Contemporary Issues

Does your case involve an unusual or novel case, or a new drug or formulation (other than Bath Salt, Synthetic Cannabinoid, or other Designer Drug)? *

☐ Yes  ☐ No  ☐ Unknown

If yes - then please provide a short explanation of why the case is unusual or novel.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does your case involve abuse of a Bath Salt, Synthetic Cannabinoid, or other Designer Drug; or, a new abused substance; or, an old substance in a new way (e.g. heroin with powdered caffeine); or, an old drug with unanticipated clinical effects? *

☐ Yes  ☐ No  ☐ Unknown

If yes - does this case involve any of the following:

☐ Use/abuse of a new substance
☐ Use/abuse of an old substance in a new way
☐ Use/abuse of an old substance with unanticipated clinical effects
☐ Other reason (Specify): ________________________________
☐ None of the above

Enter street name of drug:

Enter scientific name of drug as able (agent or class):

Provide any other additional information that may help understand the novelty of the case.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Demographic Information

Age:* _____ Months (if less than 2 yr)  _____ Years (if 2-89 years)  ☐ Check if >90

Sex:*  ☐ Male       ☐ Female - Not Pregnant  ☐ Female – Pregnant

Race:* (check all that apply)

☐ American Indian/Alaska Native  ☐ Black/African  ☐ Mixed
☐ Asian  ☐ Caucasian  ☐ Other
☐ Australian Aboriginal  ☐ Native Hawaiian or Pacific Islander  ☐ Unknown/Uncertain
Is this person Hispanic/Latino?*  
☐ Yes  ☐ No  ☐ Unknown

**Past Medical History**

Able to assess patient's medical history?*  
☐ Yes  ☐ No

If yes - Does the patient have a history of any of following conditions?

- Coronary Artery Disease (CAD)  ☐ Yes  ☐ No  ☐ Unknown
- Congestive Heart Failure (CHF)  ☐ Yes  ☐ No  ☐ Unknown

Is the patient's HIV status known to you (clinician)?  ☐ Yes  ☐ No  ☐ Choose not to answer

If HIV status known please indicate:  ☐ Positive  ☐ Negative

If HIV Positive then please enter the following information:

- Most Recent CD4: ☐ Known  ☐ Not available
  
  If known, CD4 (cells/mL): _________

- Most Recent Viral Load: ☐ Known  ☐ Known - Undetectable  ☐ Not available
  
  If known, Viral Load (copies/mL): _________

**Encounter Information**

Source of Referral (check one) *

☐ ED  ☐ Poison Center
☐ Admitting Service  ☐ PCP or Other Outpatient Treating MD
☐ Request From Another Hospital Service  ☐ Employer/IME/Workers Compensation
☐ Outside Hospital Transfer  ☐ Self Referral

**Nature/Location of Tox Encounter** [Check Nature and Location (may have > one location)]*

☐ Consult (ED/Inpt)  ☐ Attending (Inpt)  ☐ Outpatient/Clinic/Office Consultation
☐ ED  ☐ ED  ☐ Provoked Urine Test
☐ Obs Unit  ☐ Obs Unit  ☐ Hair Testing
☐ Hospital Floor  ☐ Hospital Floor
☐ ICU  ☐ ICU

Reason for Encounter (select up to 2 main reasons)*

☐ Intentional Pharmaceutical - intended use of approved medication for any purpose including self-harm, misuse/abuse, therapeutic use, or unknown ...... *If intentional pharmaceutical, check if attempt at self-harm, misuse/abuse, therapeutic use or unknown (REQUIRED)*

☐ Attempt at Self-Harm – whether suicide intent known, or unknown; not misuse / abuse

*If attempt at self-harm, check best answer below:

☐ Suicide attempt (at least some intent to die)
☐ No suicidal attempt (no intent to de, behavior for other reasons, such as relieve stress)
☐ Suicidal intent unknown – (intent to die is unknown and cannot be inferred)

☐ Misuse / Abuse --no attempt at self-harm

*If therapeutic misuse / abuse, select all that apply:

☐ Use of a prescription medication without a valid prescription (e.g. someone else’s medication)
☐ Taking any prescription medication in doses greater than prescribed
☐ Taking any OTC medication in doses higher than labeled
☐ Taking excess doses or using another’s medication for medical reasons (e.g. to treat a pain exacerbation)
☐ Taking the medication in attempt to illicit a pleasurable sensation (e.g. to get “high”

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☐ Taking the medication in an attempt to avoid withdrawal
☐ Therapeutic Use (e.g. bradycardic after therapeutic verapamil)
☐ Unknown

☐ Intentional Non-Pharmaceutical - intended use of substance other than an approved medication for any purpose e.g. heroin, toluene........If intentional non-pharmaceutical, check if attempt at self-harm, misuse/abuse, or unknown

☐ Attempt at Self-Harm – whether suicide intent know, or unknown; not misuse or abuse
If attempt at self-harm check best answer below:
☐ Suicide attempt (at least some intent to die)
☐ No suicidal attempt (no intent to die, behavior for other reasons, such as relieve stress)
☐ Suicidal intent unknown – (intent to die is unknown and cannot be inferred)

☐ Misuse / Abuse – no attempt at self-harm
If misuse / abuse, select all that apply:
☐ Taking the substance in attempt to illicit a pleasurable sensation (e.g. to get “high”)
☐ Taking the substance in an attempt to avoid withdrawal

☐ Use for Therapeutic Intent
☐ Drug Concealment – conceal drug with intention to avoid law enforcement
☐ Unknown

☐ Unintentional Pharmaceutical - unintended use of approved medication; e.g. accidental ingestion; peds exploratory

☐ Unintentional Non-Pharmaceutical - unintended use of a substance other than an approved medication; e.g. accidental ingestion; peds exploratory

☐ Malicious / Criminal (including suspected child abuse and homicide)

☐ ETOH Abuse
☐ Withdrawal - ETOH
☐ Withdrawal - Opioids
☐ Withdrawal - Sedative-Hypnotics
☐ Withdrawal - Cocaine/Amphetamines
☐ Withdrawal - Other
☐ Envenomation - Snake
☐ Envenomation - Spider
☐ Envenomation - Scorpion
☐ Envenomation - Other
☐ Marine / Fish Poisoning
☐ Organ System Dysfunction
☐ Interpretation of Toxicology Lab Data
☐ Occupational Evaluation
☐ Environmental Evaluation

Was this case related to a medication error? * ☐ Yes ☐ No ☐ Unknown
If yes, please indicate the nature of this event (check all that apply):
☐ Administering error
☐ Dosing error (e.g. ten-fold)
☐ Dispensing error
☐ Drug-disease interaction (contra-indicated medication)
☐ Drug-drug interaction
☐ Wrong patient
☐ Wrong medication (e.g. wrong route, wrong dilution technique)
☐ Other (specify): ______________________
☐ Unknown

If yes, what intervention was required (check all that apply)?
☐ Antidote administration
☐ Decontamination
☐ Enhanced elimination
☐ Prolonged observation
☐ Supportive treatment
☐ Ward admission

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☐ ICU admission  ☐ Other (specify): ________________
☐ Pharmacological support  ☐ Unknown

If yes, what was the severity of the medication error (mild, moderate, severe, death)?
☐ None  ☐ Mild  ☐ Moderate  ☐ Severe  ☐ Death  ☐ Unknown

Was it an ADR - adverse drug reaction - defined as an "undesirable effect of a medicine used in a normal dose?"*
☐ Yes  ☐ No  ☐ Unknown

If yes, please indicate the type of event:
☐ Exaggeration of drug's normal/desired pharmacological mode of action (MOA)
☐ Continuing action/reaction, persisting for longer than expected time period
☐ Delayed onset of action
☐ "End of use" reactions associated with withdrawal
☐ Unexpected failure of therapy
☐ Idiosyncratic response not expected from normal pharmacological mode of action (MOA)
   Please specify type of response: ______________________
☐ Other type of ADR (please specify): ______________________
☐ Unknown

If yes, what is the strength of causality between the drug and the ADR?
☐ Definitive (by re-challenge)  ☐ Probable  ☐ Possible  ☐ Doubtful

**Exposure Information**

Did the patient have a toxicological exposure?*  ☐ Yes  ☐ No  ☐ Unknown

Enter Up To 5 Primary Agents and 2 Secondary Agents* (Please refer to ACMT ToxIC Data Dictionary, including for medicines/commercial products give generic names with class, e.g. Seroquel = "Quetiapine -Antipsychotic"; for envenomations please specify type, e.g. South American Rattlesnake = "Crotalus - Envenomation"; for multicomponent medications enter both generic components into multiple fields, e.g. Vicodin = Field #1 "Hydrocodone - Opioid" and Field #2 "Acetaminophen – Analgesic").

Enter Route* - Oral, Parenteral, Inhalational, Intranasal, Rectal Dermal, Other, Unknown & Dose (Optional)

<table>
<thead>
<tr>
<th>Agents*</th>
<th>Route*</th>
<th>Dose (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary #1</td>
<td></td>
<td></td>
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<tr>
<td>Primary #2</td>
<td></td>
<td></td>
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<tr>
<td>Primary #3</td>
<td></td>
<td></td>
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<tr>
<td>Primary #4</td>
<td></td>
<td></td>
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<tr>
<td>Primary #5</td>
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<tr>
<td>Secondary #1</td>
<td></td>
<td></td>
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<tr>
<td>Secondary #2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Exposure (check one):*  ☐ Acute  ☐ Chronic  ☐ Acute-on-Chronic  ☐ Unknown

**Clinical Information**

Did the patient have signs or symptoms* (check one):  ☐ Yes  ☐ No

If yes, please address each system below and CHECK ALL THAT APPLY within EACH SECTION:

Toxidrome *
  None  ☐ Overlap Syndromes (e.g. MCS, Chronic Fatigue, Fibromyalgia, etc)  ☐ (circle which overlap)
  Alcoholic Ketoacidosis  ☐ Sedative-Hypnotic  ☐
  Anticholinergic  ☐

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### Anticonvulsant Hypersensitivity
- Serotonin Syndrome

### Cholinergic
- Sympatholytic

### Fume Fever
- Sympathomimetic Syndrome

### NMS
- Washout Syndrome

#### Notable Vital Sign Abnormalities*

<table>
<thead>
<tr>
<th>Category</th>
<th>Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Hypertension (SBP &gt; 200 and/or DBP &gt; 120)</td>
</tr>
<tr>
<td></td>
<td>Hypotension (SBP &lt; 80)</td>
</tr>
<tr>
<td></td>
<td>Tachycardia (P &gt; 140)</td>
</tr>
<tr>
<td>Pulmonary*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Ventricular dysrhythmias</td>
</tr>
<tr>
<td></td>
<td>Prolonged QRS (&gt;120 msec)</td>
</tr>
<tr>
<td>Nervous System*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Agitation</td>
</tr>
<tr>
<td></td>
<td>Coma/CNS depression</td>
</tr>
<tr>
<td></td>
<td>Delirium/Toxic Psychosis</td>
</tr>
<tr>
<td></td>
<td>EPS/Dystonia/Rigidity</td>
</tr>
<tr>
<td></td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Metabolic*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia (BG &lt; 50)</td>
</tr>
<tr>
<td></td>
<td>Metabolic Acidosis (pH &lt; 7.2)</td>
</tr>
<tr>
<td>GI/Hepatic*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Hepatotoxicity (AST&gt;1000)</td>
</tr>
<tr>
<td></td>
<td>Pancreatitis (Lipase &gt; 100)</td>
</tr>
<tr>
<td>Heme*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Methemoglobinemia (MetHb &gt; 2%)</td>
</tr>
<tr>
<td></td>
<td>Hemolysis (Hgb &lt; 10)</td>
</tr>
<tr>
<td></td>
<td>Significant Coagulopathy (PT &gt; 15)</td>
</tr>
<tr>
<td>Renal /Muscle*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Acute Kidney Injury (Creat &gt; 2.0)</td>
</tr>
<tr>
<td>Derm*</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Rash</td>
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<td></td>
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</tbody>
</table>

#### Any other clinical symptoms information (Optional):

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Was an EKG obtained at the initial hospital encounter?*  
☐ Yes  ☐ No  ☐ Unknown  
If yes, please indicate if the initial EGK data is  
☐ Known  ☐ Not available  
If known - please indicate the initial QTc Value (msec): __________  
If QTc NOT derived per Bazzett's via printout (default) select method used:  
☐ Manual method (Bazzett's)  ☐ QT Nomogram  
☐ Fredericia's  ☐ Other: Specify __________  
☐ Framingham  

Were laboratory tests performed at the initial hospital encounter?*  
☐ Yes  ☐ No  ☐ Unknown  
If yes, please indicate data from initial labs on the following:  
Bicarbonate Level: ☐ Known  ☐ Not available  ☐ Not performed  
If known - Bicarbonate Levels (mEq/L): __________  
Lactate Level: ☐ Known  ☐ Not available  ☐ Not performed  
If known - Lactate Level (mg/dL): __________  
Troponin I level: ☐ Known  ☐ Not available  ☐ Not performed  
If known - Troponin I Level (ng/mL): __________  

Are signs and symptoms tox related?* (choose best reason):  ☐ Most Likely  ☐ Unlikely  ☐ Unknown  

Did the patient die at any time during their hospitalization?*  
☐ Yes  ☐ No  
If patient died, was life support withdrawn:  ☐ Yes  ☐ No  ☐ Unknown  
If life support withdrawn, was brain death confirmed:  ☐ Yes  ☐ No  ☐ Unknown  

Treatment Information  
Was toxicological treatment given?*  ☐ Yes  ☐ No  
If yes, please check all that apply within each individual treatment section:  

Antidotes (Check all that apply):*  ☐ None  
☐ 2-PAM  ☐ Fab for Digoxin  ☐ Naloxone / Nalmefene  
☐ Anticoagulant Reversal Rx  ☐ Factor Replacement  ☐ Nitrites  
☐ Atropine  ☐ Flumazenil  ☐ Octreotide  
☐ Botulinum Antitoxin  ☐ Folate  ☐ Physostigmine  
☐ Bromocriptine  ☐ Fomepizole  ☐ Protamine  
☐ Calcium  ☐ Glucagon  ☐ Pyridoxine  
☐ Carnitine  ☐ Hydroxocobalamin  ☐ Silimar / Silibinin  
☐ Cyproheptadine  ☐ Insulin-Euglycemic Therapy  ☐ Sodium Bicarbonate  
☐ Dantrolene  ☐ Lipid Resuscitation Therapy  ☐ Thiamine  
☐ Ethanol  ☐ Methylene Blue  ☐ Thiosulfate  
☐ NAC  ☐ Vitamin K  

Antivenom*  ☐ None  
☐ CroFab  ☐ Other Snake Antivenom  ☐ Spider  ☐ Scorpion  

Chelators*  ☐ None  
☐ BAL  ☐ DMSA  ☐ Penicillamine  
☐ NAC  ☐ Vitamin K
☐ Deferoxamine  ☐ DTPA
☐ DMPA  ☐ EDTA

**Pharmacologic Support***  ☐ None
☐ Vasopressors  ☐ Antipsychotics  ☐ Neuromuscular blockers
☐ Specify: _____________________________
☐ Albuterol and other bronchodilators  ☐ Benzodiazepines  ☐ Opiods
☐ Antiarrhythmics  ☐ Beta-blockers  ☐ Steroids
☐ Anticonvulsants  ☐ Glucose > 5%  ☐ Vasodilators
☐ Antihypertensives

**Decontamination***  ☐ None
☐ Irrigation  ☐ Gastric Lavage  ☐ Activated Charcoal  ☐ Whole Bowel Irrigation

**Elimination***  ☐ None
☐ Hemodialysis for toxin removal  ☐ Exchange Transfusion
☐ Hemodialysis - other  ☐ MDAC
☐ Continuous Renal Replacement Therapy  ☐ Urinary Alkalinization
(CVVHD, etc.)

**Nonpharmacologic Support***  ☐ None
☐ CPR  ☐ ECHMO  ☐ Pacemaker
☐ Balloon Pump  ☐ Hyperbaric Oxygen  ☐ Therapeutic Hypothermia
☐ Bypass  ☐ Intubation/Ventilatory Management  ☐ Transfusion
☐ Cardioversion  ☐ IV Fluid Resuscitation  ☐ Transplantation

**Other Treatment:** ____________________________________________________________

**Optional Other Information**

Names of Toxicologists (OPTIONAL)
☐ Attending Toxicologist  ☐ Fellow in Training  ☐ Other
 Enter Name: ________________________________________________________________

**Clinical Laboratory & Analytical Data (OPTIONAL)**

**Analytical Quantitative (OPTIONAL)**

**APAP/ASA**
Acetaminophen Serum (mcg/mL): ________________ Salicylate Serum (mg/dL): ________________

**Prescription**
Valproic Acid Serum (mcg/L): ________________ Digoxin Serum (mcg/L): ________________
Lithium Serum (mmol/L): ________________ Carbamazepine Level (mcg/L): ________________

**Heavy Metals**
Arsenic Blood (mcg/L): ________________ Arsenic Urine (mcg/L): ________________
Cobalt Blood/Serum/Plasma (mcg/L): ________________ Mercury Urine (mcg/L): ________________
Chromium Blood/Serum/Plasma (mcg/L): ________________ Lead Blood (mcg/L): ________________

**Other Analytical Data (Describe):** ____________________________________________
Clinical Laboratory Data (OPTIONAL)

Chemistries
Potassium (mEq/L): ____________ Creatinine (mg/dL): ____________ BUN (mg/dL): ____________
Glucose (mg/dL): ____________ Lactate (IU/L): ____________ CO2 (mEq/L): ____________

Hematology
WBC (10x3/mcL): ____________ Hemoglobin (g/dL): ____________ Platelets (10x3/mcL): ____________

Coags
PT (sec): ____________ Fibrogen (mg/dL): ____________

LFTs/CPK
AST (units/L): ____________ CPK (units/L): ____________

Co-oximetry
CO (%Hbg): ____________ MetHb (%Hbg): ____________

Cholinesterases
Serum Cholinesterase (units/L): ____________ RBC Cholinesterase (units/g Hgb): ____________

Other Lab Data (Describe):

Billing / Coding Information (OPTIONAL)

Type of Patient:
☐ Inpatient  ☐ Outpatient

Inpatient - Hospital Consult New Patient Codes (99251-99255):
Inpatient - Critical Care Codes (99291-99292):
Inpatient - Progress Note (Follow-up Consultation) Codes (99231-99233):
Inpatient - H&P Codes (99221-99223):

Outpatient - Office Visit New Patient Codes (99201-99205):
Outpatient - Office Visit Established Patient Codes (99211-99215):
Outpatient - Office Consult New Patient Codes (99241-99245):

Free Text Fields (OPTIONAL)

Free Text Field #1: __________________________________________
Free Text Field #2: __________________________________________

Any other unique or important information if any, or brief summary of the case (OPTIONAL)
__________________________________________________________
__________________________________________________________