

TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW **POSTER PRESENTATIONS**

[ID-P#081] Establishment of a Poison Information Center in Nepal: Pilot assessment of feasibility and service delivery

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Background:Toxicological emergencies are a major cause of mortality in Nepal, and the government has recognized the urgent need for a national poison control center as a top health priority for the country. Telephonic toxicology consultations are effective in assisting in managing poisoned patients, and are widely used in high-income countries. This report describes the methodology of establishing the first hospital-based poison information center in Nepal (Nepal-PIC) and presents preliminary results from services delivered.

Methods: Faculty development grant from a US institution supported the establishment of Nepal- PIC through a multi stakeholder partnership: US Academic institutions (research, education and expert medical toxicology support), Nepal Academic Institution (local implementation, local capacity building, local non-profit partner (dissemination, and logistical support). Three trained physician Specialists in Poison Information (SPIS), provide 24- hour nationwide consultation coverage to healthcare in toxicological exposures. SPIS use their training and TOXBASE, a toxicology information software, and experts from the local institution to provide the first line of support. SPIS use WhatsApp(™) messaging to connect with an additional group of international medical toxicology experts to provide a second line of support. Weekly quality improvement meetings are held for case review and care advancement. Monthly education webinars with international medical toxicologists are held for free education.

Results:The Nepal-PIC started its service on October 1st, 2023, and was officially inaugurated by Nepal's Health Minister on December 6th, 2023. Nearly 200 different healthcare providers have consulted on various cases from different parts of Nepal. 50% of the calls have been exposures to insecticides or pesticides. Other common poisonings included snake bites, analgesics, antidepressants, and chemical exposures. Nearly 60% of the cases were reported as intentional for suicidal purposes. 25% of the cases have required international expert support.

Conclusion: The Nepal-PIC was a government mandate, and has been established through an innovative partnership between international and local institutions, and a non-profit partner. PICs are known to have health and economic benefits, and the Nepal-PIC shows promising results in its first few months of its establishment.