the patient.

**Include:**

- A person who misread (or didn't read) a product label and mixed bleach and ammonia producing chloramine gas
- Exposure following gasoline siphoning
- A person who forgot he put bleach in a mug to clean it and then took a drink from the mug

**6) Unintentional - Bite/sting:** All animal bites and stings, with or without envenomation.

**7) Unintentional - Food poisoning:** All suspected or confirmed food poisoning regardless of clinical manifestation. This would include ingestion of any food contaminated with microorganisms. Select this reason even if the patient develops no symptoms from the contaminated food.

**Include:**

- Scombroid, ciguatera

**Exclude:**

- Food allergies (refer to adverse reaction section)
- Food deliberately adulterated (code as contaminant/tampering)
- A call about possibly spoiled food that has not been ingested (information request)

**8) Unintentional - Unknown:** An exposure determined to be unintentional but the exact reason is unknown.

**Intentional**

**9) Intentional - Suspected suicidal:** An exposure resulting from the inappropriate use of a substance for self-harm or for self-destructive or manipulative reasons.

**Include:**

- Suicides, suicide attempts, and suicide gestures, whether suspected or confirmed
- Cases in which history indicates patient was upset or depressed
- Patients who provide explanations for their actions such as "arguing with parents," "disturbed about poor grades," or "having marital problems"
- Ingestions of large quantities of one or more drugs where the only likely explanation is the patient's intent to harm himself

**10) Intentional - Misuse:** An exposure resulting from the intentional improper or incorrect use of a substance for reasons **other** than the pursuit of a psychotropic effect.

**Include:**

- A person deliberately mixes or applies a pesticide inappropriately so it will be more effective
- A person deliberately increases the dosage of a medication to enhance its therapeutic effect
- Overuse of caffeine to study for an exam

**Exclude:**

- Patients who want to get high (should be intentional abuse)
- Suspected child abuse (should be other malicious)

**11) Intentional - Abuse:** An exposure resulting from the intentional improper or incorrect use of a substance where the patient was likely attempting to gain a high, euphoric effect or some other psychotropic effect, including recreational use of a substance for any effect.

**Include:**

- A person who inhales helium to talk funny
- A person who uses GHB at a dance club
- An infant with toxic effects or withdrawal symptoms as a result of the mother's drug abuse while the child was in utero or while breast-feeding

**12) Intentional - Unknown:** An exposure that is determined to be intentional but the specific motive is unknown.

**Other**

**13) Other - Contaminant/tampering:** The patient is an unintentional victim of a substance that has been adulterated (either maliciously or unintentionally) by the introduction of an undesirable substance.

**Include:**

- Exposures associated with the "Tylenol" tampering incident would be coded here
- Manufacturing error with substitution of another chemical for a usual ingredient
- Glass fragments or metal flakes in a product introduced during the manufacturing process

**Exclude:**

- Bacterial contamination of food (code reason as food poisoning), unless someone deliberately introduced bacteria to make the substance unfit for human consumption

**14) Other - Malicious:** Patients who are victims of another person's intent to harm them. Include cases where the individual thinks he has been poisoned by someone else even if there is doubt about the patient's psychological stability. This category should also be used to code cases of suspected child abuse involving a poisoning or overdose.

**Include:**

- A homicide or other form of intentional chemical assault
- Exposure to crowd control agents such as CS or CN, if the patient is known or suspected to be the intended victim.
- Exposure to a lead bullet shot by a policeman (even though the policeman's intent was not malicious, but rather achieving control of the victim)
- Confirmed exposures to chemical or biologic weapon

**Exclude:**

- Downwind inhalation of crowd control agents by bystanders (should be coded as unintentional environmental)
- Poisoning caused by the actions of a young sibling or another child six years of age or under (code as unintentional general)

**19) Other - Withdrawal:** Inquiry about or experiencing of symptoms from a decline in blood concentration of a pharmaceutical or other substance after discontinuing therapeutic use or abuse of that substance.

**Include:**

- A person has seizures and tremors after discontinuing ethanol use
- A newborn is treated for cocaine withdrawal following cocaine use by his mother

**Adverse Reaction**

**15) Adverse Reaction – Drug:** Unwanted effects due to an allergic, hypersensitivity, or idiosyncratic response to the active ingredient(s), inactive ingredient(s) or excipient of a drug, chemical, or other drug substance when the exposure involves the normal, prescribed, labeled or recommended use of the substance.

**Include:**

- Drug intolerance
- Rash or diarrhea associated with antibiotic use
- Anaphylactic shock from drug use
- Reactions to sulfites or colorants in drugs
- Lack of a pharmacologic effect at therapeutic doses
- Reactions involving homeopathic medications, herbals, and dietary supplements if the product is marketed, used, or intended for therapeutic purposes or health promotion

**Exclude:**

- Adverse effects resulting from concomitant use of MAOIs and nasal decongestants (code as a therapeutic error)

**16) Adverse Reaction – Food:** Unwanted effects due to an allergic, hypersensitivity, or idiosyncratic response to a food substance.

**Include:**

- Reactions to monosodium glutamate
- Reactions to sulfiting agents in food
- Allergic reaction to food dyes
- Allergic reaction to food (including seafood and shellfish)

**Exclude:**

- Food poisoning or food contamination (code as unintentional food poisoning)
- Reactions involving homeopathic medications, herbals, and dietary supplements if the product is marketed, used, or intended for therapeutic purposes or health promotion (code as adverse reaction/drug)

**17) Adverse Reaction - Other:** Unwanted effects due to an allergic, hypersensitivity, or idiosyncratic response to a substance other than drug or food.

**Include:**

- Dermatitis associated with jewelry
- Dermatitis associated with the appropriate or recommended use of a cleaning product
- Dermatitis associated with cosmetic use

**Unknown**

**18) Unknown Reason:** Reason for the exposure cannot be determined or no other category is appropriate.

**Additional Detail:**

First, determine whether the exposure is unintentional, intentional, an adverse reaction (occurring during therapeutic or appropriate use), or other. Then, choose the single response within that category that best describes the reason the exposure occurred. On the medical record, document why a particular reason was coded. Histories do not have to be lengthy to be complete. Samples of medical record documentation of reason:

- Patient ingested because he was depressed.
- Both parents dosed child with medicine.
- Thought dog's pill was patient's heart medicine.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
44	Reason	Reason is not stored for Information Calls		Not stored for Information Cases
84	Reason	Valid Values are 1 - 19, not NULL	Reason: Valid value required;	Closed Exposures (human & animal)
85	Reason	NF - If 3 then Exposure Site must be workplace	Exposure Site: Must be 3 when Reason is 3 (NF);	Closed Exposures (human & animal)
86	Reason	NF - If 9 then Mgmt Site cannot be on-site (1)	Mgmt Site: May not be 1 when Reason is 9 (NF);	Closed Exposures (human only)
211	Reason	NF - If Species = 2 (animal) then Reason cannot be 9 or 11	Reason: Cannot be 9 or 11 when Species = 2 (NF)	Closed Exposures (animal only)
212	Reason	NF - if Reason = 3 (Occupational), 9 (Suspected Suicidal), 10 (Intentional Misuse), 11 (Intentional Abuse) or 12 (Intentional Unknown) then patient cannot be less than 6 years old.	Reason: Cannot be 3, 9, 10, 11 or 12 when patient is less than 6 (NF);	Closed Exposures (human only)
213	Reason	if Route = 75 (Bite/Sting) then Reason must be 6 (Bite/sting) or 3 (Occupational)	Reason: Must be 6 or 3 when Route is 75	Closed Exposures (human & animal)

## ➔ Related Case Number

Common Name – Short: **Related Case**  
 NPDS field name: **CaseNumber\_Related**

**Definition:**

Primary case number when an exposure involves more than one patient (human and/or animal).

**Coding Options:**

Enter the primary case number in the related case number field for all related cases *and* for the primary case.

<b>Related Case Number Value</b>	<b>Description</b>
1 - 2147483647	Primary Case Number for all related cases;

**Additional Detail:**

An exposure involving more than one patient (human and/or animal) should be coded as a multiple exposure. Multiple exposures are coded as related cases by entering the case number of the primary record in an incident or exposure group. Any record may be selected as the primary record, although the record selected will usually be the one containing the most information about the case or the first case reported to the regional poison center.

Each exposed patient must have a separate, complete NPDS record. For related cases, the long detailed history and parts of the management plan can be copied onto related case records, but the remainder of the narrative must be customized to the specific patient. *Never* place specific individual patient information about more than one patient in an individual case medical record.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
88	Related Case	NULL, or case number of primary chart		All Closed Cases

**→ Route**

Common Name – Short: **Route**  
 NPDS field name: **exRouteID**

**Definition:**  
 Route(s) of exposure.

**Coding Options:**  
 Select all applicable exposure routes from the following (multiple routes may be selected):

Route Value	Description
70	Ingestion
71	Inhalation/nasal
72	Aspiration (with ingestion)
73	Ocular
74	Dermal
75	Bite/sting
76	Parenteral
77	Other
78	Unknown
524	Otic
525	Rectal
526	Vaginal

**70) Ingestion:** An exposure by the oral route. Exposures in which the material was put in the mouth but unlikely to have reached the stomach are also classified as ingestions. Ingestion accompanied by aspiration should be coded as aspiration. If aspiration is coded, ingestion is automatically coded by the data collection software program. It is not an error to code both ingestion and aspiration.

**Include:**

- A gasoline ingestion in a child that results in aspiration is coded as both ingestion and aspiration

**71) Inhalation/nasal:** An exposure by the pulmonary route (tracheal or nasal). This route usually pertains to gaseous or vaporized agents.

**Include:**

- Insufflation of cocaine

**Exclude:**

- Ingestions accompanied by aspiration (code **Aspiration**)

**72) Aspiration (with ingestion):** An exposure by the pulmonary route (tracheal). This route usually pertains to liquid or solid agents and occurs during or following an ingestion. If aspiration is coded, ingestion must also be coded (ingestion will automatically be coded by the data collection software program).

**Exclude:**

- Insufflation of cocaine (code **Inhalation/Nasal**)
- A patient who is comatose from an overdose of pills who vomits and aspirates gastric contents (code the original route: **Ingestion**)

**73) Ocular:** An exposure involving the eyeball.

**Exclude:**

- Peri-orbital exposures (code **Dermal**)

**74) Dermal:** An exposure involving the skin, hair or fingernails.

**Include:**

- Thorn, cactus, or other puncture wounds
- Peri-orbital exposures

**75) Bite/sting:** An exposure resulting from an animal/insect bite or sting with or without envenomation.

**76) Parenteral:** An exposure resulting from the injection of a substance into the body.

**77) Other:** Any other route of exposure not listed.

**Include:**

- Penetrating (stab, gunshot) injuries

**78) Unknown:** The route of exposure is unknown.

**524) Otic:** An exposure to the ear or ear canal with or without perforation of the tympanic membrane.

**525) Rectal:** An exposure involving the rectum where the implicated substance was physically placed in, applied to, or instilled in the rectum.

**526) Vaginal:** An exposure involving the vagina where the implicated substance was physically placed in, applied to, or instilled in the vagina.

**Additional Detail:**

At least one exposure route must be coded for all human and animal exposure cases. Multiple routes may be selected.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
89	Route	Valid Values are 70 - 78 and 524 - 526	Route: Valid value required;	Closed Exposures (human & animal)
90	Route	If Route = Aspiration (72) then Route must also be Ingestion (70). If the RPC is uploading cases with the XML format, then this validation is performed at the Substance level.	Route: Must include 70 when 72 exists;	Closed Exposures (human & animal)
91	Route	At least 1 Route must be defined for closed human and animal exposures. If the RPC is uploading cases with the XML format, then this validation is performed at the substance level.	Route: Valid value required;	Closed Exposures (human & animal)
92	Route	Routes are not stored for Information Calls		Not stored for Information Cases

## ➔ Scenario Category, Scenario ID

Common Name – Short: **Scenario Info**

NPDS field name: **exScenarioCategoryID, exScenarioID**

**Definition:**

A description of the events that led to the reported exposure.

**Coding Options:**

Select the one code that best describes the main reason for the error (Health Professional Iatrogenic Error excepted).

Scenario Category Value	Scenario Category Description	Scenario ID Value	Scenario ID Description
<b>REQUIRED</b>			
1	Dosing/therapeutic errors	527	Incorrect dosing route
		528	Dispensing cup error
		529	10-fold dosing error
		575	Inadvertently took/given someone else's medication
		530	Inadvertently took/given medication twice
		531	Incorrect formulation or concentration given
		532	Incorrect formulation or concentration dispensed
		576	Wrong medication taken/given
		577	Health professional/iatrogenic error (pharmacist/nurse/physician)
		578	Exposure through breast milk
		579	More than 1 product containing same ingredient
		580	Medication doses given/taken too close together
		581	Confused units of measure
		533	Other incorrect dose
		534	Drug interaction
		535	Other/unknown therapeutic error
2	Vapor/fume problem	536	Exposure to product fumes/vapors in a poorly ventilated area
		537	Aerosol sprayed in face
		538	Products mixed, generating toxic vapor or fume
		583	Inhalation abuse
		584	Drift from adjacent area or ventilation system
		582	Other gas/fume/vapor exposure

Scenario Category Value	Scenario Category Description	Scenario ID Value	Scenario ID Description
<b>OPTIONAL</b>			
3	CRC (child resistant closure) on product	539	CRC present, opened by patient
		540	CRC present, not secured or closed
		541	No CRC, by purchaser's request or choice
		586	Physician Sample
		585	Unknown CRC Status
		542	No CRC, pharmacist dispensed without CRC and without a request for non-CRC closure
		543	No CRC, unknown reason
4	Access to product	544	Product temporarily open because product was in use and caregiver momentarily distracted
		545	Child or pet accessed medication/product from purse
		546	Child or pet accessed medication/product from suitcase
		547	Child caused exposure (gave to sib or pet, etc.)
		548	Stored in unlocked, low cabinet in kitchen or bathroom
		549	Stored within sight of child
		550 INACTIVE 1/11/2011	Storage area was accessible to child due to inadequate efforts to 'child proof'
		551	Product always left out
		552	Product stored inappropriately (other than above)
		553 INACTIVE 1/11/2011	Caregiver failed to provide routine supervision
		588	Other
5	Source of confusion about product – behavioral factors	554	Patient confused or mentally incompetent
		555	Container transfer involved (product transferred from original container to unlabeled container, incorrectly labeled container, or food container for use or storage and patient accessed product from second container)

Scenario Category Value	Scenario Category Description	Scenario ID Value	Scenario ID Description
		556	Patient thought product or pill was a food
		557	Patient thought non-medication was a pill
		558	Exposure was the result of a dare or similar behavior, in a patient otherwise old enough to know better and mentally competent
		559	Non-food product stored in kitchen or refrigerator
6	Pesticide problem	560	Pest control operator applied product
		561	Pest control operator implicated in incorrect or excessive exposure
		562	Patient accessed treated area prematurely
		587	Other pesticide exposure
7	Miscellaneous	563	Inadequate decontamination after product use
		564	Exposure occurred during routine product use
		565	Worker neglected standard safety practices for use of product
		566	Product used uneventfully within past week; patient subsequently developed symptoms and thinks they are or may be related
		567	Patient has illness of unknown etiology and suspects connection with the product, medication, or a contaminant in environment
		568	Scenario unknown (not allowed with other options)

**1) Dosing/therapeutic errors:**

At least one of the following must be coded for all cases where the **Reason** for the exposure is Therapeutic Error. DO NOT use more than one code (Health Professional Iatrogenic Error excepted) unless two separate and distinct errors occurred. Select the code that best describes the main reason for the error.

527) Incorrect dosing route: The medication given was correct but the route the medication was administered was incorrect. (If the pharmacy label was incorrect, also code "Health professional iatrogenic error").

528) Dispensing cup error: Medication dose was incorrect because dispensing cup was used incorrectly. This code only applies to medications that come with a plastic cup used to measure

the dose (over-the-counter cough/cold medications most common source). Do NOT include dosing errors made because of incorrect use of other measuring devices (these should be coded as "other incorrect dose").

529) 10-fold dosing error: Errors that result in 10-fold dosing errors caused by misplacement of the decimal point in calculating or interpreting doses. Do NOT include other errors that just happen to result in a 10-fold error.

575) Inadvertently took/given someone else's medication: Errors resulting from unintentionally being given medication that was not the victims; e.g., medication intended for another family member or pet.

530) Inadvertently took/given medication twice: Errors resulting from unintentionally taking or being given a second dose (forgot dose was just taken and unintentionally took another dose; or took a dose and, in the process of taking another scheduled medication, unintentionally took the same medication again). *Note:* do not code "medication doses taken/given too close together" in addition to this code unless this second type of error also occurred.

531) Incorrect formulation or concentration given: The drug to be given was correct but the formulation or concentration of the drug to be given was incorrect (too little or too much of the drug is given in this scenario). For example, include errors in which an adult formulation was given instead of the pediatric formulation or a child formulation was given instead of an infant formulation.

532) Incorrect formulation or concentration dispensed: The pharmacist dispensed the incorrect formulation or concentration of the drug prescribed. Also include cases in which the pharmacist dispensed the wrong drug or placed the wrong dose on the label. When using this code, also code "iatrogenic error". *Note:* this code also applies to others who are licensed to dispense from their practice sites (e.g., physicians, nurse practitioners, veterinarians).

576) Wrong medication taken/given: The wrong medication was taken; *the medication belonged to the person taking it.* (If error resulted in the same medication being taken twice, see "Inadvertently took/given medication twice").

577) Health professional iatrogenic error: The wrong medication or dose was taken or given because of a mistake made by a physician, nurse, pharmacist, or other health care professional. In most cases, use of this code prompts the coding of a second scenario. An example of a situation in which a second code is not required includes cases in which a contraindicated medication was ordered by a health care professional and subsequently given.

578) Exposure through breast milk: Drug exposures in infants where the source of the exposure was from milk ingested while breast feeding.

579) More than one product containing same ingredient: Two or more products containing the same medication were given. Do NOT include the same medication given twice or two or more products containing different medications but similar drug classes (code as Drug Interaction)

580) Medication doses given/taken too close together: Errors that occur because the daily doses were taken earlier than they were due. For example, a dose is taken three times a day before caller realizes the dose should only be taken once daily. Do NOT include errors from medication inadvertently given twice (see definition above for "inadvertently took/given medication twice".)

581) Confused units of measure: Errors resulting from the misunderstanding the unit of measure. For example, teaspoon for tablespoon, ml for teaspoon, cc for teaspoon, unit dose for

multiple dose container. Do NOT include errors resulting from a misplaced decimal (e.g., 0.5 ml for 5 ml); see "10-fold dosing error" above.

533) Other incorrect dose: Dosing errors that do not clearly fit one of the above categories. Includes misuse of measuring devices (e.g., giving an entire dropper full then realizing that the dose should have been measured using the marks on the dropper). Also includes unintentionally dosing with twice the amount of medication required (e.g., mom thought the dose was 10 mL and the dose should have been 5 mL). In addition, include doses given to patients at an in-patient facility that are too large for their degree of renal function (if renal function should have been known).

534) Drug interaction (Remember: drug interactions are coded as therapeutic errors (reason) unless the interaction has not previously been documented.): Two or more drugs were taken that resulted in a clinically significant drug interactions. Also include drug/food interactions that resulted in a clinically significant drug interaction. Do NOT use for drug-disease state interactions (see health professional iatrogenic error above).

535) Other/unknown therapeutic error: All other errors that are not dose related (see "Other incorrect dose") or situations where the cause of the error is not determined.

**Additional Detail:**

Code only one scenario for each case with the exception of Health Professional Iatrogenic Error; coding more than one code is the exception and not the rule. DO NOT use more than one code (Health Professional Iatrogenic Error excepted) unless two separate and distinct errors occurred.

Scenarios are required for Dosing/Therapeutic Error issues. Scenarios are optional for all other categories but poison control centers are strongly encouraged to use them to enhance the usefulness of NPDS data for monitoring product safety issues.

The limitations of telephone consultations prevent verification of an exposure scenario with absolute certainty. Code suspected scenarios if there is reason to *strongly suspect* they are applicable based on information gathered from the patient, family, caller, health care provider, medical record, post mortem report, etc.

Data based on "strongly suspected" scenarios has value for general public health monitoring purposes but should not be considered a part of the individual patient's formal medical record.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
93	Scenario	NF - If any of the dosing error Scenarios is selected then the Reason must be 4 or 15	Reason: Must be 4 or 15 when Scenario Cat is 1 (NF);	Closed Exposures (human & animal)
94	Scenario	If Reason = 4 then at least 1 of the dosing error Scenarios must be selected	Scenario: Must include at least one Scenario with Scenario Cat is 1 when Reason is 4	Closed Exposures (human & animal)
95	Scenario	NF - If any of the vapor/fume problem Scenarios is selected, the inhalation must be one of the Routes	Route: Must include 71 if a Scenario exists with the Scenario Cat of 2	Closed Exposures (human & animal)
96	Scenario	Scenario is not stored for Information Calls		Not stored for Information Cases
135	Scenario	Scenario must be a valid value	Scenario: Valid value required;	Closed Exposures (human & animal)

➔ **Species**

Common Name – Short: **Species**  
 NPDS field name: **PaSpeciesID**

**Definition:**  
 Species of the patient.

**Coding Options:**

Species Value	Description
1	Human
2	Animal

**Additional Detail:**

If animal is chosen, also code **Animal Type**.

**Submission of data on animal exposures is required for NPDS participants that handle animal calls.** If a regional poison center does not handle animal calls, each case must be coded as an information call under “Caller referred: immediate referral - animal poison center or veterinarian.”

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
97	Species	Required for all human and animal exposures	Species: Valid value required;	Closed Exposures (human & animal)
98	Species	Valid Values 1 or 2, not NULL, if Call Type = 0	Species: Valid value required;	Closed Exposures (human & animal)
99	Species	If Call Type > 0 then NULL is allowed	Species: Valid value or NULL required;	Closed Information Cases
100	Species	Species is not stored for Information Calls		Not stored for Information Cases

**→ Start Date**

Common Name – Short: **Start Date**  
 NPDS field name: **StartDate**

**Definition:**

The start date and time of the initial call to the regional poison center

**Coding Options:**

The data collection software program will automatically collect or convert the date and time to a serialized date/time field for submission to NPDS.

**Additional Detail:**

The start date and time of the initial call to the regional poison center should be recorded. **Start Date** is not always the same day as the exposure date. The date an exposure actually occurred may be different than the date of the initial call to the regional poison center, in some instances even in a different year. The date and time of the exposure should be recorded in the notes field.

For centers answering calls from individuals in other time zones, enter the exposure time equal to that of the patient's time zone.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
101	Start Date	Should be valid datetime, Not NULL	Start Date: Valid value required;	All Cases (Open & Closed)
102	Start Date	Future Dates are not allowed	Start Date: Must not be a future date;	All Cases (Open & Closed)
103	Start Date	The Start Date must match the Year	Start Date: Year component must match Year;	All Cases (Open & Closed)

**→ State**

Common Name – Short: **State**  
 NPDS field name: **adStateID**

**Definition:**

The code for the state from which the initial call was made.

**Coding Options:**

State Value	Description	State Value	Description
1	AL – Alabama	34	NC – North Carolina
2	AK – Alaska	35	ND – North Dakota
3	AR – Arkansas	36	OH – Ohio
4	AZ – Arizona	37	OK – Oklahoma
5	CA – California	38	OR – Oregon
6	CO – Colorado	39	PA – Pennsylvania
7	CT – Connecticut	40	RI – Rhode Island
8	DE – Delaware	41	SC – South Carolina
9	DC – District of Columbia	42	SD – South Dakota
10	FL – Florida	43	TN – Tennessee
11	GA – Georgia	44	TX – Texas
12	HI – Hawaii	45	UT – Utah
13	ID – Idaho	46	VT – Vermont
14	IL – Illinois	47	VA – Virginia
15	IN – Indiana	48	WA – Washington
16	IA – Iowa	49	WV – West Virginia
17	KS – Kansas	50	WI – Wisconsin
18	KY – Kentucky	51	WY – Wyoming
19	LA – Louisiana	52	CN – Canada
20	ME – Maine	53	MX – Mexico
21	MD – Maryland	54	FC – Other Foreign Country
22	MA – Massachusetts	55	UM – Overseas US Military/Diplomat
23	MI – Michigan	56	RG – Refused to give
24	MN – Minnesota	57	UN – Unknown
25	MS – Mississippi	58	TR – Other US Territory
26	MO – Missouri	59	PR – Puerto Rico
27	MT – Montana	60	VI – US Virgin Islands
28	NE – Nebraska	61	AS – American Samoa
29	NV – Nevada	62	FM – Federated States of Micronesia
30	NH – New Hampshire	63	GU – Guam
31	NJ – New Jersey	64	MH – Marshall Islands
32	NM – New Mexico	65	MP – Northern Marianas
33	NY – New York	66	PW – Palau

**Additional Detail:**

DO NOT enter the patient's state of residence if it is not the state from which the call was made.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
104	State	Valid Values are 1 - 66, not NULL	State: Valid value required;	All Closed Cases

## ➔ Substance Certainty

Common Name – Short: **Certainty**  
 NPDS field name **exCertaintyID**

**Definition:**

Confidence in the **Substance Quantity** recorded and how the estimate was derived.

**Coding Options:**

<b>Substance Certainty Value</b>	<b>Description</b>
1	exact
2	estimate
3	maximum possible

**Additional Detail:**

An exact quantity is preferred for all substances when available. If the exact quantity cannot be determined, the best possible estimate or maximum amount possible should be recorded.

**Edits:**

Valid codes: 1-3, NULL allowable only if **Substance Quantity Unit** = 16.

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
105	Certainty	Certainty is not stored for Information Calls		Not stored for Information Cases
106	Certainty	Valid Values are 1 - 3, can be NULL only if Quantity Units = 16 (does not have to be NULL when Quantity Units = 16)	Certainty: Valid value required when Quantity Unit is not 16; Certainty: Valid value or NULL required when Quantity Unit is 16;	Closed Exposures (human & animal)

## → Substance Formulation

Common Name – Short: **Formulation**  
 NPDS name: **exFormulationID**

**Definition:**

The formulation for each substance.

**Coding Options:**

Substance Formulation Value	Description
1	Solid (tablets / capsules / caplets)
2	Liquid
3	Aerosol / mist / spray / gas
4	Powder / granules
5	Cream / lotion / gel
6	Patch
7	Other
8	Unknown

**Additional Detail:**

Confirm the formulation for each substance with the caller rather than obtaining solely from the product information in Poisindex®.

Code the final formulation of the product at the time of the exposure.

*Examples:*

- A powder that was made into a liquid prior to ingestion or injection would be coded as a liquid.
- A tablet that was ground into a powder prior to ingestion or insufflation would be coded as a powder.

**Edits:**

Valid Codes: 1-8, Not NULL

ID	Data Item	Edit	Error Message	Call Types
107	Formulation	Valid Values are 1 - 8, not NULL	Formulation: Valid value required;	Closed Exposures (human & animal)

## ➔ Substance Quantity

Common Name – Short: **Quantity**  
 NPDS field name: **Quantity**

**Definition:**

Numerical quantity or amount for each substance involved in an exposure case.

**Coding Options:**

<b>Substance Quantity Value</b>	<b>Description</b>
0.001 – 99999.99	Actual quantity value
NULL	Quantity not available

**Additional Detail:**

For each substance, enter the quantity implicated in the exposure. If possible, enter the exact amount. If the exact amount is unknown, estimate the actual amount or the maximum possible amount. Use the **Substance Certainty** field to indicate confidence in the amount reported or how an estimate was derived.

Quantity is required for all substances in a case if the exposure to ANY of the substances was by the ingestion or parenteral route.

If a drug patch is ingested, select the appropriate product code for the strength of the patch (if known) then code the quantity value as 1 each.

**Edits:**

Valid codes: 0.001 – 99999.99, if **Substance Quantity Unit** = 1-15, or 17, not NULL

May be NULL if **Substance Quantity Unit** = 16. (does not have to be NULL)

Must be NULL if **Substance Quantity Unit** is NULL.

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
114	Quantity	Quantity is not stored for Information Calls		Not stored for Information Cases
119	Quantity	Valid Values are 0.001 - 99999.99 if Quantity Unit = 1 - 15 or 17, not NULL NOTE: Quantity CAN be NULL if Quantity Unit = 16 NOTE: Quantity MUST be NULL if Quantity Unit is NULL	Quantity: Valid value or NULL required;	Closed Exposures (human & animal)

## → Substance Quantity Unit

Common Name – Short: **Quantity Unit**  
 NPDS field name: **exQuantityUnitID**

**Definition:**

**Quantity Unit** associated with the **Substance Quantity** reported for each substance involved in an exposure case.

**Coding Options:**

Substance Quantity Unit Value	Description
1	µg (mcg, microgram)
2	mg (milligram)
3	g (gram)
4	kg (kilogram)
5	Ounces
6	lbs (pounds)
7	mL (milliliter)
8	L (liter)
9	teaspoon
10	tablespoon
11	tabs / pills / capsules
12	taste / lick / drop
13	mouthful(s)
14	sip(s)
15	each (e.g., bites, stings)
16	Unknown
17	IU / units

**Additional Detail:**

Required for each substance listed in all human and animal exposure cases if ingestion or parenteral **Route** of exposure.

The “each” descriptor is used for ingestions that are the result of a bite from a solid substance, the ingestion of whole solid objects, or following bites stings.

*Examples:*

- A child takes a bite from a plant, stick deodorant
- A child takes a bite from a drug patch
- A child swallows an entire drug patch
- A child swallows a penny

The “mouthful” descriptor is used for ingestions of liquid products.

*Examples:*

A child is reported to have swallowed a mouthful of bleach

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
115	Quantity Unit	Valid Values are 1 - 17, NULL	Quantity Unit: Valid value or NULL required;	Closed Exposures (human & animal)
116	Quantity Unit	Closed Exposure cases will be rejected if the case has a Route of Ingestion (70) or Parenteral (76) and ALL of the Quantity Units are NULL.	Quantity Unit: Valid value required when Route of 70 or 76 exist;	Closed Exposures (human & animal)
117	Quantity Unit	Quantity Unit is not stored for Information Calls		Not stored for Information Cases

## ➔ Substance Sequence Number

Common Name – Short: **Sequence Number**  
 NPDS field name: **exRank**

**Definition:**

Priority or rank of each substance by relative contribution to the patient's clinical condition.

**Coding Options:**

Substance Sequence Number Value	Description
1-99	Indicates rank value assigned to each substance, relative to all implicated substances

**Additional Detail:**

Each substance must be assigned a sequence (rank) number.

**Substance order is critical!** Be certain to list substances in the order each contributed to the patient's clinical findings.

*Example:*

- A patient with an ingestion of amitriptyline and acetaminophen develops QRS widening but no hepatic toxicity must have amitriptyline coded as the first substance.

If substances cannot be distinguished in order on contribution to clinical findings then rank substances in the order of inherent toxicity

*Example:*

- A patient is lethargic after an ingestion of amitriptyline and lorazepam and no other signs/symptoms develop, code amitriptyline as the first substance.

If a substance requires antidotal therapy to prevent severe and/or life-threatening effects, code that substance higher than a co-ingested substance causing only minor effects.

*Example:*

- A patient requires N-acetylcysteine for a toxic acetaminophen level; serious toxicity is avoided as the antidote is given within eight hours of ingestion. The patient develops drowsiness but no other symptoms from clonazepam which was also co-ingested. The acetaminophen should be coded as the first substance.

**Edits:**

Valid codes: 1-99, not NULL. (H) (A)

ID	Data Item	Edit	Error Message	Call Types
118	Sequence Number	Valid Values are 1 - 99, not NULL	Sequence Number: Valid value required;	Closed Exposures (human & animal)

➔ **Therapy**

Common Name – Short: **Therapy**  
 NPDS field name **paTherapyID**

**Definition:**

Therapies that were recommended and/or performed in relation to the exposure reported.

**Additional Detail:**

If a specific drug name/class is available (e.g., atropine, propofol, benzodiazepines, magnesium), always select the code for that specific drug name/class independent of the indication.

For example: if lorazepam given, always code benzodiazepines and not “anticonvulsant” or “sedative”, if propofol given, always code propofol and not “anticonvulsant” or “sedative”).

For therapies which may be described by more than one coding option (excluding specific drug name/class as noted above), code based on the drug’s intended use and not by the drug type.

For example: select code for “antiemetic” and not “antipsychotic” if chlorpromazine is used to stop vomiting; select code for “other” and not for “antihypertensive” if clonidine is used for withdrawal.

Do not code therapies used solely for their management of pre-existing disease states. Code only if used in the management of drug/toxin induced toxicity or to regain control of pre-existing disease states specifically worsened by drug/toxin induced symptoms.

**Coding Options:**

Select each **Therapy** that is recommended and/or performed.

Therapy category ID & Name	Map Value (therapy ID)	Name	Expanded Description
<b>Decontamination (1)</b>			
	130	Ipecac	
	131	Charcoal, single dose	A single dose of activated charcoal administered to decontaminate the gut
	132	Charcoal, multiple doses	More than one dose of activated charcoal administered to decontaminate the gut and/or to enhance total body clearance of the substance
	133	Lavage	Gastric lavage
	134	Cathartic	A laxative, cathartic, or enema
	135	Whole bowel irrigation	Oral administration of large quantities of polyethylene glycol electrolyte solutions to evacuate the gut
	136	Other emetic	Emesis induction including mechanical stimulation (gagging), mustard, eggs, detergent solutions, apomorphine, and others.
	137	Dilute/irrigate/wash	Include: 1) administration of water or fluid to decrease the concentration of a substance; 2) removal of a substance from the eye or skin by flooding the area with water; 3) cleansing with soap or detergent; 4) use of a solvent (e.g., acetone, vegetable oil) to aid removal from the dermis; 5) nasal or aural irrigation.
	138	Fresh air	Removal of the patient from a contaminated environment to a source of fresh air. This response usually pertains to inhalation exposures.
	139	Food/snack	Administration of milk or other food as a demulcent or administration of sugar-containing food or drink to avoid hypoglycemia. If fluid is administered as a diluent, code dilute/irrigate/wash instead.
	175	2-PAM	Pralidoxime
	700	Alkalinization - Systemic	Administration of sodium bicarbonate or hyperventilation with the intent of obtaining a systemic pH above a physiologic normal value (e.g., for the correction of QRS widening).

Therapy category ID & Name	Map Value (therapy ID)	Name	Expanded Description
	701	Alkalinization – Urinary	Administration of sodium bicarbonate or other agent with the intent to obtain a urine pH above a physiologic normal value.
	702	Amifostine	
	141	Amyl nitrite	
	703	Anthrax vaccine	
	142	Antiarrhythmic	Excludes magnesium administered for this purpose (code “magnesium” instead).
	513	Antibiotics	
	143	Anticonvulsants (excluding benzodiazepines)	Excludes propofol when used as anticonvulsant (code “propofol” instead).
	514	Antiemetics	Includes drugs from any class used for this purpose.
	704	Antifungals	
	144	Antihistamines	Administration of a histamine H <sub>1</sub> antagonist specifically for the drug’s antihistamine and/or anticholinergic properties (e.g., allergic reactions, extrapyramidal syndrome (EPS) symptoms (e.g., dystonic reactions). Excludes use of H <sub>1</sub> antagonists to control vomiting (code “antiemetic” instead).
	145	Antihypertensives	Drug given with the intent to lower blood pressure.
	705	Antipsychotics	Antipsychotics used for the control of psychosis and related symptoms. Excludes use of antipsychotics to control vomiting (code “antiemetic” instead).
	706	Antivenom – Elapidae	Antivenom therapy for U.S. coral snake envenomation or other Elapidae species outside the U.S..
	707	Antivenom - Latrodectus	Antivenom therapy for black widow envenomation
	708	Antivenom (Immune Fab) – Centruroides (Scorpion)	
	709	Antivenom (Immune Fab) - Latrodectus	Fab Antivenom therapy for black widow envenomation
	515	Antivenom (Immune Fab fragment) – Not Specified	Code Crotalidae immune Fab and other immune Fab fragment antivenom products here.
	146	Antivenom/antitoxin (Non-Fab) – Not Specified	Do not use this code if a specific therapy code exists (e.g., botulinum antitoxin).
	710	Antivirals	
	147	Atropine	
	148	BAL	Dimercaprol, British Anti-Lewisite
	516	Benzodiazepines	
	711	Blood Products	Includes whole blood, platelets, packed red cells, prothrombin complex concentrate (PCC), fresh frozen plasma (FFP), albumin, artificial blood products. If administered solely as part of an exchange transfusion, due not use this code.
	712	Botulinum antitoxin	
	149	Bronchodilators	
	150	Calcium	Administration of calcium to treat drug/toxin induced hypocalcemia or as oral (e.g., milk) or dermal therapy to bind fluoride ions. Do not code if given solely for nutritional support.
	151	Cardioversion	
	714	Colony Stimulating Factors	Colony stimulating factors (CSFs) used to induce erythropoiesis. Examples include darbepoetin, epoetin alpha.
	715	Continuous Renal Replacement Therapy (CCRT)	

Therapy category ID & Name	Map Value (therapy ID)	Name	Expanded Description
	152	CPR	Includes respiratory resuscitation (e.g., bag ventilation, mouth-to-mouth resuscitation) as well as cardiac resuscitation measures (e.g., chest compressions, defibrillation).
	716	Deferiprone	
	153	Deferoxamine	
	158	Digoxin Immune Fab	
	713	Direct-acting Oral Anticoagulant Reversal Agents	Includes agents used to reverse the clotting effects of newer anticoagulants (idarucizumab for dabigatran, andexanet alfa for factor Xa inhibitors, etc.)
	717	DMPS	Dimercaptopropanesulfonic acid (unithiol)
	718	DTPA - Calcium	Diethylenetriamine pentaacetic acid - Calcium
	719	DTPA - Zinc	Diethylenetriamine pentaacetic acid - Zinc
	154	ECMO	Extracorporeal membrane oxygenation
	155	EDTA	Ethylenediaminetetraacetic acid (EDTA). As a chelating agent for heavy metals, given as edetate calcium disodium (CaNa <sub>2</sub> EDTA). Given as sodium edentate if used for hypercalcemia.
	156	Ethanol	
	157	Extracorp. procedure (other)	Includes all extracorporeal procedures without a specific therapy code (e.g., peritoneal dialysis)
	159	Fluids, IV	Administration of intravenous fluids to increase circulatory volume. Does not include fluids administered solely to keep the vein open or fluids administered at maintenance volumes only.
	160	Flumazenil	
	161	Folic acid	Administration of folic acid as an antidote; do not code if administered solely for nutrition support. (Note: folic acid is the synthetic form of naturally occurring folate which is found only in food sources.)  Do not code if leucovorin given; code therapy "leucovorin" instead.
	517	Fomepizole	
	162	Glucagon	
	720	Glucarpidase	
	163	Glucose, > 5%	Do not use this code if dextrose is given as part of high dose insulin therapy. Code "High Dose Insulin/Glucose" instead.
	721	Granulocyte Stimulating Growth Factors	Granulocyte colony stimulating factors (G-CSFs) used for their effects on neutrophils, eosinophils, monocytes, and macrophages. Examples include lenograstim, filgrastim, sargramostim.
	164	Hemodialysis	Do not code for peritoneal dialysis; code "Extracorp. Procedure (other)" instead.
	165	Hemoperfusion	
	722	High Dose Insulin/Glucose	Administration of insulin in doses above that given to correct hyperglycemia; e.g., when utilized as antidotal therapy to reverse cardiac toxicity. Sometimes referred to as High Dose Insulin Euglycemic Therapy or Insulin Euglycemic Therapy.
	166	Hydroxocobalamin	
	167	Hyperbaric oxygen	
	723	Hypothermia Protocol	Induced therapeutic hypothermia.
	518	Insulin	Administration with the purpose of reversing hyperglycemia that is drug/toxin-induced. Code "High Dose Insulin/Glucose" instead if used as antidotal therapy to reverse cardiac toxicity.
	168	Intubation	Not required to be coded if "ventilator" is coded.
	724	L-Carnitine	Levocarnitine

Therapy category ID & Name	Map Value (therapy ID)	Name	Expanded Description
	725	Leucovorin	Folinic acid. Do not use this code if folic acid administered; code therapy "folic acid" instead.
	726	Lipid Emulsion Therapy	Administration of high dose intravenous lipid (fat) emulsion as an antidotal therapy. Do not code if lipids used for nutritional support.
	727	Magnesium	Administration to replace magnesium in drug/toxin-induced magnesium deficiency or for management of prolonged QT. Do not code if given solely for nutritional support.
	169	Methylene blue	
	728	Molecular Adsorbent Recirculating System (MARS)	
	170	NAC, IV	N-acetylcysteine, intravenous
	171	NAC, PO	N-acetylcysteine, oral
	519	Nalmefene	
	172	Naloxone	
	173	Neuromuscular blocker	
	520	Octreotide	
	729	Opioid analgesia	
	186	Other	Administration of therapies not specifically listed that are related to the exposure or a direct complication of the exposure. Do not code therapies provided solely for pre-existing medical conditions.
	174	Oxygen	As antidotal therapy or when provided at rates intended to return physiologic oxygen levels to the normal range.
	521	Pacemaker	
	176	Penicillamine	
	177	Physostigmine	
	178	Phytonadione	Vitamin K
	730	Plasmapheresis	
	731	Potassium	Administration for the correction of documented drug/toxin-induced hypokalemia or as antidotal therapy. Not coded if given solely as part of routine intravenous solution therapy or as nutritional support.
	732	Potassium iodide	Administration for non-therapeutic radioactive iodine exposure. Do not code if given for other indications.
	733	Propofol	
	734	Prussian blue	
	179	Pyridoxine	Vitamin B6
	735	Rabies immune globulin	
	736	Rabies vaccine	
	737	Raxibacumab	
	522	Sedation (other)	Do not code benzodiazepines or propofol here; code as "benzodiazepines" or "propofol" respectively instead.
	738	Silibinin	Code FDA approved silibinin drug product administration only. Excludes nutraceutical formulations of milk thistle.
	739	Smallpox vaccine	
	740	Sodium bicarbonate – metabolic acidosis	Sodium bicarbonate administration for the purpose of correcting metabolic acidosis. Excludes administration with the intent of urine or systemic alkalinization for antidotal therapy).
	741	Sodium bicarbonate - nebulized	
	180	Sodium nitrite	

Therapy category ID & Name	Map Value (therapy ID)	Name	Expanded Description
	181	Sodium thiosulfate	
	523	Steroids	
	182	Succimer	Dimercaptosuccinic acid (DMSA)
	742	Surgical intervention	Surgery directly related to the exposure (e.g., esophageal reconstruction surgery post-chemical burn, endoscopic/surgical removal of foreign bodies, dermatomy, fasciotomy). Does not include minor surgical procedures (e.g. insertion of lines, tracheostomy, G-tube insertion, un-roofing of blebs or blisters/simple wound debridement).
	743	Thiamine	Administration of thiamine as an antidote; do not code if administered solely for nutritional support.
	183	Transplantation	
	184	Vasopressors	
	744	Ventilation, Non-invasive (CPAP, BiPAP)	
	185	Ventilator	Code "oxygen" in addition if more than a room air equivalent of oxygen is administered. "Intubation" does not need to be coded if "ventilator" is coded.

**Inactive Therapies**

140	Alkalinization - INACTIVE 12/31/2018
569	Other Decontamination – INACTIVE 12/31/1992
570	Acidification – INACTIVE 12/31/1992
571	Exchange Transfusion – INACTIVE 12/16/1992
572	Forced Diuresis – INACTIVE 12/30/1992
573	Peritoneal Dialysis – INACTIVE 12/30/1992

**Additional Detail:**

Multiple therapies are appropriate.

Only one charcoal selection is allowed to be Performed or Recommended and Performed - single dose OR multiple doses.

AAPCC does not attempt to capture all possible therapies, but limits the list to those generally relevant to the exposure reported. A regional poison center specific free area or an additional computerized field may be used to capture additional therapies.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
120	Therapy	Valid Values are 130 - 186, 513 - 523, 569 - 573, NULL Valid values are taken from Look up table with status 1	Therapy: Valid value or NULL required;	Closed Exposures (human & animal)
121	Therapy	Therapy 131 (charcoal, single dose) and 132 (charcoal, multiple dose) cannot be defined for the same case if either one of them has a Therapy Rec value of "Performed" or "Recommended and Performed"	Therapy: Must not contain both 131 and 132 when either Therapy Rec is Recommended and Performed, or Performed;	Closed Exposures (human & animal)
122	Therapy	Therapy is not stored for Information Calls		Not stored for Information Cases

215	Therapy	NF – Oxygen (174) must exist and be Performed, or Recommended and Performed if Intubation (168) is Performed, or Recommended and Performed	Therapy: 174 must exist and be Performed, or Recommended and Performed when 168 is Performed, or Recommended and Performed (NF)	Closed Exposures (human only)
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## ➔ Therapy Option

Common Name – Short: **Therapy Option**  
 NPDS field name **paTherapyOptID**

**Definition:**

The reason the case has no **Therapies** recorded.

**Coding Options:**

Therapy Option Value	Description
1	No Therapy Provided
2	Observation Only
3	Patient Refused Any Help
4	Unknown if Therapy Provided

**Additional Detail:**

**Therapy Option** field is ONLY populated if no therapies are reportedly recommended and/or performed.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
123	Therapy Option	Valid Values are 1 - 4, NULL	Therapy Option: Value must be 1 - 4 or NULL;	Closed Exposures (human & animal)
124	Therapy Option	Therapy Option is not stored for Information Calls		Not stored for Information Cases

## → Therapy Recommendation

Common Name – Short: **Therapy Rec**  
 NPDS field name **paTherapyRecPerformID**

**Definition:**

The documentation of whether a **Therapy** was recommended and/or performed in relation to the exposure reported.

**Coding Options:**

<b>Therapy Recommendation Value</b>	<b>Description</b>
1	Recommended
2	Performed
3	Recommended & Performed
4	Recommended, Known Not Performed

*Note:* The numbers 1 to 4 are the computer codes sent to AAPCC. Check both “recommended” and “performed” to indicate that a treatment was recommended and performed. There should *not* be a separate line labeled “recommended and performed” in the data collection software programs.

**Additional Detail:**

This field is *not* intended to characterize the quality of the care provided, but rather whether the regional poison center made a recommendation to perform the therapy. If the regional poison center initially recommended a therapy, then changed the recommendation later based on evolving clinical data, the therapy should still be coded as “recommended”.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
125	Therapy Rec	Valid Values are 1 - 4, not NULL	Therapy: Valid Therapy Rec value required;	Closed Exposures (human & animal)

**→ Weight**

Common Name – Short: **Weight**  
 NPDS field name: **WeightKg**

**Definition:**

Weight of the patient in kilograms (kg).

**Coding Options:**

<b>Weight Value</b>	<b>Description</b>
0.1-9999.9	Weight (kg)

**Additional Detail:**

Patient weight may be entered in pounds or kilograms. However, if captured in pounds the patient's weight must be converted to kilograms before being sent to AAPCC.

**Weight** should be captured to the nearest 0.1 kilogram. **Weight** should be captured on every patient where knowledge of the patient's weight will contribute to effective management of the patient. AAPCC does not expect SPIs to capture or record patient weight in those cases where the information is not needed to manage the case.

**Edits:**

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
126	Weight	Value Values are 0.1 - 800, NULL	Weight: Valid value or NULL required;	Closed Exposures (human & animal)
127	Weight	NF - If > 30 then Age Unit cannot be 16 or 17	Age Unit: Must not be 16 or 17 when Weight is over 30 (NF);	Closed Exposures (human only)
128	Weight	NF - If > 30, the absolute Age must be >= 4	Age: Must be older than 3 years when Weight is over 30 (NF);	Closed Exposures (human only)
129	Weight	Weight is not stored for Information Calls		Not stored for Information Cases

➔ **Year**

Common Name – Short: **Year**  
 NPDS field name: **Year**

**Definition:**

Year in which the initial call to the regional poison center was received.

**Coding Options:**

Year Value	Description
4-digit, Current Year	Year

**Additional Detail:**

Data should be captured automatically from the **Start Date** field.

Field required for all human exposures, animal exposures and information calls.

**Edits:**

ID	Data Item	Edit	Error Message	Call Types
130	Year	Valid Values are a valid 4 digit year, no future years, not NULL	Year: Valid value required;	All Cases (Open & Closed)

ID	Data Item	Edit	Error Message	Call Types
New	Record Start Year	Valid Values are a valid 4 digit year, no future years, not NULL	Record Start Year: Valid value required;	All Cases (Open & Closed)

## Revision History

Version Number	Approval Date	Comment
4.3	July 14, 2020	Updated Appendix A – added information about the new client vendor
4.2	July 9, 2020	Added a non-fatal Therapy edit that rejects closed exposure cases if oxygen (174) is not included with intubation (168). Removed Appendix A: Ciber Auto- Upload PC Communication Procedure added to the manual
4.1	April 16, 2019	Corrected the expanded description for “Osmolal gap increased”.  Added 413 – Multiple Chemical Sensitivities (MCS) to the Inactive Clinical Effects Table  Added State Values 61-66
4.0	January 22, 2019	Added new clinical effects and new therapies (with added definitions).  Added coding examples to decrease coding errors.  Changed edit for naloxone to accept home administration  Corrected incorrectly labeled NPDS field names.
3.2	Original approval by AAPCC board of directors February 21, 2016; v3.2 released April 1, 2016	Deleted one example as it relates to a therapy; all other examples related to a clinical effect. This example leads to widespread coding inconsistency.  Added sentence to clarify coding rule frequently forgotten. This is not a change.  Appendix A: Ciber Auto- Upload PC Communication Procedure added to the manual  Appendix B: Contact List added to the manual (vendors and their contact information included in the appendix)  Definitions better defined. Wording approved by AAPCC members and AAPCC Board and implemented in 2015 by e-mailing info to centers.
3.1	Original approval by AAPCC board of directors May 7, 2014; v3.1 released June 17, 2014	Corrected toxiCALL® contact information; Corrected instructions for coding <b>Age</b>
3.0	May 7, 2014	Updated manual, removed conflicting information, standardized presentation of variables
1.1	May 2009	NPDS System Manual
1.0	June 2007	NPDS Reference Manual Part 2 – System Information Manual

1.0	November 2001	NPDS Reference Manual Part 2 – System Information Manual
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## Appendix A: Contact List

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There are currently four computerized options for collecting NPDS data. The vendors and their contact information for each of these products are listed below. AAPCC does not endorse any individual product, but supports the efforts of all four vendors to provide compatible and efficient data entry software.

### **CasePro®**

Contact: Shireen Banerji  
Operations Manager, Rocky Mountain Poison Center  
777 Bannock Street, MC0180  
Denver, CO 80204  
Scott.Shireen.Banerji@rmpdc.org  
Phone: 303 389-1162

### **DotLab®**

Contact: Terry S. Carlson, PharmD  
D.b.a. WBM Software  
8417 N. Bond Street  
Fresno, CA 93720  
[tcarlson@calpoison.org](mailto:tcarlson@calpoison.org)  
Phone: 559-438-5542  
[www.wbmsoft.com](http://www.wbmsoft.com)

### **toxiCALL®**

Contact: Thomas Neuman  
Computer Automation Systems, Inc.  
7233 South Richfield Street  
Aurora, CO 80016  
[Thomas\\_Neuman@toxicall.com](mailto:Thomas_Neuman@toxicall.com)  
Phone: 303-680-7774  
Toll Free: 855-TOXICAL (855-869-4225)  
[www.toxicall.com](http://www.toxicall.com)  
[support@toxicall.com](mailto:support@toxicall.com)

### **ToxSentry®**

Contact: Jay L. Schauben, PharmD, DABAT, FAACT  
Director, Florida/USVI Poison Information Center - Jacksonville  
Shands Jacksonville Medical Center  
655 West 8th Street, Box C-23  
Jacksonville, FL 32209  
[schauben@poison.ufl.edu](mailto:schauben@poison.ufl.edu)  
Phone: 904-244-4465

Contact: Robert J. Geller, MD  
Director, Georgia Poison Control Center  
Hughes Spalding Children's Hospital, Grady Health System  
50 Hurt Plaza, Suite 600  
PO Box 26066  
Atlanta, GA 30303  
[RGeller@georgiapoisoncenter.org](mailto:RGeller@georgiapoisoncenter.org)  
Phone: 404-616-6652

### **IntelliTox**

Contact: Jeanette Trella, PharmD, BCPPS  
Director, The Poison Control Center at Children's Hospital of Philadelphia –  
3401 Civic Center Blvd.

Philadelphia, PA 19104  
trellaj@email.chop.edu  
215-590-2004

Contact: Alexandra O'Malley  
Salesforce Systems Analyst, Children's Hospital of Philadelphia –  
3401 Civic Center Blvd.  
Philadelphia, PA 19104  
omalleya1@email.chop.edu  
267-426-2406

Regional poison control centers may develop alternative data collection software programs or systems, however it is the responsibility of the regional poison center and vendor to assure compatibility and compliance with NPDS requirements before these data are submitted to NPDS. In addition, each vendor is responsible for the costs of any changes or upgrades required by AAPCC.

**Appendix B: NPDS Edits**

Edits are also available at the end of each field category.

ID	Data Item	Edit	Error Message	Call Types
1	Age	Valid values are 1 - 120 or NULL, values can only be integers	Age: Valid value or NULL required;	Closed Exposures (human & animal)
2	Age	If the center sends 0 as the Age then NULL should be saved		Closed Exposures (human & animal)
3	Age	Value must be present if the Age Unit = 15, 16, 17	Age: Value required when Age Unit is 15, 16 or 17;	Closed Exposures (human & animal)
4	Age	If Age Unit = 15 then Age must be 1 - 120	Age: Value must be 1 - 120 when Age Unit is 15;	Closed Exposures (human & animal)
5	Age	If Age Unit = 16 then Age must be 1 - 23	Age: Value must be 1 - 23 when Age Unit is 16;	Closed Exposures (human only)
6	Age	If Age Unit = 17 then Age must be 1 - 31	Age: Value must be 1 - 31 when Age Unit is 17;	Closed Exposures (human only)
7	Age	Age is not stored for Information Calls		Not stored for Information Cases
8	Age Unit	If Age is NULL then Age Unit must be 1 - 14	Age Unit: Value must be 1 - 14 when Age is NULL;	Closed Exposures (human only)
9	Age Unit	If Age is not NULL then Age Unit must be 15 - 17	Age Unit: Value must be 15 - 17 when Age is not NULL;	Closed Exposures (human & animal)
10	Age Unit	Age Unit is not stored for Information Calls		Not stored for Information Cases
11	Animal Type	Valid values are 1 - 9 or NULL	Animal Type: Valid value or NULL required;	Closed Exposures (human & animal)
12	Animal Type	Must be NULL if Species = 1 (human)	Animal Type: Value must be NULL when Species is 1;	Closed Exposures (human only)

ID	Data Item	Edit	Error Message	Call Types
13	Animal Type	Must be > 0 if Species = 2 (animal)	Animal Type: Value required when Species is 2;	Closed Exposures (animal only)
14	Animal Type	Animal Type is not stored for Information Calls		Not stored for Information Cases
15	Call Subcategory	Must be a valid value, NOT NULL	Call Subcategory: Valid value required;	Closed Information Cases
16	Call Subcategory	Call Type Category ID must match with Call Type ID	Call Subcategory: Value must belong to Call Type;	Closed Information Cases
17	Call Subcategory	Call Type Category ID must be NULL for Exposure Calls	Call Subcategory: Value must be NULL;	Closed Exposures (human & animal)
18	Call Type	Valid values are 0 - 12, not NULL	Call Type: Valid value required;	All Closed Cases
19	Call Type	NF - If > 0, then Outcome must be NULL (should not store any exposure data for information calls)		Closed Information Cases
20	Call Type	NF - If > 0, then Reason must be NULL (should not store any exposure data for information calls)		Closed Information Cases
21	Location Caller	1 and 2 digit Location Caller will be stored in caCasePhone.PhoneNumber		All Cases (Open & Closed)
22	Location Caller	3 and 4 digit Location Caller will have 0s appended to the beginning; if it is a valid zip code based on the state sent in the file the value will be saved as a zip code. If the Location Caller is not a valid zip code then 3 digit values will be stored in caCasePhone.AreaCode; if 4 digit then the value will be stored in caCasePhone.PhoneNumber		All Cases (Open & Closed)
23	Location Caller	5 digit Location Caller. If it is a valid Zip Code (based on Melissa data) then the state must be valid  NOTE: This edit is not performed for the following states: 52, 53, 54, 56, 57, 58	Location Caller: Value must match State;	All Closed Cases
24	Location Caller	5 digit Caller Location Codes. If it is not a valid zip codes (based on Melissa data ) such as 00001 and 99999 then save characters 1 - 2 in caCasePhone.AreaCode; save characters 3 - 5 in caCasePhone.Exchange		All Cases (Open & Closed)
25	Caller Site	Valid Values are 1 - 9, not NULL	Caller Site: Valid value required;	Closed Exposures

ID	Data Item	Edit	Error Message	Call Types
				(human only)
26	Caller Site	Valid Values are 1 - 9, NULL Caller Site is not required for Closed Animal Exposures	Caller Site: Valid value or NULL required;	Closed Exposures (animal only)
27	Case Number	Valid Values are 1 - 2147483647, not NULL	Case Number: Valid value required;	All Cases (Open & Closed)
131	Status	Valid Values 1, 2, 1077, not NULL	Status: Valid Value required;	All Cases (Open & Closed)
28	Center Code Private	1 - 999, not NULL must be valid AAPCC assigned value	Center Code Private: Valid value required;	All Cases (Open & Closed)
29	Chronicity	Valid Values are 1 - 4, not NULL	Chronicity: Valid value required;	Closed Exposures (human & animal)
30	Chronicity	If Chronicity = 2 or 3 then Exposure Duration cannot be NULL	Exposure Duration: Value required when Chronicity is 2 or 3;	Closed Exposures (human & animal)
31	Chronicity	Chronicity is not stored for Information Calls		Not stored for Information Cases
33	CE	Valid Values must be defined in exClinical Effect	CE: Valid value or NULL required;	Closed Exposures (human & animal)
34	CE	At least 1 Related (1) or Unknown if Related (3) CE is required for Closed Exposures with Outcome = 1, 2, 3, 4	CE: CE Relatedness value of at least one CE must be 1 or 3 when Outcome is 1, 2, 3 or 4;	Closed Exposures (human & animal)
35	CE	CEs are not stored for Information Calls		Not stored for Information Cases
36	CE Relatedness	Valid Values are 1 - 3, not NULL *** CE Relatedness must be defined if CE defined	CE: Valid CE Relatedness value required	Closed Exposures (human & animal)
37	CE Relatedness	If there is 1 CE with the CE Relatedness = 1 then the Outcome <> 0 or 5	Outcome: Value may not be 0 or 5 when at least one CE relatedness is 1;	Closed Exposures (human & animal)
32	CE Duration	CE Duration is not stored for Information Calls		Not stored for Information Cases

ID	Data Item	Edit	Error Message	Call Types
38	CE Duration	Valid Codes are 1 - 9, NULL	CE Duration: Valid value or NULL required;	Closed Exposures (human only)
39	CE Duration	If Outcome = 1, 2 or 3 then CE Duration cannot be NULL	CE Duration: Value required when Outcome is 1, 2 or 3;	Closed Exposures (human only)
40	CE Duration	If Outcome = 0 then CE Duration must be NULL	CE Duration: Must be NULL when Outcome is 0;	Closed Exposures (human only)
41	Exposure Duration	Valid values are 1 - 6, NULL	Exposure Duration: Valid value or NULL required;	Closed Exposures (human & animal)
42	Exposure Duration	If not NULL then Chronicity must be 2 or 3	Chronicity: Value must be 2 or 3 when Exposure Duration is not NULL;	Closed Exposures (human & animal)
43	Exposure Duration	Exposure Duration is not stored for Information Calls		Not stored for Information Cases
45	Exposure Site	Valid Values are 1 - 9, not NULL	Exposure Site: Valid value required;	Closed Exposures (human only)
46	Exposure Site	Valid Values are 1 - 9, NULL Exposure Site can be NULL for Animal Exposures	Exposure Site: Valid value or NULL required;	Closed Exposures (animal only)
47	Exposure Site	Exposure Site is not stored for Information Calls		Not stored for Information Cases
48	Final HCF	Valid Codes are 1 - 7999, NULL	Final HCF: Valid value or NULL required;	Closed Exposures (human & animal)
49	Final HCF	Must be NULL if Initial HCF is NULL	Final HCF: Must be NULL when Initial HCF is NULL;	Closed Exposures (human & animal)
50	Final HCF	Final HCF is not stored for Information Calls		Not stored for Information Cases
	Free Area	Valid Values are 1 – 32767, NULL	Invalid Data Type Sent	All Cases (Open & Closed)
51	N Followup	Valid Values are 1 - 999, NULL	N Followup: Valid value or NULL required;	All Closed Cases

<b>ID</b>	<b>Data Item</b>	<b>Edit</b>	<b>Error Message</b>	<b>Call Types</b>
52	Gender	Valid Values are 1 - 4, not NULL	Gender: Valid value required;	Closed Exposures (human only)
53	Gender	NF - If Gender = 4 then Age Unit must be 3 - 6 or 12 - 15; if Age Unit = 15 then Age must be between 13 and 49 (13, 14, 15, ..... 47, 48, 49)	Age Unit: Must be 3 - 6 or 12 - 15 when Gender is 4 (NF); Age: Must be 13 - 49 when Age Unit is 15 and Gender is 4 (NF);	Closed Exposures (human only)
54	Gender	If Gender = 4 then Preg Duration must be >= 2 and < 46 or 99 for unknown)	Preg Duration: Value must be 2 - 45 or 99 when Gender is 4;	Closed Exposures (human only)
55	Gender	Gender is not stored for Information Calls		Not stored for Information Cases
56	Call Site Code	Valid Values are 1 - 8999, NULL	Call Site Code: Valid value or NULL required;	Closed Exposures (human & animal)
57	Call Site Code	Not NULL if the Caller Site = 4 (HCF) or 8 (Other)	Call Site Code: Valid value required when Caller Site is 4 or 8;	Closed Exposures (human only)
58	Call Site Code	If Caller Site = 4 (HCF) then Call Site Code should be 1 - 2999	Call Site Code: Value must be 1 - 2999 when Caller Site is 4;	Closed Exposures (human only)
59	Call Site Code	If Caller Site = 8 (Other) then Call Site Code should be 3000 - 8999	Call Site Code: Value must be 3000 - 8999 when Caller Site is 8;	Closed Exposures (human only)
60	Industry	Values are 0 or 1, not NULL	Industry: Valid value or NULL required;	All Closed Cases
61	Initial HCF	Values are 1 - 7999, NULL	Initial HCF: Valid value or NULL required;	Closed Exposures (human & animal)
62	Initial HCF	If Mgmt Site = 2 or 3 then Initial HCF must be between 1 and 2999	Initial HCF: Value must be 1 - 2999 when Mgmt Site is 2 or 3;	Closed Exposures (human & animal)
63	Initial HCF	If Mgmt Site = 4 then Initial HCF must be between 3000 and 7999	Initial HCF: Value must be 3000 - 7999 when Mgmt Site is 4;	Closed Exposures (human & animal)
64	Initial HCF	If Mgmt Site = 2, 3, 4 then Initial HCF cannot be NULL unless Level of HCF Care = 5 or 6	Initial HCF: Value must be NULL when Mgmt Site is 2, 3 or 4 unless Level of HCF Care is 5 or 6;	Closed Exposures (human & animal)

ID	Data Item	Edit	Error Message	Call Types
65	Initial HCF	Must be NULL if Mgmt Site = 1	Initial HCF: Must be NULL when Mgmt Site is 1;	Closed Exposures (human & animal)
66	Initial HCF	Initial HCF is not stored for Information Calls		Not stored for Information Cases
67	Initial SPI Code	Valid Values 1 - 9999, not NULL	Initial SPI Code: Valid value required;	All Closed Cases
68	Level of HCF Care	Valid Values 1 - 6, NULL	Level of HCF Care: Valid value or NULL required;	Closed Exposures (human & animal)
69	Level of HCF Care	Level of HCF Care must be NULL if the Mgmt Site NOT 2 or 3 (i.e. mgmt site = 1, 4, 5)	Level of HCF Care: Must be NULL when Mgmt Site is 1, 4 or 5;	Closed Exposures (human & animal)
70	Level of HCF Care	If Mgmt Site = 2 then 1 - 4 or 6 (not 5)	Level of HCF Care: Must not be 5 when Mgmt Site is 2;	Closed Exposures (human & animal)
71	Level of HCF Care	If Mgmt Site = 3 then 1 - 6	Level of HCF Care: Must be 1-6 when Mgmt Site is 3;	Closed Exposures (human & animal)
72	Level of HCF Care	Level of HCF Care is not stored for Information Calls		Not stored for Information Cases
73	Mgmt Site	Valid Values are 1 - 5, not NULL	Mgmt Site: Valid value required;	Closed Exposures (human & animal)
74	Mgmt Site	Level of HCF Care must be not NULL if the Mgmt Site = 2 or 3	Level of HCF Care: Value required when Mgmt Site is 2 or 3;	Closed Exposures (human & animal)
75	Mgmt Site	Initial HCF required is Mgmt Site = 2, 3 or 4 unless the Level of HCF Care = 5 or 6	Initial HCF: Value required when Mgmt Site is 2, 3 or 4 unless Level of HCF Care is 5 or 6;	Closed Exposures (human & animal)
76	Mgmt Site	Mgmt Site is not stored for Information Calls		Not stored for Information Cases
New	Mgmt Site	NF - if the Mgmt Site ID = 1 (Managed on site (non health care facility)) then all Therapies must be 130 (Ipecac), 131 (Charcoal, single dose), 132 (Charcoal, multiple doses) , 134 (Cathartic), 136 (Other emetic), 137 (Dilute/irrigate/wash), 138 (Fresh air), 139 (Food/snack), 144	Mgmt Site: Therapy must be 130, 131, 132, 134, 136, 137, 138, 139, 144, 149, 150, 186, 513 or 523 when Mgmt Site is 1 (NF)	Closed Exposures (human only)

ID	Data Item	Edit	Error Message	Call Types
		(Antihistamines), 149 (Bronchodilators), 150 (Calcium), 172 (Naloxone), 186 (Other), 513 (Antibiotics) or 523 (Steroids). [No other therapies are allowed]		
New	Mgmt Site	If any Therapy is 151, 160, 700, 701, 703, 705, 723, 725, 727, 729, 731, 735, 736, 739, 740, or 744 then Management Site cannot be 1	Management Site: Value may not be 1 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)
New	Mgmt Site	If any Therapy is 702, 706, 707, 708, 709, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 724, 726, 728, 730, 733, 734, 737, 738, 741, 742, or 743 then Management Site cannot be 1 or 4	Management Site: Value may not be 1 or 4 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)
77	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0 or 5	Outcome: Value may not be 0 or 5 when at least one Clinical Effect relatedness is 1;	Closed Exposures (human & animal)
Old	Outcome	Valid Values are 0 - 10, not NULL	Outcome: Valid value required	Closed Exposures (human & animal)
New	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0,1,2,5 or 6 for the following CEs [305, 605, 607, 608, 620, 630, 638]	Outcome: Value may not be 0,1,2,5 or 6 when Clinical Effect relatedness is 1 for CE &CEID;	Closed Exposures (human & animal)
New	Outcome	If any Clinical Effects = 1 (related) then Medical Outcome cannot be 0,1,5 or 6 for the following CEs [600, 601, 304, 602, 603, 604, 609, 501, 610, 309, 616, 618, 626, 628, 632, 350, 633, 355, 634, 635, 637, 639, 641]	Medical Outcome: Value may not be 0,1,5 or 6 when Clinical Effect relatedness is 1 for CE &CEID  Note: 350 , coma inactive 1/1/2019	Closed Exposures (human & animal)
New	Outcome	If any Therapy is 711 then Medical Outcome cannot be 0, 1, 5, or 6	Outcome: Value may not be 0, 1, 5, or 6 when at least one Therapy is 711;	Closed Exposures (human & animal)
New	Outcome	If any Therapy is 151 or 183 then Medical Outcome cannot be 0, 1, 2, 5, or 6	Outcome: Value may not be 0, 1, 2, 5, or 6 when at least one Therapy is &TherapyID;	Closed Exposures (human & animal)
78	Outcome	If Outcome = 1, 2, 3 or 4 then at least one CE must be 1 or 3 (related or unknown if related)	CE: CE Relatedness value of at least one CE must be 1 or 3 when Outcome is 1, 2, 3 or 4;	Closed Exposures (human & animal)
79	Outcome	Outcome is not stored for Information Calls		Not stored for

ID	Data Item	Edit	Error Message	Call Types
				Information Cases
134	Outcome	If Confirmed nonexposure (9), no CE can be related or unknown-if related.	Outcome: No CE can be related or unknown-if related when Outcome is 9	Closed Exposures (human & animal)
132	N Products	N Products must match the Substances sent.	Sequence Number: Maximum value must match the N Products provided	All Closed Cases
	N Products	Valid values are 1 – 65535, not NULL	Invalid Data Type Sent	All Cases (Open & Closed)
80	Override	Values are 0 or 1, not NULL	Override: Valid value required;	All Closed Cases
81	Preg Duration	Valid Values are 2 - 45 or 99, not NULL if Gender = 4 (pregnant)	Preg Duration: Value must be 2 - 45 or 99 when Gender is 4;	Closed Exposures (human only)
82	Preg Duration	Preg Duration is not stored for Information Calls		Not stored for Information Cases
133	Preg Duration	Must be NULL when Gender is not 2 (female) or 4 (pregnant)	Preg Duration: Value must be NULL when Gender is not 2 or 4	Closed Exposures (human & animal)
83	Primary Center Code	Valid Values are 200 - 299 or NULL	Primary Center Code: Valid value or NULL required;	Closed Exposures (human & animal)
44	Reason	Reason is not stored for Information Calls		Not stored for Information Cases
84	Reason	Valid Values are 1 - 19, not NULL	Reason: Valid value required;	Closed Exposures (human & animal)
85	Reason	NF - If 3 then Exposure Site must be workplace	Exposure Site: Must be 3 when Reason is 3 (NF);	Closed Exposures (human & animal)
86	Reason	NF - If 9 then Mgmt Site cannot be on-site (1)	Mgmt Site: May not be 1 when Reason is 9 (NF);	Closed Exposures (human only)
New	Reason	NF - If Species = 2 (animal) then Reason cannot be 9 or 11	Reason: Cannot be 9 or 11 when Species = 2 (NF)	Closed Exposures (animal only)
New	Reason	NF - if Reason = 3 (Occupational), 9 (Suspected Suicidal), 10 (Intentional Misuse), 11 (Intentional Abuse) or 12	Reason: Cannot be 3, 9, 10, 11 or 12	Closed Exposures

ID	Data Item	Edit	Error Message	Call Types
		(Intentional Unknown) then patient cannot be less than 6 years old.	when patient is less than 6 (NF);	(human only)
New	Reason	if Route = 75 (Bite/Sting) then Reason must be 6 (Bite/sting) or 3 (Occupational)	Reason: Must be 6 or 3 when Route is 75	Closed Exposures (human & animal)
New	Record Start Year	Valid Values are a valid 4 digit year, no future years, not NULL	Record Start Year: Valid value required;	All Cases (Open & Closed)
88	Related Case	NULL, or case number of primary chart		All Closed Cases
89	Route	Valid Values are 70 - 78 and 524 - 526	Route: Valid value required;	Closed Exposures (human & animal)
90	Route	If Route = Aspiration (72) then Route must also be Ingestion (70). If the RPC is uploading cases with the XML format, then this validation is performed at the Substance level.	Route: Must include 70 when 72 exists;	Closed Exposures (human & animal)
91	Route	At least 1 Route must be defined for closed human and animal exposures. If the RPC is uploading cases with the XML format, then this validation is performed at the substance level.	Route: Valid value required;	Closed Exposures (human & animal)
92	Route	Routes are not stored for Information Calls		Not stored for Information Cases
93	Scenario	NF - If any of the dosing error Scenarios is selected then the Reason must be 4 or 15	Reason: Must be 4 or 15 when Scenario Cat is 1 (NF);	Closed Exposures (human & animal)
94	Scenario	If Reason = 4 then at least 1 of the dosing error Scenarios must be selected	Scenario: Must include at least one Scenario with Scenario Cat is 1 when Reason is 4	Closed Exposures (human & animal)
95	Scenario	NF - If any of the vapor/fume problem Scenarios is selected, the inhalation must be one of the Routes	Route: Must include 71 if a Scenario exists with the Scenario Cat of 2	Closed Exposures (human & animal)
96	Scenario	Scenario is not stored for Information Calls		Not stored for Information Cases
135	Scenario	Scenario must be a valid value	Scenario: Valid value required;	Closed Exposures (human & animal)
97	Species	Required for all human and animal exposures	Species: Valid value required;	Closed Exposures (human & animal)

ID	Data Item	Edit	Error Message	Call Types
98	Species	Valid Values 1 or 2, not NULL, if Call Type = 0	Species: Valid value required;	Closed Exposures (human & animal)
99	Species	If Call Type > 0 then NULL is allowed	Species: Valid value or NULL required;	Closed Information Cases
100	Species	Species is not stored for Information Calls		Not stored for Information Cases
101	Start Date	Should be valid datetime, Not NULL	Start Date: Valid value required;	All Cases (Open & Closed)
102	Start Date	Future Dates are not allowed	Start Date: Must not be a future date;	All Cases (Open & Closed)
103	Start Date	The Start Date must match the Year	Start Date: Year component must match Year;	All Cases (Open & Closed)
104	State	Valid Values are 1 - 66, not NULL	State: Valid value required;	All Closed Cases
105	Certainty	Certainty is not stored for Information Calls		Not stored for Information Cases
106	Certainty	Valid Values are 1 - 3, can be NULL only if Quantity Units = 16 (does not have to be NULL when Quantity Units = 16)	Certainty: Valid value required when Quantity Unit is not 16; Certainty: Valid value or NULL required when Quantity Unit is 16;	Closed Exposures (human & animal)
107	Formulation	Valid Values are 1 - 8, not NULL	Formulation: Valid value required;	Closed Exposures (human & animal)
108	Generic Code	Value must be a valid active or obsolete Generic Code; inactive GCs should be rejected. NOTE: Binary submissions allowed closed information calls to send a substance with no PC or GC. This will not be allowed for XML submissions.	Generic Code: Valid value required;	All Closed Cases
109	Generic Code	If the center does not send a Generic Code (sends NULL) then 0 should NOT be saved as the Generic Code		All Cases (Open & Closed)
110	Generic Code	Closed Exposure cases should be rejected if they have a Generic Code with the Generic Category of 182 – Miscellaneous Information Calls	Generic Code: Min Gen Cat must not be 182 when Call Type is 0;	Closed Exposures (human & animal)
111	Generic Code	Closed Exposure cases should be rejected if they do not have at least 1 Generic Code (substance)	Generic Code: Valid value required;	Closed Exposures

ID	Data Item	Edit	Error Message	Call Types
				(human & animal)
112	Product Code	Valid Values are >= 2000000, NULL	Product Code: Valid value or NULL required;	All Closed Cases
113	Product Code	The same Product Code cannot be used for more than 1 substance entry	Product Code: Duplicate values not allowed;	All Closed Cases
114	Quantity	Quantity is not stored for Information Calls		Not stored for Information Cases
119	Quantity	Valid Values are 0.001 - 99999.99 if Quantity Unit = 1 - 15 or 17, not NULL NOTE: Quantity CAN be NULL if Quantity Unit = 16 NOTE: Quantity MUST be NULL if Quantity Unit is NULL	Quantity: Valid value or NULL required;	Closed Exposures (human & animal)
115	Quantity Unit	Valid Values are 1 - 17, NULL	Quantity Unit: Valid value or NULL required;	Closed Exposures (human & animal)
116	Quantity Unit	Closed Exposure cases will be rejected if the case has a Route of Ingestion (70) or Parenteral (76) and ALL of the Quantity Units are NULL.	Quantity Unit: Valid value required when Route of 70 or 76 exist;	Closed Exposures (human & animal)
117	Quantity Unit	Quantity Unit is not stored for Information Calls		Not stored for Information Cases
118	Sequence Number	Valid Values are 1 - 99, not NULL	Sequence Number: Valid value required;	Closed Exposures (human & animal)
120	Therapy	Valid Values are 130 - 186, 513 - 523, 569 - 573, NULL Valid values are taken from Look up table with status 1	Therapy: Valid value or NULL required;	Closed Exposures (human & animal)
121	Therapy	Therapy 131 (charcoal, single dose) and 132 (charcoal, multiple dose) cannot be defined for the same case if either one of them has a Therapy Rec value of "Performed" or "Recommended and Performed"	Therapy: Must not contain both 131 and 132 when either Therapy Rec is Recommended and Performed, or Performed;	Closed Exposures (human & animal)
122	Therapy	Therapy is not stored for Information Calls		Not stored for Information Cases
NEW	Therapy	This is a non-fatal edit. Closed exposure cases will be rejected if therapy of intubation (168) as Performed, or Recommended and Performed does not	Therapy: 174 Performed, or Recommended and Performed required	Closed Exposures (human)

ID	Data Item	Edit	Error Message	Call Types
		also have therapy oxygen (174) as Performed, or Recommended and Performed.	when 168 Performed or Recommended and Performed. Select override flag to not make changes.	
123	Therapy Option	Valid Values are 1 - 4, NULL	Therapy Option: Value must be 1 - 4 or NULL;	Closed Exposures (human & animal)
124	Therapy Option	Therapy Option is not stored for Information Calls		Not stored for Information Cases
125	Therapy Rec	Valid Values are 1 - 4, not NULL	Therapy: Valid Therapy Rec value required;	Closed Exposures (human & animal)
126	Weight	Value Values are 0.1 - 800, NULL	Weight: Valid value or NULL required;	Closed Exposures (human & animal)
127	Weight	NF - If > 30 then Age Unit cannot be 16 or 17	Age Unit: Must not be 16 or 17 when Weight is over 30 (NF);	Closed Exposures (human only)
128	Weight	NF - If > 30, the absolute Age must be >= 4	Age: Must be older than 3 years when Weight is over 30 (NF);	Closed Exposures (human only)
129	Weight	Weight is not stored for Information Calls		Not stored for Information Cases
130	Year	Valid Values are a valid 4 digit year, no future years, not NULL	Year: Valid value required;	All Cases (Open & Closed)