

ERRATUM



Correction to: North American Congress of Clinical Toxicology (NACCT) Abstracts 2017

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When the above collection of Abstracts was published, Abstract no. 286 “Poison center adherence to American College of Medical Toxicology guidance on management priorities in salicylate toxicity” was omitted. This is reproduced below.

Taylor & Francis apologise for this error.

286. Poison center adherence to American College of Medical Toxicology guidance on management priorities in salicylate toxicity

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Objective: Salicylate poisonings are complex medical cases which may involve unpredictable absorption and metabolism putting patients at risk for delayed and serious toxicity. In March 2013, the American College of Medical Toxicology (ACMT) released guidance on Management Priorities in Salicylate Toxicity. Recommendations included documenting at least two nontoxic downtrending salicylate levels prior to discharge, giving activated charcoal if appropriate, and discussing the dangers of endotracheal intubation in a salicylate poisoned patient. We sought to improve the management of salicylate cases as reflected by closer adherence to the ACMT Guidance at our center by abstracting charts before and after a Specialist in Poison Information teaching session highlighting the ACMT Guidance.

Methods: The quality improvement initiative took place at our local poison center that serves the entire state. The poison center is staffed 24 hours a day by trained nurses and pharmacists with the back-up of medical toxicologists. Cases of salicylate poisonings 1/1/2014 to 11/10/2015 were reviewed to determine adherence to 4 different metrics based on ACMT recommendations. An Education Day on salicylate poisoning was held. The initial data comparing the center’s data against the ACMT guidance was presented. Then a teaching session was completed with a pre and post-quiz to poison center staff in attendance. Salicylate poisoning cases after the education session 11/10/2015 to 12/31/2016 were abstracted to determine any change in compliance to the same 4 metrics. Data was collected and entered into a database by an independent and impartial data collector. Data was analyzed via C charts and statistical process control methods.

Results: From the collected data there was an improvement and continued increased compliance after the education session. Via chi-square tests there was statistically significant change and improvement in the frequency of obtaining two salicylate levels if the first was detectable, p -value of .029; obtaining two nontoxic/downtrending levels, p -value of .013; and discussing the danger of intubation in severe cases, p -value of .001. Overall, there was improved and sustained compliance to the standards set by the American College of Medical Toxicology. This project played a key role in improving patient safety by evaluating current practices and determining whether they matched the best level of care, consistent with all Quality Assurance projects.

Conclusions: Identifying knowledge gaps can improve the management of toxicology cases. Improved adherence to ACMT Guidance on the Management of Salicylate Toxicity after a focused teaching session was achieved. This improvement involved a single teaching session and observed specific data from a single poison center, making it relevant and significant to staff at the center. It would be reasonable to use a similar model at other centers.

KEYWORDS Salicylate; acmt guidance; quality assurance

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