APPENDIX 3:

NFLIS Definitions of Chronicity, Reasons for Exposure, and Medical Outcomes

OPERATIONAL DEFINITIONS
Drug exposures are classified as unintentional or intentional. For purposes of this review, only intentional exposures were evaluated.

Reasons for Exposure
The coding options available for the reason for intentional exposures are:

Intentional: If the case involves a purposeful action resulting in an exposure, the following four categories are available for coding:

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

Intentional misuse: An exposure resulting from the intentional improper or incorrect use of a substance for reasons *other* than to achieve a psychotropic effect.

Intentional abuse: An exposure resulting from the intentional improper or incorrect use of a substance where the victim was likely attempting to achieve a euphoric or psychotropic effect. All "recreational" use of substances for any effect is included.

Intentional unknown: An exposure that is determined to be intentional but the specific motive is unknown.

Chronicity This field is used to document the chronicity of the exposure. Coding options include:

Acute: A single, repeated, or continuous exposure occurring over a period of eight hours or less.

Acute-or-chronic: A single acute exposure that was preceded by a continuous, repeated, or intermittent exposure occurring over a period exceeding eight hours (>8). If this option is selected, exposure duration must also be coded. An example is a patient who takes four doses of aspirin a day therapeutically for six weeks, then takes a single overdose. In this case, the exposure duration would be coded >1 month, ≤ 3 months.

Chronic: A continuous, repeated, or intermittent exposure to the same substance lasting longer than eight hours. If this option is selected, exposure duration must also be coded. Examples include: a medication taken repeatedly for more than eight hours; a person exposed continuously to a chemical for greater than eight hours; a worker exposed to a chemical in the workplace intermittently, one day a week, for several months.

Unknown: The duration of the exposure is unknown or not available.

Medical Outcome
Medical outcome is determined based upon all information available at the conclusion of the case. Only one medical outcome can be chosen per case:

Case followed to known outcome: A response in this area is appropriate only if follow-up continues until medical outcome can be documented with reasonable certainty. If the case is followed to a known outcome, one of the following outcomes is to be chosen:

No effect: The patient did not develop any signs or symptoms as a result of the exposure.

Minor effect: The patient exhibited some signs or symptoms as a result of the exposure, but they were minimally bothersome to the patient. The symptoms usually resolve rapidly and 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. If this response is selected, the implication is that the patient had clinical effects that were probably related to the exposure. In this case, the clinical effects are coded as well as the duration of the clinical effects.

Moderate effect: The patient exhibited signs or symptoms as a result of the exposure which were more pronounced, more prolonged, or more of a systematic nature than minor symptoms. Usually some form of treatment is indicated. Symptoms were not life-threatening, and the patient returned to a pre-exposure state of well-being with no residual disability or disfigurement. If this response is selected, the implication is that the patient had clinical effects that were probably related to the exposure. In this case, the clinical effects are coded as well as the duration of the clinical effects. (Examples: corneal abrasion, acid-base disturbance, high fever, disorientation, hypotension which is rapidly responsive to treatment, isolated brief seizures which respond readily to treatment.)

Major effect: The patient exhibited signs or symptoms as a result of the exposure which were life-threatening or resulted in significant residual disability or disfigurement. If this response is selected, the implication is that the patient had clinical effects that were probably related to the exposure. In this case, the clinical effects are coded as well as the duration of the clinical effects. (Examples: patients requiring intubation and mechanical ventilation, repeated seizures or status epilepticus, ventricular tachycardia with hypotension, cardiovascular instability, cardiac or respiratory arrest, esophageal stricture, disseminated intravascular coagulation.)

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 occurred. Only those deaths which are determined to be either probably or undoubtedly related to the exposure are coded with this outcome.

Death, indirect report: A reported fatality is coded as "indirect" if no inquiry was placed to the poison center. For example, if the case was obtained from a medical examiner who sends post mortem reports to the poison center or from a newspaper article.

Case not followed to known outcome: In some cases there is no follow-up. The following are the choices provided for these circumstances:

Not followed, judged as nontoxic exposure: No follow-up calls were made to determine the patient's outcome because the substance implicated was nontoxic, the amount implicated was insignificant, or the route of exposure was unlikely to result in a clinical effect.

Not followed, minimal clinical effects possible: No follow-up calls were made to determine the patient's outcome because the exposure was likely to result in only minimal toxicity. (The patient is expected to experience no more than a minor effect.)

Unable to follow, judged as a potentially toxic exposure: The patient was lost to follow-up, refused follow-up, or was not followed, but the exposure was significant and may have resulted in a moderate, major, or fatal outcome.

Other options:

Unrelated effect: The exposure was probably not responsible for the effect.

Confirmed nonexposure: Objective evidence exists that an exposure initially thought to have occurred actually did not occur. For example, if all missing pills are later located, this coding option is chosen. All cases coded as confirmed non-exposure are excluded from TESS data analyses.