

Attachment 1
American Association of Poison Control Centers
Toxic Exposure Surveillance System Worksheet

1660719

AAPCC TOXIC EXPOSURE SURVEILLANCE SYSTEM®

DATE: _____ TIME: _____

Call Type (T)	Patient (P)	Exposure Duration (D)	REASON EXPOSURE OCCURRED (R)		
			Unintentional	Intentional	Other
0. Exposure Information Request: 1. Drug Info 2. Drug Identification 3. Environmental 4. Medical 5. Occupational 6. Poison 7. Prevention/safety 8. Teratogenicity 9. Other	1. Human 2. Animal If more than one patient involved, darken H.	1. Acute 2. Acute-on-chronic 3. Chronic If 2 or 3 code duration 4. Unknown	1. General 2. Environmental 3. Occupational 4. Therapeutic error 5. Misuse 6. Biting/sting 7. Food poisoning 8. Unknown	9. Suspected suicidal 10. Misuse 11. Abuse 12. Unknown	13. Contaminant/tampering 14. Malicious Adverse Reaction (During normal or recommended use.) 15. Drug 16. Food 17. Other 18. Unknown reason

PATIENT DATA

Name: _____

Telephone no: () _____

Address: _____

Zip: _____

Age: _____ Years Months Days Unknown ageGender/Pregnancy: Male Female Unknown
 Pregnant - weeks of pregnancy: _____

Weight: _____ lbs. _____ kg.

Prior medical history: _____

PMD name & phone no. _____

SUBSTANCE DATA

Substance: _____

Amount: _____

Ingredients: _____

Time of/duration of exposure: _____

Route of exposure: Ingestion Inhalation/nasal Aspiration (with ingestion) Ocular Dermal Bite/sting Parenteral Other Unknown

HISTORY, SYMPTOMS, CALCULATIONS & ASSESSMENT

CALLER DATA

Name: _____ RN DVRelationship to patient: _____ MD RP Self Mother Grandparent OH Spouse Father Other relative Babysitter Other _____

Telephone no: () _____

Address: _____

Zip: _____

County/Other code: _____

Site of Caller

Site of Exposure

- | | |
|---|--------------------------|
| <input type="checkbox"/> Own Residence | <input type="checkbox"/> |
| <input type="checkbox"/> Other Residence | <input type="checkbox"/> |
| <input type="checkbox"/> Workplace | <input type="checkbox"/> |
| <input type="checkbox"/> (code)* Health Care Facility | <input type="checkbox"/> |
| <input type="checkbox"/> School | <input type="checkbox"/> |
| <input type="checkbox"/> Restaurant/Food Service | <input type="checkbox"/> |
| <input type="checkbox"/> Public Area | <input type="checkbox"/> |
| <input type="checkbox"/> (code)* Other | <input type="checkbox"/> |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> |

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Treatment Facility: _____

Code: _____

MANAGEMENT PLAN, FOLLOW-UP NOTES AND OUTCOME: (Time & date each entry)

DATE/TIME

CONSULTANTS/RESOURCES USED:

Medical director _____

Other consultant _____

Texts _____

Other _____ Poisindex®

FORM

INITIATED BY: _____

FORM

COMPLETED BY: _____

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FORM

REVIEWED BY: _____

MANAGEMENT SITE		Initial HCF	CLINICAL EFFECTS	
① Managed on site (non health care facility) ② Patient already in (enroute to) HCF when PCC called* (code) <input type="radio"/> Treated/evaluated and released <input type="radio"/> Admitted to critical care unit <input type="radio"/> Admitted to noncritical care unit <input type="radio"/> Admitted to psychiatric facility <input type="radio"/> Patient lost to follow-up/left AMA ③ Patient was referred by PCC to a HCF* (code) <input type="radio"/> Treated/evaluated and released <input type="radio"/> Admitted to critical care unit <input type="radio"/> Admitted to noncritical care unit <input type="radio"/> Admitted to psychiatric facility <input type="radio"/> Patient refused referral/did not arrive at HCF <input type="radio"/> Patient lost to follow-up/left AMA ④ Other* (code) ⑤ Unknown		Code 0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9 Final HCF Code 0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	Cardiovascular <input type="radio"/> <input type="radio"/> Bradycardia <input type="radio"/> <input type="radio"/> Cardiac arrest <input type="radio"/> <input type="radio"/> Chest pain (incl. noncardiac) <input type="radio"/> <input type="radio"/> Conduction disturbance <input type="radio"/> <input type="radio"/> Dysrhythmia (other) <input type="radio"/> <input type="radio"/> Dysrhythmia (v tachy/br) <input type="radio"/> <input type="radio"/> Hypotension <input type="radio"/> <input type="radio"/> Hypertension <input type="radio"/> <input type="radio"/> Tachycardia Dermal <input type="radio"/> <input type="radio"/> Bullae <input type="radio"/> <input type="radio"/> Burns (superficial) <input type="radio"/> <input type="radio"/> Burns 2°-3° <input type="radio"/> <input type="radio"/> Cellulitis <input type="radio"/> <input type="radio"/> Erythema <input type="radio"/> <input type="radio"/> Edema <input type="radio"/> <input type="radio"/> Erythema/flushed <input type="radio"/> <input type="radio"/> Hives/welts <input type="radio"/> <input type="radio"/> Irritation/pain <input type="radio"/> <input type="radio"/> Necrosis <input type="radio"/> <input type="radio"/> Pallor <input type="radio"/> <input type="radio"/> Pruritis <input type="radio"/> <input type="radio"/> Puncture wound/sting <input type="radio"/> <input type="radio"/> Rash	Neurological (cont.) <input type="radio"/> <input type="radio"/> Intracranial bleed <input type="radio"/> <input type="radio"/> Muscle rigidity <input type="radio"/> <input type="radio"/> Muscle weakness <input type="radio"/> <input type="radio"/> Paralysis <input type="radio"/> <input type="radio"/> Peripheral neuropathy <input type="radio"/> <input type="radio"/> Seizure (single) <input type="radio"/> <input type="radio"/> Seizures (multiple/diurnal) <input type="radio"/> <input type="radio"/> Seizures (status) <input type="radio"/> <input type="radio"/> Slurred speech <input type="radio"/> <input type="radio"/> Syncope <input type="radio"/> <input type="radio"/> Tinnitus <input type="radio"/> <input type="radio"/> Tremor Ocular <input type="radio"/> <input type="radio"/> Blurred vision <input type="radio"/> <input type="radio"/> Burns <input type="radio"/> <input type="radio"/> Corneal abrasion <input type="radio"/> <input type="radio"/> Irritation/pain <input type="radio"/> <input type="radio"/> Lacrimation <input type="radio"/> <input type="radio"/> Miosis <input type="radio"/> <input type="radio"/> Mydriasis <input type="radio"/> <input type="radio"/> Nystagmus <input type="radio"/> <input type="radio"/> Papilledema <input type="radio"/> <input type="radio"/> Pupil(s) nonreactive <input type="radio"/> <input type="radio"/> Visual defect
THERAPY <input type="radio"/> No therapy provided <input type="radio"/> Observation only <input type="radio"/> Patient refused any help <input type="radio"/> Unknown if therapy provided				
DECONTAMINATION <input type="radio"/> ipecac <input type="radio"/> charcoal, single dose <input type="radio"/> charcoal, multiple doses <input type="radio"/> lavage <input type="radio"/> cathartic <input type="radio"/> whole bowel irrigation <input type="radio"/> other emetic <input type="radio"/> dilute/irrigate/wash		fresh air food/snack		
OTHER THERAPIES alkalization amyl nitrite antiarrhythmic anticonvulsants antihistamines antihypertensives antivenin/antitoxin atropine BAL bronchodilators calcium cardioversion CPR deferoxamine ECMO EDTA <input type="radio"/> ethanol <input type="radio"/> extracorp. proc., other <input type="radio"/> Fab fragments <input type="radio"/> fluids, IV <input type="radio"/> flumazenil <input type="radio"/> folate <input type="radio"/> glucagon <input type="radio"/> glucose, > 5% <input type="radio"/> hemodialysis <input type="radio"/> hemoperfusion <input type="radio"/> hydroxocobalamin <input type="radio"/> hyperbaric oxygen <input type="radio"/> intubation <input type="radio"/> methylene blue <input type="radio"/> NAC, IV <input type="radio"/> NAC, PO naloxone neuromuscular blocker oxygen 2-PAM penicillamine physostigmine phytanadione pyridoxine sodium nitrite sodium thiosulfate succimer transplantation vasopressors ventilator other		Gastrointestinal <input type="radio"/> <input type="radio"/> Abdominal pain <input type="radio"/> <input type="radio"/> Anorexia <input type="radio"/> <input type="radio"/> Constipation <input type="radio"/> <input type="radio"/> Dehydration <input type="radio"/> <input type="radio"/> Diarrhea <input type="radio"/> <input type="radio"/> Dysphagia <input type="radio"/> <input type="radio"/> Esophageal injury <input type="radio"/> <input type="radio"/> Esophageal stricture <input type="radio"/> <input type="radio"/> Fecal incontinence <input type="radio"/> <input type="radio"/> Hematemesis <input type="radio"/> <input type="radio"/> Melena <input type="radio"/> <input type="radio"/> Nausea <input type="radio"/> <input type="radio"/> Oral burns (incl. lips) <input type="radio"/> <input type="radio"/> Oral irritation <input type="radio"/> <input type="radio"/> Throat irritation <input type="radio"/> <input type="radio"/> Vomiting Heme/Hepatic <input type="radio"/> <input type="radio"/> AST, ALT > 100 < 1,000 <input type="radio"/> <input type="radio"/> AST, ALT > 1,000 <input type="radio"/> <input type="radio"/> Bilirubin ↑ <input type="radio"/> <input type="radio"/> Dyspnea <input type="radio"/> <input type="radio"/> DIC <input type="radio"/> <input type="radio"/> Hemolysis <input type="radio"/> <input type="radio"/> PT prolonged <input type="radio"/> <input type="radio"/> Other coagulopathy <input type="radio"/> <input type="radio"/> Other LFT abnormality Neurological <input type="radio"/> <input type="radio"/> Agitated/irritable <input type="radio"/> <input type="radio"/> Ataxia <input type="radio"/> <input type="radio"/> Coma <input type="radio"/> <input type="radio"/> Confusion <input type="radio"/> <input type="radio"/> CVA <input type="radio"/> <input type="radio"/> Dizziness/vertigo <input type="radio"/> <input type="radio"/> Drowsiness/lethargy <input type="radio"/> <input type="radio"/> Dystonia <input type="radio"/> <input type="radio"/> Fasciculations <input type="radio"/> <input type="radio"/> Hallucinations/delusions <input type="radio"/> <input type="radio"/> Headache	Renal/GU <input type="radio"/> <input type="radio"/> Creatinine ↑ <input type="radio"/> <input type="radio"/> Hematuria <input type="radio"/> <input type="radio"/> Hematuria/myoglobinuria <input type="radio"/> <input type="radio"/> Oliguria/anuria <input type="radio"/> <input type="radio"/> Polyuria <input type="radio"/> <input type="radio"/> Renal failure <input type="radio"/> <input type="radio"/> Urinary incontinence <input type="radio"/> <input type="radio"/> Urinary retention Respiratory <input type="radio"/> <input type="radio"/> Bronchospasms <input type="radio"/> <input type="radio"/> Cough/choke <input type="radio"/> <input type="radio"/> Cyanosis <input type="radio"/> <input type="radio"/> Dyspnea <input type="radio"/> <input type="radio"/> Hyperventilation/panic <input type="radio"/> <input type="radio"/> Pneumonia <input type="radio"/> <input type="radio"/> Pulmonary edema <input type="radio"/> <input type="radio"/> Respiratory arrest <input type="radio"/> <input type="radio"/> Respiratory depression <input type="radio"/> <input type="radio"/> X-ray findings (+)	
MEDICAL OUTCOME CASE FOLLOWED TO KNOWN OUTCOME No effect Minor effect Moderate effect Major effect Death CASE NOT FOLLOWED TO KNOWN OUTCOME Not followed, judged as nontoxic exposure (clinical effects not expected) Not followed, minimal clinical effects possible (no more than minor effect possible) Unable to follow, judged as a potentially toxic exposure EXPOSURE PROBABLY NOT RESPONSIBLE FOR EFFECT Unrelated effect, the exposure was probably not responsible for the effect(s) Confirmed non exposure		DURATION OF CLINICAL EFFECT(S) <input type="radio"/> ≤2 hrs <input type="radio"/> ≤8 hrs <input type="radio"/> ≤24 hrs <input type="radio"/> ≤3 days <input type="radio"/> ≤1 week <input type="radio"/> ≤1 month <input type="radio"/> >1 month <input type="radio"/> anticipated permanent <input type="radio"/> unknown		
		Override		

SPJ CODE

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

DATE/TIME

MO.	DAY	YR	HOUR
JAN JUL	1	1	1
FEB AUG	2	2	2
MAR SEP	3	3	3
APR OCT	4	4	4
MAY NOV	5	5	5
JUN DEC	6	6	6
	7	7	7
	8	8	8
	9	9	9

CALL CLASS

T	P	D	R
0	1	1	1
1	2	2	2
2	3	3	3
3	M	4	4
4			
5			
6			
7			
8			
9			

>8 hr <24 hr
>24 hr <1 week
>1 week <1 mo
>1 mo <3 mo
>3 mo
Unknown

CALL SITE CODE

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

GENDER

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Male
Female
Unknown gender
Pregnant # weeks

PATIENT AGE

ACTUAL AGE	UNKNOWN AGE
0	<5 yrs
1	6-12 yrs
2	13-19 yrs
3	20's
4	30's
5	40's
6	50's
7	60's
8	70's
9	80's
	>90

Unknown
Child (<19 yrs)
Unknown
Adult (>20 yrs)
Unknown
Age

Caller Site

Exposure Site

Own Residence
Other Residence
Workplace
Health Care Facility* (code)
School
Restaurant/Food Service
Public Area
Other* (code)
Unknown

CALLER EDUCATION

Telephone number
Zip code
Other code

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

STATE

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

ROUTE OF EXPOSURE

Ingestion
 Inhalation/nasal
 Aspiration (with ingestion)
 Ocular
 Dermal
 Bite/sting
 Parenteral
 Other
 Unknown

SUBSTANCE 1

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TOTAL NO SUBSTANCES INVOLVED

0
1
2
3
4
5
6
7
8
9

SUBSTANCE 2

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

SWITCH SUBSTANCE PRIORITY

FREE AREA 1	FREE AREA 2	CENTER CODE	ANIMAL SPECIES
0	0	0	Cat
1	1	1	Dog
2	2	2	Bird
3	3	3	Aquatic
4	4	4	Cow
5	5	5	Horse
6	6	6	Rodent/Lagomorph
7	7	7	Sheep/Goat
8	8	8	Other
9	9	9	

FREE AREA 3

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

SECONDARY CENTER ON CASE

DO NOT WRITE IN THE SHADED AREA



1660719

MAHA

Train