

Remote Toxicology: Little M; Soderstrom J; Hooper A

The Western Australia Toxicology Service, started in 2003 serves a population of 2.59 million people across a land mass of 2,645,615km². The Cairns Toxicology Service, started in 2011 covers ~17% of Queensland, including the Cairns plus Cape York (greater than the size of the UK) Health Districts with a population of 255K. The vast distances and limited medical populations, both services provide care to patients thousands of kilometres away. Since the inception of both services, there have been a number of strategies adopted to manage poisoned patients. These include

1. A regional on call service, which has the advantage of local knowledge
2. Coordination with the local regional retrieval service, Emergency Telehealth service,
3. Toxicology education both using the existing videoconferencing infrastructure and in person to rural medical, nursing and the Royal Flying Doctor staff
4. Coordinating and rationalizing antivenom and antidote stocking throughout the regional areas

These are some of the strategies that we have adopted to provide a comprehensive toxicology service to assist in managing the challenges of distance, limited resourcing in these smaller communities. These have resulted in more patients being managed in their home hospitals without the necessity of transferring to the regional centres; increased cost efficiencies and most importantly improved patient outcomes.

This session will give examples of some the difficulties and strategies implemented, as well as using it as a forum exchange views and experiences from others involved in remote area toxicology.