

The roles and functions of PRN

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With the rise of number of poisonings as a result of new developments in industrial chemicals, there was an urgent need for toxicology to direct itself to the issue at hand.

One such response is an establishment of a specialized centre where the reports on cases of poisoning from all sources could be centrally handled. At the same time such centre could provide assistance with respect to treatment as well as prevention where information seems to be the stumbling block especially in emergency cases. Such centres eventually come to be known as Poison Control Centres, or simply Poison Centres.

The first Poison Centre was set up in 1949 in Holland, Europe acting mainly as information centre. At that time its sole function is to provide complete information about drugs and medicinal plants, indicating toxicity, contraindications, and what to do in cases of poisoning.

In the same year other centres opened in Copenhagen, Denmark; and a year later in Leeds, United Kingdom. France had its first centre in 1949 in Paris.

In North American, the first centre was set up in 1953 in Illinois, Chicago. This was the result of a study that showed more than fifty per cent of accidents involving children arose from acute poisoning. Three years later in 1956, there was 23 Centres and by 1965 the number rose to 554. Canada opened four centres in 1957, and by 1963 the number reached 222.

Today the idea of poison centres is already universal. There is now a World Federation of Associations of Clinical Toxicology Centres and Poison Control Centres. Among its aim is "to study the organization and functioning of Poison Centers and related Clinical Toxicology Centers" and to "establish and maintain the necessary relations with competent Ministry departments in each country, and national, regional and international organizations, especially those interested in problems of human toxicology and, in particular, WHO." This is apart from collaborating in studies of human toxicity.

Apart from this, there are other international initiatives like the International Programme on Chemical Safety (IPCS) which has been established by the International Labour Organization (ILO), United Nations Environment Programme (UNEP) and World Health Organization (WHO). IPCS provide the scientific basis on which countries could develop and implement their own chemical safety programmes. By and large IPCS cooperates with poison centres and related toxicology units in its work.

Despite such a global development, the concept of poison centres is still new in many developing countries. Not that chemicals are less of a nuisance in such society including ours, or that suicides involving poisons are rare, but more so because there is a lack of awareness about the prevalence of poisonings. Equally important is the cost to maintain the running of such centres. Nevertheless this is gradually changing. Many countries in the Third World are taking step to set up their own Poison Centres.

In Malaysia, the development of the National Poison Centre has a long history. It began in 1982 as a small research project financed by the Universiti Sains Malaysia Short-term Research Grant. The project was set up with the following objectives:

1. to collect, evaluate, integrate and organize information related to drugs, poisons and public education,
2. to provide for a rapid, accurate and discriminate retrieval system,
3. to promote better patient care through an effective and efficient drug and poison information services.

In 1988, the capability of IDPIS(, was put to test when the nation was shocked by the death of a number of school children after consuming 'loh see fun' in Ipoh (please insert picture about the case). After being contacted by the Ipoh Hospital. For the first time, IDPIS(demonstrated its usefulness in meeting the request for information from various agencies, namely information regarding boric acid and aflatoxin - both being suspected to be involved in the fatal poisonings.

Then comes the Bright Sparklers Factory accident in Sungal Buloh in 1991, and then during the Gulf War in 1991 and lately the paraquat poisoning involving inmates at Hospital Bahagia. These were some of the major experiences that brought maturity to the project.

The project better known as the Integrated Drug and Poison Information Service (IDPIS(, also charted a number of milestones. For example in 1989, it initiated a unique videotex system, hailed to the first in Asia, if not internationally, in terms of relaying drug and poison information to both the professionals and members of the public alike. It is a direct electronic information service using the National Videotex Service of Malaysia called TELITA (an acronym for TELEKOM, LIHAT, TAHU).

Through this medium, an on-line service was launched nationwide in mid-1989 whereby users can get access to various databases like Drugline and Poisonline (please insert picture from brochure enclosed). The former

deals with important aspects of drug use, particularly its purpose, correct usage, dose regimen, side-effects for drugs registered in the country, as well as their manufacturers. The latter, integrates information concerning poisons including pesticides, agrochemicals, household and industrial chemicals. This database also provides information on poisoning signs and symptoms, treatment modalities and poison prevention. Proper usage, classes of poisons, antidotal information and emergency treatment procedures are also included.

Both of these databases are inter-related and duly integrated to maximize the relational information provided for the benefit of the end users. This service could be viewed as a forerunner to a national poison which was set-up more than a decade since its inception. Currently the on-line system is being integrated with a network of microcomputers to further enhance the potential use of IDPIS.

It was not until mid-1994 that IDPIS, finally being recognized as the National Poison Centre following a Cabinet decision. It is now called "PUSAT RACUN NEGARA" or PRN for short.

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