

Toxic – Severity Score Registry

In order to be less repetitive, some of the data that we are collecting is only in the main registry and not included in the subregistry. As such, please make sure to thoroughly complete the main registry. Unfortunately to get the level of detail that we need, a few items are included in both the main registry and the subregistry. Please make sure to fill these items out in both locations. We apologize about this inconvenience.

VITAL SIGNS:

Please report the maximum or minimum value recorded over the patient's first 4 hours after presentation. Please exclude values obtained while patient was receiving a vasopressor or inotropic agent.

- Blood pressure: _____
- Heart rate: _____
- Respiratory Rate: _____

CLINICAL FEATURES:

Did the patient require intubation?

Yes No

- # of days intubated: _____

Did the patient have an arrhythmia

Yes No

- Ventricular tachycardia or fibrillation
- Atrial fibrillation or flutter
- Supraventricular tachycardia
- Heart block (aside from first degree)

Was the QRS prolonged?

Yes No

- Maximum value: _____

Was the QTc prolonged?

Yes No

- Maximum value: _____

Did the patient have any co-morbidities

Yes No

- CAD
- CVA
- Asthma/copd
- HTN
- DM
- History of sedative/hypnotic withdrawal
- Psychiatric disorder (excluding substance abuse)

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Does the patient have a history of substance abuse?

Yes No

- Ethanol
- Marijuana
- Illicit drugs aside from marijuana
- Prescription drug abuse

How long was the delay from the time of ingestion until ED arrival?

- # of hours: _____
- Unknown

Did the patient require vasopressors/ionotropes?

Yes No

- # of days on vasopressors/ionotropes: _____

What was the patient's GCS on arrival? _____

What was the patient's minimal GCS over the first 4 hours of their presentation? _____

Was the patient admitted to the hospital (non psychiatric unit)?

Yes No

- Number of days admitted: _____
- Was the patient admitted to an ICU?
 Yes No
 - Number of days in the ICU: _____

LABORATORY DATA:

Please report the maximum or minimum value recorded over the patient's first 4 hours after presentation.

- | | |
|---------------------------|-----------------------|
| • pH ____ | • Anion Gap ____ |
| • Lactate ____ | • Platelet count ____ |
| • Blood glucose ____ | • PT ____ |
| • CK ____ | • INR ____ |
| • CO2 (from the BMP) ____ | • Troponin ____ |
| • AST ____ | • Ammonia ____ |
| • ALT ____ | |

Please specify the name(s) of the treating toxicologist(s): _____