

Georgia Poison Center Meeting Agenda

May 30th, 2023
May Staff Meeting
1:30pm-4:30pm

1:30 PM – Brief Meeting Introduction – GPL, SLH

- FMLA/ Resignations/ Terminations – MV
- Open Positions/New Hires/ Position Changes/ Recognition – JT, NM

1:40 pm – Hurt Building and Parking Security Update – Maeve Thorpe, General Manager, JLL/ Hurt, Shay Chaney- Security Supervisor

2:00 pm – Medical Director Update – Robert Geller, MD

2:15 pm – Xylazine Toxicity Review – Liz, Rivera Blanco, MD, Tox Fellow

2:45 PM – GPC Operations/ IT/ Education/ Stroke Service Update –GPL, RJG, SLH, PCF

- 2023 NACCT
- 2022 Employee Evaluations
- PH Updates/ THC
- Downtime Charts
- Laundry Pod Study – Continued
- Non-binary/ Gender Coding
- Waterbeads/ TikTok
- Grady/ CHOA Chart Audit
- Teams Communication Reminders
- Fax Guideline Reminder
- Coding Reminders
- Alternative NAC Dosing TS Reminders
- W2W Schedule Updates
- REAL TTIME Update
- SPI CE/ Peer Chart Review

3:30 pm – Education Department – BO, GPL

- 2023 Education Outreach Projects
- New CE Module

3:40 pm – Information Technology Update – GPL, SH, CNP IT

- IT Ticket Reminders
- Recent Telstrat Quality Issues
- KnowBe4 Training
- OOS Instances

4:00 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI

4:30 pm – Meeting Adjourned

******* Next Meeting TUESDAY June 27th, 2023 130p-430p *******

INTER-OFFICE COMMUNICATION
The Fulton DeKalb Hospital Authority
ATLANTA, GEORGIA

TO: Ashley Gresham, Vice - President of Clinical Operations
FROM: Gaylord P. Lopez, PharmD, DABAT, Executive Director, GaPC
RE: Monthly Report May 2023
P.O. BOX: 26066

DATE: May 30, 2023

Service

Call volume stats for May 2022 - May 2023

	May-22	May-23	% Change
Total Calls (Incoming)	7,201	6,338	-11.98%
Exposure Cases*	6,207	5,585	-10.02%
Human	5,987	5,573	-6.91%
Animal	220	12	-94.55%
Information Request	994	753	-24.25%
Public Health Situation	524	261	-50.19%
Pill Identification	19	20	5.26%
Other	39	30	-23.08%
Follow-ups	6,536	6,276	-3.98%
Customer Satisfaction			
Calls Abandoned	111	94	
Calls Accepted	8199	7287	
Abandoned Call Rate	1.4%	1.3%	
Customer Service Survey Completed			
Live Agent	297	153	

New Incentive Metrics – Beginning February 2020

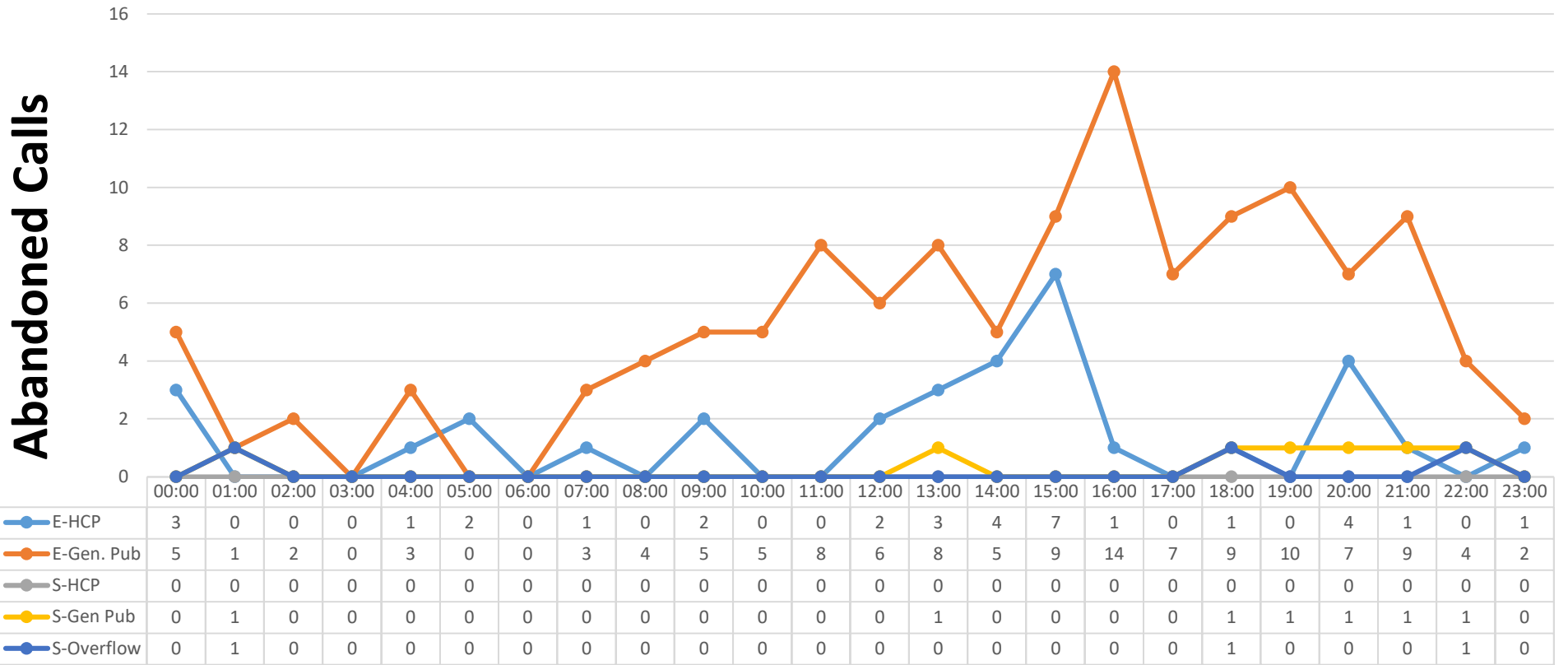
- **Must meet all 4/5 metrics PLUS all of Stephanie's goals by the end of the month for an extra TW day**
 - **Surveys**
 - Minimum of 5 surveys
 - No zeroes allowed
 - **Breaks**
 - The longest break cannot exceed **20 min**
 - **Max wait to abandon***
 - Not to exceed **10 min** for a single person in either the HCP or Gen Pub groups
 - **Abandoned calls**
 - Must meet or exceed the lowest abandoned call we have had **(0.6)**
 - **Longest wait times before answered (time-queued max)***
 - Not to exceed **10 min** for a single person in either the HCP or Gen Pub Groups

Time - Max Wait to Abandon - The maximum wait time (queue + ring) of any abandoned call during the reporting period.

Time - Queued Max – The maximum time any call spent in queue during the interval covered by the report.

*** The goal is no longer than 7 min for either group**

Abandoned Calls for May 1, 2023 - May 28, 2023







Total Calls Accepted = 7,287




Abandoned Calls = 94

Abandoned Call Rate = 1.3%

May Incentive Metrics

Must meet 4 out of the 5 metrics

Group Name	1 Time - Max Wait to Abandon	2 Time - Queued Max
E - GEN PUB	00:05:23 	00:12:21 
E - HCP	00:12:00 	00:15:02 

3	4	5
Breaks April 	Abandoned call rate May 2023	Surveys (minimum of 5 and no zeros) 
7 breaks were longer than 20 minutes	1.3% 	SPIs w/ zero surveys – 8 SPIs w/less than 5 surveys - 10

SPI Workload Report

May 1, 2023 - May 28, 2023

SPI Name	Agent Number	Total Cases	Total Exposures	% Exposure	Total Info Requests	% Info	Total Follow-Ups	% F/U	# 8hr Shifts Worked	# Total Forced Calls	Avg. Forced per Shift (<0.2)	% Release	Chart Generation per hour	% Idle	# of Break Codes Used	Break Factor	Longest Break Taken (hh:mm:ss)	QA Case Reviews	QA Case Factor	Surveys
Bachman, George	59996	324	109	33.6	10	3.1	205	63.3	10	2	0.2	17.0%	1.49	47.9	11	1.1	0:14:32	0	0.0	2
Bhaskaran, Raja	58868	579	307	53.0	6	1.0	266	45.9	20	0	0.0	40.6%	1.96	40.9	53	2.7	0:18:46	0	0.0	0
Capell, Nicky	59651	358	183	51.1	9	2.5	166	46.4	14	0	0.0	23.1%	1.78	44.0	27	2.0	0:18:01	0	0.0	10
Debruy, Brett	50190	240	0	0.0	0	0.0	240	100.0	5	0	0.0	43.0%	0.00	8.6	0	0.0	0:00:00	0	0.0	0
Dillon, Kelly	57100	190	106	55.8	5	2.6	79	41.6	6	0	0.0	22.1%	2.31	46.6	16	2.7	0:18:24	0	0.0	2
Douglas, Dionna	50884	346	143	41.3	13	3.8	190	54.9	18	0	0.0	14.8%	1.07	55.0	25	1.4	0:18:59	0	0.0	5
Evans, Donna	55779	469	221	47.1	17	3.6	231	49.3	17	1	0.1	19.2%	1.80	48.9	16	1.0	0:18:59	47	2.8	11
Forbes, Cleomie	56239	655	282	43.1	15	2.3	358	54.7	20	4	0.2	29.4%	1.83	32.0	41	2.0	0:18:19	11	0.5	1
Going, Robert	50089	156	68	43.6	1	0.6	87	55.8	5	0	0.0	49.3%	1.68	49.8	10	2.0	13:28:48	15	2.9	4
Hamed, Sal	52698	785	307	39.1	20	2.5	458	58.3	22	1	0.0	77.3%	1.90	46.6	25	1.2	0:16:02	0	0.0	21
Hash, Christina	50081	818	417	51.0	29	3.5	372	45.5	28	2	0.1	14.6%	1.97	44.0	53	1.9	0:35:39	0	0.0	9
Heard, Julia	50358	444	158	35.6	8	1.8	278	62.6	18	0	0.0	85.3%	1.19	45.5	29	1.7	0:19:09	23	1.3	4
Herrington, Lloyd	51879	498	267	53.6	24	4.8	207	41.6	18	0	0.0	21.0%	2.02	53.0	25	1.4	0:24:27	0	0.0	3
Kern, Perri	59631	829	359	43.3	11	1.3	459	55.4	20	1	0.1	13.2%	2.31	44.6	59	3.0	0:16:10	0	0.0	0
Kinan, Karen	59508	1066	468	43.9	27	2.5	571	53.6	29	0	0.0	14.3%	2.15	50.5	50	1.7	0:30:19	0	0.0	58
Marini, Mario	58142	21	12	57.1	0	0.0	9	42.9	2	0	0.0	26.3%	0.75	49.3	1	0.5	0:16:38	0	0.0	0
Martin, Jill	57580	674	290	43.0	45	6.7	339	50.3	19	1	0.1	12.5%	2.19	54.8	11	0.6	0:08:26	32	1.7	4
Ngo, Kiet	54504	575	349	60.7	15	2.6	211	36.7	18	0	0.0	12.5%	2.55	50.5	35	2.0	1:55:13	0	0.0	8
Proshek, Crystal	56610	494	176	35.6	8	1.6	310	62.8	13	0	0.0	18.8%	1.84	48.7	24	1.9	0:18:43	0	0.0	0
Rentschler, Alexandra	53980	579	255	44.0	11	1.9	313	54.1	15	0	0.0	252.9%	2.18	46.3	27	1.8	0:16:56	2	0.1	2
Riddell, Sandra	54197	486	248	51.0	19	3.9	219	45.1	17	0	0.0	18.1%	1.96	48.4	42	2.5	0:23:32	82	4.8	5
Sosebee, Erin	59138	73	36	49.3	0	0.0	37	50.7	2	0	0.0	16.4%	2.25	45.0	4	2.0	0:17:30	0	0.0	0
Tully, Jason	56508	542	305	56.3	19	3.5	218	40.2	16	0	0.0	13.4%	2.51	46.5	33	2.0	0:16:35	17	1.1	1
Velazco, Miguel	55974	324	184	56.8	13	4.0	127	39.2	14	2	0.1	19.1%	1.77	51.9	30	2.2	0:20:49	0	0.0	0
Wright, Shannon	59820	544	289	53.1	15	2.8	240	44.1	20	1	0.1	15.8%	1.90	51.3	43	2.2	0:18:53	2	0.1	3
Yunez, Canaan	59368	118	42	35.6	8	6.8	68	57.6	5	1	0.2	253.8%	1.35	17.6	8	1.7	0:18:09	0	0.0	0
12187	5581	45.8	348	2.9	6258	51.3	389	16	0.0	44.0%	1.80	44.9	698	1.8	0:52:37	231	0.6	153		

*RPH - The number of incoming calls received when logged into the Shortel Contact Center System.

*Chart Generation per hour - The number of charts (exposure + information) generated per shift.

*% Release - This number reflects the amount of time in the office.

*Breaks - The longest break will not exceed 30 minutes

STROKE UPDATE

5/30/2023

Jason S. Tully, MD, C-SPI

Agenda

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graph LR; A[Stroke Numbers] --> B[Hospital]; B --> C[Special Stroke Algorithms]; C --> D[Questions/Concerns]
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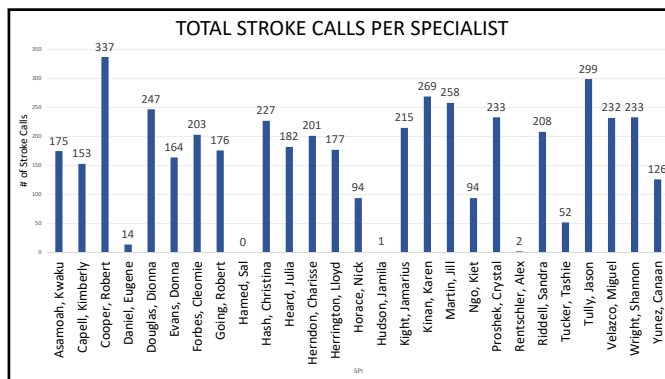
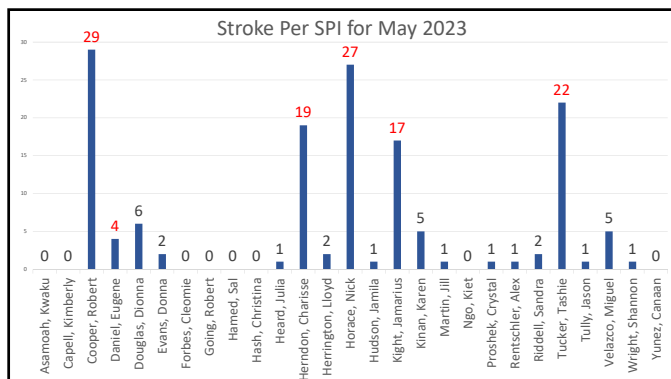
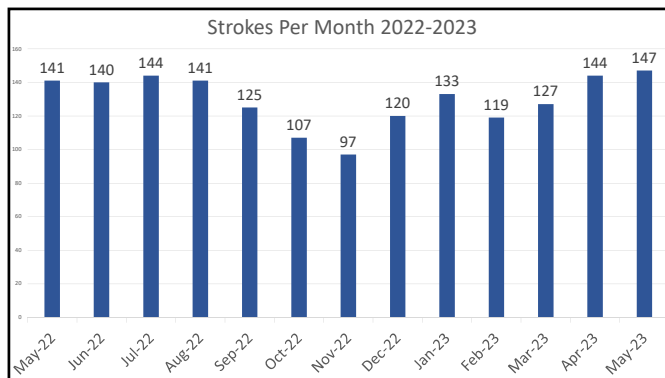
Stroke Numbers

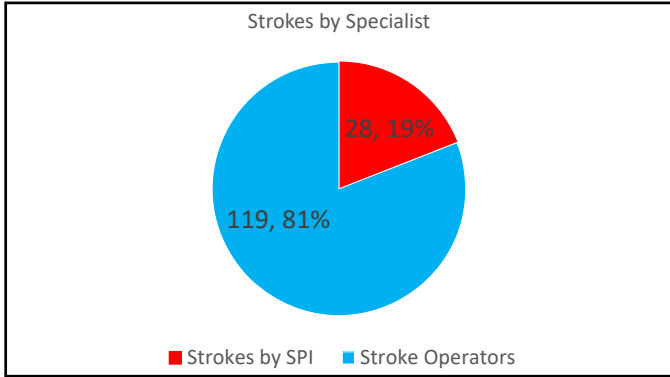
Stroke Numbers

Year	Total Stroke Calls	Calls/Per Day
2018	76	0.83
2019	1235	3.33
2020	1020	2.79
2021	1259	3.45
2022	394	1.07
TOTAL	3964	

Specialist	Total Stroke Calls
Dr. [Name]	10
Dr. [Name]	15
Dr. [Name]	20
Dr. [Name]	25
Dr. [Name]	30
Dr. [Name]	35
Dr. [Name]	40
Dr. [Name]	45
Dr. [Name]	50
Dr. [Name]	55
Dr. [Name]	60
Dr. [Name]	65
Dr. [Name]	70
Dr. [Name]	75
Dr. [Name]	80
Dr. [Name]	85
Dr. [Name]	90
Dr. [Name]	95
Dr. [Name]	100
Dr. [Name]	105
Dr. [Name]	110
Dr. [Name]	115
Dr. [Name]	120
Dr. [Name]	125
Dr. [Name]	130
Dr. [Name]	135
Dr. [Name]	140
Dr. [Name]	145
Dr. [Name]	150
Dr. [Name]	155
Dr. [Name]	160
Dr. [Name]	165
Dr. [Name]	170
Dr. [Name]	175
Dr. [Name]	180
Dr. [Name]	185
Dr. [Name]	190
Dr. [Name]	195
Dr. [Name]	200
Dr. [Name]	205
Dr. [Name]	210
Dr. [Name]	215
Dr. [Name]	220
Dr. [Name]	225
Dr. [Name]	230
Dr. [Name]	235
Dr. [Name]	240
Dr. [Name]	245
Dr. [Name]	250
Dr. [Name]	255
Dr. [Name]	260
Dr. [Name]	265
Dr. [Name]	270
Dr. [Name]	275
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Dr. [Name]	345
Dr. [Name]	350
Dr. [Name]	355
Dr. [Name]	360
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Dr. [Name]	380
Dr. [Name]	385
Dr. [Name]	390
Dr. [Name]	394

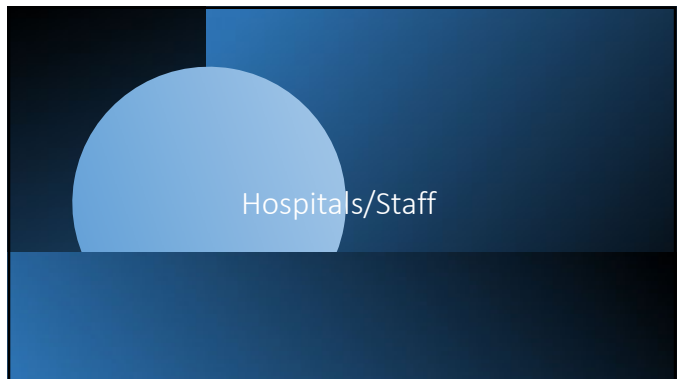
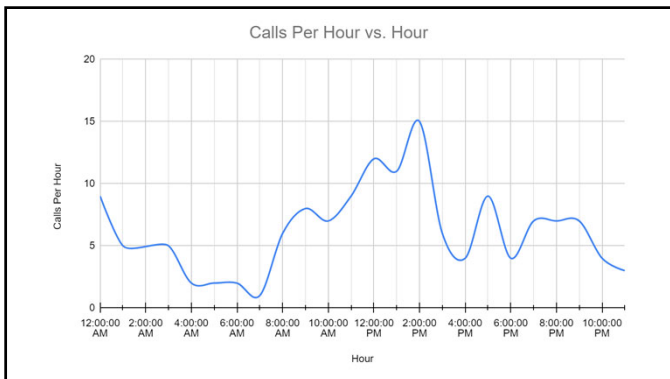
Year	Total Stroke Calls	Calls Per Day
2018	76	0.83
2019	1,215	3.33
2020	1,020	2.79
2021	1,259	3.45
2022	1,433	3.93
2023	670	4.47
TOTAL	5,673	





Call Volume Considerations in May

Midnight-0800	26	17.7%
Weekends	43	29.3%



Hospitals Update

St. Francis—Has a Polycom Cart, requested training
 --stfrancised@vtc.ironbow.com
 --Continuing Phone Only Consults Until Further Notice, but
 may be soon.

Atrium Peach
 Boca Raton, FL

Special Situations

NEUROLOGY CONSULT?

- Language can be confusing: “teleneurology”
- Neurology consult—still a stroke consult
- CUSTOMER SERVICE FIRST
- You are never wrong trying to contact a Grady/Emory VN or LYSIS for **neurology** consult.
- Gather basic info like always, find out what they need, contact the correct VN.
- **Document a brief explanation if it wasn't a stroke consult**

DOUBLE CHECK CHARTING

- Before you close your chart, make sure your dates/times make sense.
- ENSURE date is correct if the LKWT was the previous day.
- Ensure timeline sequence makes sense
- Ensure military time makes sense
- Ensure Door Time is recorded
- Ensure thrombolytic time is recorded (recommended/given times)
- Document times/synopsis of all calls back on a pt.

So many exceptions! How do I remember?

Phone Number	Location	Contact Info	Notes
720-284-7419	Midnight-0800 (FL)	Kahkeshani 832-858-3456	#N/A
484-394-4447	Archbold ED	archbold.cart.1@vfc.ironbow.com	
770-857-4793	Archbold Inpatient	archbold.inpatient@vfc.ironbow.com	
971@ghs.edu	Bethesda East	bethesdaeast@vfc.ironbow.com	
	Bethesda West	bethedawest@vfc.ironbow.com	
888 (991) 295-4912	Baldwin	baldwin.en@vfc.ironbow.com	
404-846-4100	Baldwin	baldwin.inpatient@vfc.ironbow.com	
404 to 730-827-1720	Houston	hmc.ed@vfc.ironbow.com	
	Houston	hmc.inpatient@vfc.ironbow.com	
	Macon	macon.en@vfc.ironbow.com	
	Macon	macon.inpatient@vfc.ironbow.com	
	Perry	perry.hospital@vfc.ironbow.com	
	St. Francis	stfrancis@vfc.ironbow.com	

Notes:

- We cover Baldwin and Macon for pure neurology consults— if BEM-PM, M-F, contact Grady/Emory VN
- after hours, holidays, weekends, contact VS55 VN
- If a different hospital calls for a "neurology consult" just contact the VN on call.
- WHEN IN DOUBT, JUST CONTACT THE VN ON CALL

Footnote:

1. Call back on previously seen acute patient with NO acute changes.
 2. If requesting a simple follow up on a patient at Houston or Baldwin, Tim-Son, can page the APP 1600-1800 and APP Pgs 4.
 3. Otherwise
 4. If requesting a follow up on a patient previously seen by a Grady/Emory neurologist, consult the VS55 physician.
 5. Do Call 239-555-1000, or at 4300 for review of CTR-Neurology OSS

Questions?
Concerns

"Anestesia de caballo "

If someone is unconscious but breathing, it might just be xylazine



Liz Eneida Rivera Blanco
Medical Toxicology Fellow PGY- 4

Disclosures

This presenter has no real or apparent conflicts of interest to disclose.

Learning Objectives

01 Definitions

02 Background

03 Chemistry & Pharmacology

04 Clinical Presentation

05 Complications

06 Management & Treatment

07 Withdrawal

08 Georgia & Xylazine

Adulterants

"Adulterants typically are benign because inflicting harm on the consumer with their addition would be economically and socially unwise, although adulterants occasionally are responsible for epidemic deaths"

Adulterants are deliberately added to increase bulk, enhance or mimic a pharmacological effect or to facilitate drugs delivery.

Adulterants

To add bulk: adulterants which add bulk or dilute are usually relatively cheap, easily available and legal.
Examples: sugars, caffeine, paracetamol.

To enhance or mimic: give the impression of a better quality drug or mask the poor quality product.
Examples: lidocaine, xylazine, phenacetin.

To facilitate administration: make smoking the drug more efficient.
Examples: caffeine.

Puerto Rico

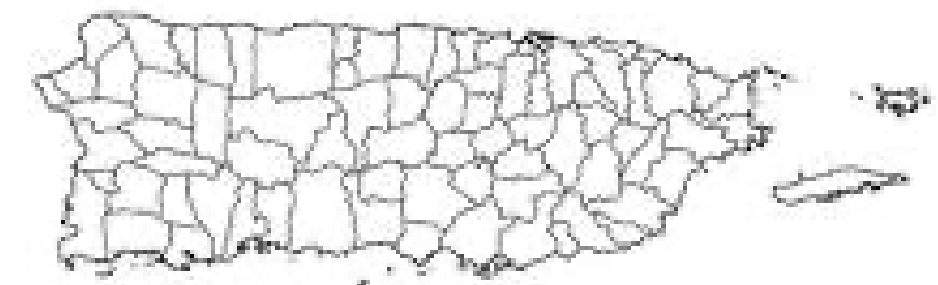




Xylazine, it was 1st described as a more prevalent additive in the unregulated drug supply in Puerto Rico.

Puerto Rico is the 2nd most important drug transportation site to USA; 20% of the drug stays in Puerto Rico.

Late 2010 several US cities with large, segregated Puerto Rican neighborhoods such as Philadelphia and Connecticut witnessed the appearance of a new opioid enhancer, xylazine. Highest xylazine prevalence: #1 Philadelphia #2 Maryland #3 Connecticut



Background

Heroin + Cocaine = Speedball

Heroin + Xylazine = Tranq

Zombie drug

IVDU 8- 12/ day

1 vial 50 mL (100 mg/mL) of xylazine \$ 60 black market, resale \$5000



US overdose crisis 2000– 2006 was cocaine, then in 2007- 2013 from prescribed opioids, 2014- 2015 was heroin and 2016- present is fentanyl (illicitly- manufactured).

Background

Xylazine adulteration addresses several of the disadvantages that fentanyl replacement of heroin introduced for opioid consumers and suppliers. As low cost opioid, fentanyl is a relatively effective adulterant and even substitute for heroin, but it poses two problems: it has a noticeably shorter effect, and it cannot act as diluents or as a bulk of the substance sold to consumers because is too potent a respiratory depressant.

Xylazine, on the other hand, is both a long- acting sedative and a diluent. It extends fentanyl's sedative effects, but its impact on breathing is weaker than that of synthetic opioids

But, xylazine, more severe withdrawal symptoms.

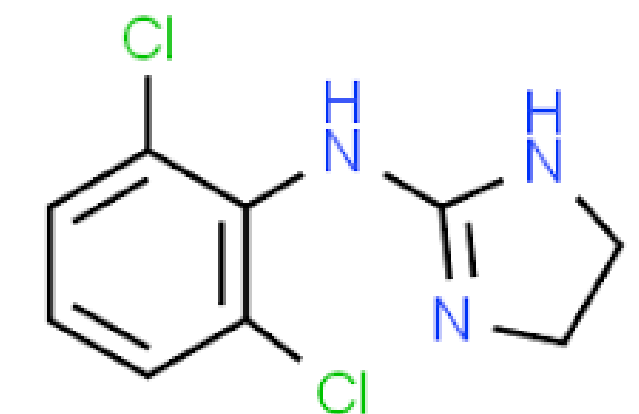
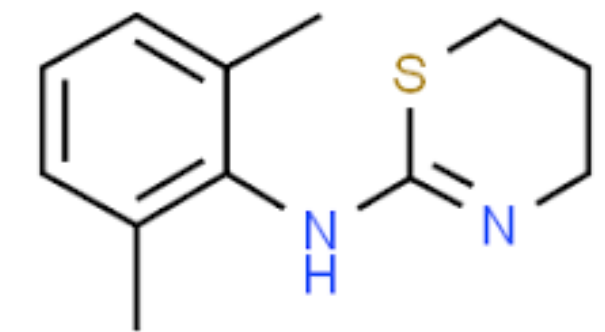
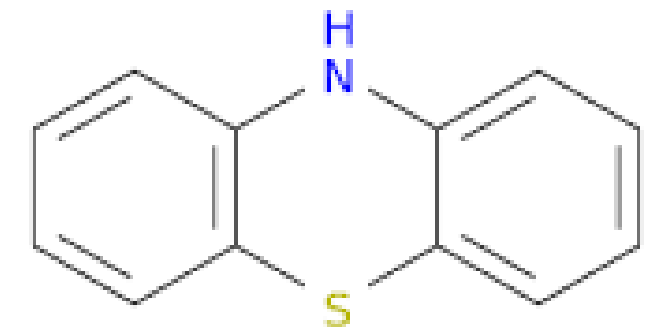
Chemistry & Pharmacology

Non narcotic drug synthesized in 1962 by Bayer, as antihypertensive medication.

Onset of action within 10 to 15 minutes after IM injection in ANIMALS.

A sleeplike state, the depth of which is dose- dependent, is usually maintained for 1 to 2 hrs, while analgesia lasts from 15 to 30 min.

Large volume of distribution- no hemodialysis.



Chemistry & Pharmacology

Stimulates presynaptic alpha 2 adrenergic receptors resulting in a decreased release of adrenaline from sympathetic nerve terminals, which inhibit the release of norepinephrine and dopamine. Resulting in sedation, muscle relaxation and decrease perception of painful stimuli.

Has a partial agonist activity on local arterial alpha 1 adrenergic receptors, leading to vasoconstriction.

Induce central antinociception, but the mechanism is not clearly elucidated.



Clinical presentation

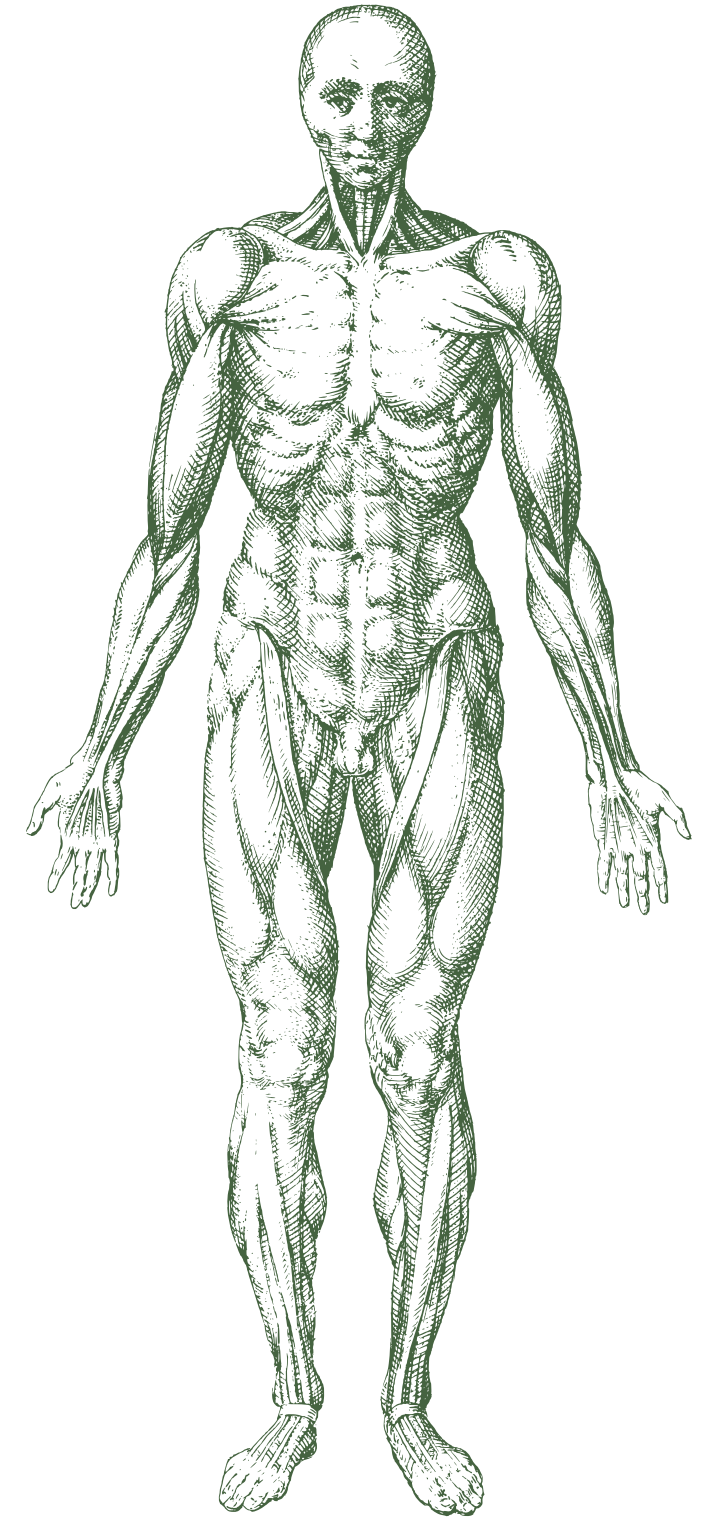
HEENT: miosis.

CNS: areflexia, asthenia, ataxia, blurred vision, disorientation, dizziness, drowsiness, dysarthria, dysmetria, faintness, hyporeflexia, slurred speech, somnolence, staggering, tiredness, coma.

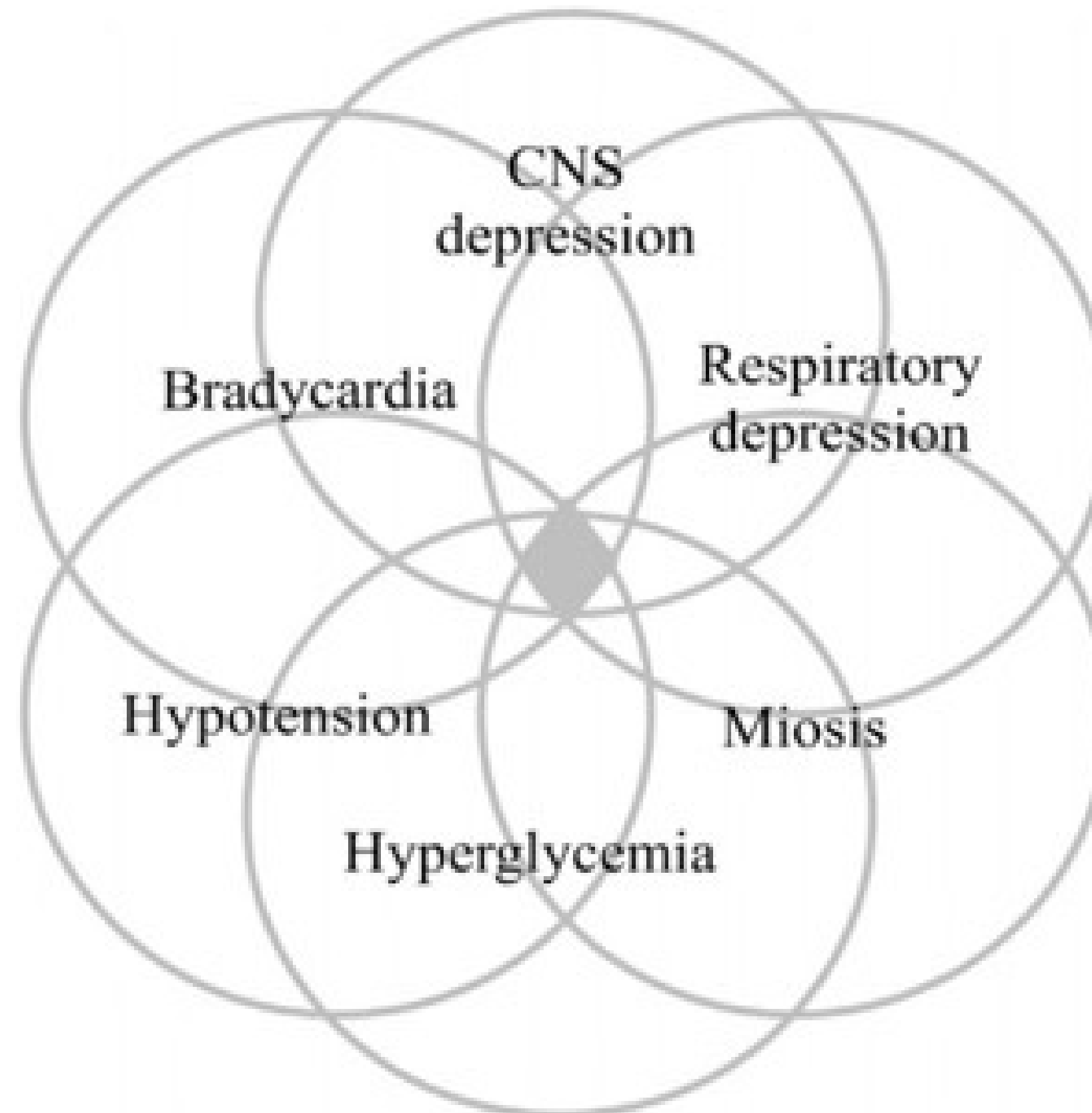
Respiratory depression: apnea or shallow breathing.

Cardiovascular: transient hypertension followed by hypotension, bradycardia, tachycardia, premature ventricular contractions.

Endocrine: hyperglycemia.



Clinical presentation



Most recent publication

CLINICAL TOXICOLOGY
2023, VOL. 61, NO. 3, 173–180
<https://doi.org/10.1080/15563650.2022.2159427>



CLINICAL RESEARCH



Opioid overdoses involving xylazine in emergency department patients: a multicenter study

Jennifer S. Love^a , Michael Levine^b, Kim Aldy^{c,d}, Jeffrey Brent^e , Alex J. Krotulski^f, Barry K. Logan^f , Carmen Vargas-Torres^a, Sara E. Walton^f, Alexandra Amaducci^g, Diane Calello^h , Robert Hendricksonⁱ , Adrienne Hughes^j, Anita Kurt^g, Bryan Judge^j, Anthony Pizon^k, Evan Schwarz^l , Joshua Shulman^k, Timothy Wiegand^m, Paul Wax^{c,d} and Alex F. Manini^a

^aDepartment of Emergency Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA; ^bDepartment of Emergency Medicine, University of California, Los Angeles, CA, USA; ^cDepartment of Emergency Medicine, University of Texas Southwestern Medical Center, Dallas, TX, USA; ^dAmerican College of Medical Toxicology, Phoenix, AZ, USA; ^eUniversity of Colorado School of Medicine, Aurora, CO, USA; ^fCenter for Forensic Science Research and Education, Fredric Rieders Family Foundation Willow Grove, Willow Grove, PA, USA; ^gLehigh Valley Health Network, Bethlehem, PA, USA; ^hRutgers New Jersey School of Medicine, Newark, NJ, USA; ⁱOregon Health & Science University, Portland, OR, USA; ^jSpectrum Health, Grand Rapids, MI, USA; ^kUniversity of Pittsburgh Medical Center, Pittsburgh, PA, USA; ^lWashington University School of Medicine in St. Louis, St. Louis, MO, USA; ^mUniversity of Rochester Medical Center, Rochester, NY, USA

ABSTRACT

Introduction: Illicit opioids, consisting largely of fentanyl, novel synthetic opioids, and adulterants, are the primary cause of drug overdose fatality in the United States. Xylazine, an alpha-2 adrenergic agonist,

ARTICLE HISTORY

Received 27 September 2022
Revised 9 December 2022



Complications

Abscesses, cellulitis and skin ulceration.

Direct vasoconstriction effect on local blood vessels and the resultant decreased skin perfusion; increased soft tissue injury, including necrosis stemming from localized tissue hypoxemia, and reduced sensitivity to skin injury.

Painful, this promotes further injections in the injection/ ulcer site with xylazine; functioning as a sedative/anesthetic.

Not all ulcers appear in the injection sites, they are also reported to appear in non injection side extremities.

Open skin ulcers emit a strong odor, ooze and in severe cases limit the mobility of the extremities

Amputations has been performed on the affected extremity/ extremities

Management & Treatment

No response to naloxone.

- Analgesic effects of xylazine were associated with the release of endogenous opioids and were inhibited by naloxone administration.
- Naloxone is still an intriguing antidote given xylazine's similar structure and mechanism of action to clonidine.
- Higher dosing of naloxone, such as 0.1 mg/kg in pediatric patients or 10mg in adults as recommended in clonidine poisonings may be required.

Supportive care: endotracheal intubation, ventilation, intravenous fluid infusion, gastric lavage, activated charcoal, bladder catheterization, EKG, and hyperglycemia monitoring.

Alpha adrenergic antagonists such as phentolamine, yohimbine and tolazomine has been proposed as antidotes, but NOT undergone testing in humans.

Diagnosis

Gas chromatography- mass spectrometry, expensive and time- consuming.

Prompting the development of alternative approaches like xylazine test strips, which provide a more cost-effective and rapid means for presumptive testing.

Xylazine Withdrawal

Concern for hypertensive emergencies as seen with clonidine withdrawal.

Case report:

Managed with a combination of dexmedetomidine infusion, phenobarbital (autonomic instability; also modulation of both glutamatergic and GABAergic tone) and tizanidine, later transitioned to clonidine (agonists on central alpha 2 receptors to decrease norepinephrine release).



(U) Figure 1. DEA Forensic Laboratory Identifications of Xylazine by Region

Region	2020	2021	Percent Increase
Northeast	346	556	61%
South	198	580	193%
Midwest	110	118	7%
West	77	163	112%

Source: DEA

(U) Figure 2. Number of Xylazine-Positive Overdose Deaths by Region

Region	2020	2021	Percent Increase
Northeast	631	1,281	103%
South	116	1,423	1,127%
Midwest	57	351	516%
West	4	34	750%

Source: DEA

DEA laboratory system data between 2020 and 2021.

The South has the largest increase, reporting a 193% percent increase in identifications of xylazine.

Number of xylazine- positive overdose deaths South 2nd place percent increase 1126% in 2020 and 2021.

Drug Overdose Deaths by Drug Type, Georgia, 2020 – 2022							
Drug Type	2020		2021		2022*		% Change 2020-2022
	N	Rate	N	Rate	N	Rate	
Any Drug	1888	17.63	2417	22.38	2115	19.58	12%
Xylazine	15	0.14	116	1.07	183	1.69	1120%

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DEA The Growing Treat of Xylazine and its Mixture with Illicit Drugs

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