ToxIC Data Sheet Version 5.2
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
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 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 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 "Hydrcodone - 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>
<td></td>
</tr>
<tr>
<td>Primary #4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary #1</td>
<td></td>
<td></td>
</tr>
<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>Hypertension (SBP &gt; 200 and/or DBP &gt; 120)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradycardia (P &lt; 50)</td>
<td>Hypotension (SBP &lt; 80)</td>
</tr>
<tr>
<td>Bradypnea (R &lt; 10)</td>
<td>Tachycardia (P &gt; 140)</td>
</tr>
<tr>
<td>Hyperthermia (T &gt; 105)</td>
<td>Vascular dysrhythmias</td>
</tr>
<tr>
<td>Prolonged QTc (&gt; 500 msec)</td>
<td>Prolonged QRS (&gt;120 msec)</td>
</tr>
<tr>
<td>AV block &gt; 1st deg</td>
<td>Aspiration Pneumonitis</td>
</tr>
<tr>
<td>Resp Depression</td>
<td>Hyperreflexia/Myoclonus/Clonus/Tremor</td>
</tr>
<tr>
<td>Numbness/Paresthesia</td>
<td>Coma/CNS depression</td>
</tr>
<tr>
<td>Peripheral Neuropathy (objective)</td>
<td>Delirium/Toxic Psychosis</td>
</tr>
<tr>
<td>Seizures</td>
<td>EPS/Dystonia/Rigidity</td>
</tr>
<tr>
<td>Weakness/Paralysis</td>
<td>Hallucinations</td>
</tr>
</tbody>
</table>

**Cardiovascular**

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

**Pulmonary**

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

**Nervous System**

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

**Renal /Muscle**

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

**Derm**

<table>
<thead>
<tr>
<th>None</th>
<th>Rash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angioedema</td>
<td>Blisters/Bullae</td>
</tr>
<tr>
<td>Necrosis</td>
<td></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 Bazett's via printout (default) select method used:
☐ Manual method (Bazett'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 value in mg/dL - else select units below: __________
Lactate Units:  ☐ Known  ☐ Not available  ☐ Other
Troponin Level:*  ☐ mM/L  ☐ IU/L  ☐ 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
☐ 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  ☐ Silimarins / Silibinnin
☐ 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
☐ Deferoxamine □ DTPA            □ DTPA
☐ DMPA        □ EDTA

Pharmacologic Support* □ None
☐ Vasopressors  □ Antipsychotics  □ Neuromuscular blockers
☐ Specify: _________________
☐ Albuterol and other bronchodilators
☐ Antiarhythmics  □ 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          □ ECMO           □ 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 (mg/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)

______________