ToxIC Data Sheet Version 5.1
MAIN REGISTRY

Institution: _______________________________ Patient Code: _______________________________

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): ______________________________________
Describe why you consider this case novel, or of particular interest, for this substance(s), drug class, method of use, or clinical outcome(s): ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

ACMT ToxIC Core Registry Data Form V5.1
Effective Date 2/16/15
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/m3): __________
  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 know, 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”
☐ 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 (REQUIRED)*
☐ 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
☐ 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>
</tr>
<tr>
<td>Primary #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary #3</td>
<td></td>
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<tr>
<td>Primary #4</td>
<td></td>
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<tr>
<td>Primary #5</td>
<td></td>
<td></td>
</tr>
<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, are signs and symptoms tox related??* (choose best reason):
☐ Most Likely        ☐ Unlikely        ☐ Unknown
If signs or symptoms 'Yes', then please address each system below and CHECK ALL THAT APPLY within EACH SECTION:

**Toxidrome**

<table>
<thead>
<tr>
<th>None</th>
<th>Overlap Syndromes (e.g. MCS, Chronic Fatigue, Fibromyalgia, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic Ketoacidosis</td>
<td>(circle which overlap)</td>
</tr>
<tr>
<td>Anticholinergic</td>
<td>Sedative-Hypnotic</td>
</tr>
<tr>
<td>Anticonvulsant Hypersensitivity</td>
<td>Serotonin Syndrome</td>
</tr>
<tr>
<td>Cholinergic</td>
<td>Sympatholytic</td>
</tr>
<tr>
<td>Fume Fever</td>
<td>Sympathomimetic Syndrome</td>
</tr>
<tr>
<td>NMS</td>
<td>Washout Syndrome</td>
</tr>
</tbody>
</table>

**Notable Vital Sign Abnormalities**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (SBP &gt; 200 and/or DBP &gt; 120)</td>
<td>Bradycardia (P &lt; 50)</td>
</tr>
<tr>
<td>Hypotension (SBP &lt; 80)</td>
<td>Bradypnea (R &lt; 10)</td>
</tr>
<tr>
<td>Tachycardia (P &gt; 140)</td>
<td>Hyperthermia (T &gt; 105)</td>
</tr>
</tbody>
</table>

**Cardiovascular**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventricular dysrhythmias</td>
<td>Prolonged QTc (&gt; 500 msec)</td>
</tr>
<tr>
<td>Prolonged QRS (&gt;120 msec)</td>
<td>AV block &gt; 1st deg</td>
</tr>
</tbody>
</table>

**Pulmonary**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/RADS</td>
<td>Aspiration Pneumonitis</td>
</tr>
<tr>
<td>Acute Lung Injury/ARDS</td>
<td>Resp Depression</td>
</tr>
</tbody>
</table>

**Nervous System**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperreflexia/Myoclonus/Clonus/Tremor</td>
<td>Numbness/Paresthesia</td>
</tr>
<tr>
<td>Numbness/Paresthesia</td>
<td>Peripheral Neuropathy (objective)</td>
</tr>
<tr>
<td>Seizures</td>
<td>Weakness/Paralysis</td>
</tr>
</tbody>
</table>

**Metabolic**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia (BG &lt; 50)</td>
<td>Elevated Anion Gap (AG &gt; 20)</td>
</tr>
<tr>
<td>Metabolic Acidosis (pH &lt; 7.2)</td>
<td>Elevated Osmolal Gap (OG &gt; 20)</td>
</tr>
</tbody>
</table>

**GI/Hepatic**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatotoxicity (AST&gt;1000)</td>
<td>Corrosive Injury</td>
</tr>
<tr>
<td>Pancreatitis (Lipase &gt; 100)</td>
<td>GI Bleed</td>
</tr>
</tbody>
</table>

**Heme**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methemoglobinemia (MetHb &gt; 2%)</td>
<td>Thrombocytopenia (Plts &lt; 100)</td>
</tr>
<tr>
<td>Hemolysis (Hgb &lt; 10)</td>
<td>Pancytopenia</td>
</tr>
<tr>
<td>Significant Coagulopathy (PT &gt; 15)</td>
<td>Significant Leukocytosis (WBC &lt; 20K)</td>
</tr>
</tbody>
</table>

**Renal /Muscle**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Kidney Injury (Creat &gt; 2.0)</td>
<td>Rhabdomyolysis (CPK&gt; 1000)</td>
</tr>
</tbody>
</table>

**Derm**

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash</td>
<td>Angioedema</td>
</tr>
<tr>
<td>Blisters/Bullae</td>
<td>Necrosis</td>
</tr>
</tbody>
</table>
Any other clinical symptoms information (Optional):


Was an EKG obtained at the initial ED encounter?*
☐ Yes ☐ No ☐ Unknown ☐ Not Applicable
If yes, please indicate if the initial EGK data:*
☐ 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 ED encounter?*
☐ Yes ☐ No ☐ Unknown ☐ Not Applicable
If yes, then 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 Level:*
☐ Known ☐ Not available ☐ Not performed
If known - What type of Troponin?
☐ Troponin I (TnI) ☐ Troponin T (TnT) ☐ Unknown
If known - Troponin Level (ng/mL): ______________________________

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 ☐ Fab for Digoxin ☐ Naloxone / Nalmefene
☐ 2-PAM ☐ Factor Replacement ☐ Nitrites
☐ Anticoagulant Reversal Rx ☐ Flumazenil ☐ Octreotide
☐ Atropine ☐ Folate ☐ Phystostigmine
☐ Botulinum Antitoxin ☐ Fomepizole ☐ Protamine
☐ Bromocriptine ☐ Glucagon ☐ Pyridoxine
☐ Calcium ☐ Hydroxocobalamin ☐ Silimarlin / Silibinin
☐ Carnitine ☐ Insulin-Euglycemic Therapy ☐ Sodium Bicarbonate
☐ Cyproheptadine ☐ Lipid Resuscitation Therapy ☐ Thiamine
☐ Dantrolene ☐ Methylene Blue ☐ Thiosulfate
☐ Ethanol ☐ NAC ☐ Vitamin K

ACMT ToxIC Core Registry Data Form V5.1
Effective Date 2/16/15
**Antivenom**
- ☐ None
- ☐ CroFab
- ☐ Other Snake Antivenom
- ☐ Spider
- ☐ Scorpion

**Chelators**
- ☐ None
- ☐ BAL
- ☐ DMSA
- ☐ Deferoxamine
- ☐ DTPA
- ☐ DMPA
- ☐ EDTA

**Pharmacologic Support**
- ☐ None
- ☐ Vasopressors
  - ☐ None
  - ☐ Antipsychotics
  - ☐ Neuromuscular blockers
- ☐ Specifying:
- ☐ Albuterol and other bronchodilators
- ☐ Benzodiazepines
- ☐ Opioids
- ☐ 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 (CVVHD, etc.)
- ☐ Urinary Alkalinization

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

**Other Treatment:**

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**Optional Other Information**

**Names of Toxicologists (OPTIONAL)**
- ☐ Attending Toxicologist
- ☐ Fellow in Training
- ☐ Other

**Enter Name:**

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**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)
________________________________________________________________________________________