

Toxic Data Collection Form Version 1.0
NATURAL TOXIN MUSHROOM SUB REGISTRY (Effective Data 1/1/2017)

Toxic Member Site: _____ Institution: _____

Patient Code (Unique Case Code per Site): _____

MUSHROOM INFORMATION

Type of Mushroom – Please select the plant group (I-XIII) and name from the list below. If not listed, then please enter information into the 'Other plants' text field.

I. Cyclopeptide-containing mushrooms

- ☐ Amanita phalloides
- ☐ Amanita bisporigera
- ☐ Amanita ocreata
- ☐ Amanita suballiacea
- ☐ Amanita tenuifolia
- ☐ Amanita magnivelaris
- ☐ Amanita virosa
- ☐ Amanita verna
- ☐ Amanita sp.; Fill in species, if known: _____
- ☐ Galerina autumnalis
- ☐ Galerina marginata (this group contains what were formally known as G. autumnalis, oregonensis, unicolor, and venenata)
- ☐ Galerina badipes
- ☐ Galerina fasciculata
- ☐ Galerina sp.; Fill in species, if known: _____
- ☐ Lepiota josserandii (synonymous with L. scobinella and L. subincarnata)
- ☐ Lepiota brunneoincarnata
- ☐ Lepiota castanea
- ☐ Lepiota chlorophyllum
- ☐ Lepiota helveola
- ☐ Lepiota sp.; Fill in species, if known: _____
- ☐ Conocybe filaris

II. Gyromitrin mushrooms

- ☐ Gyromitra esculenta
- ☐ Gyromitra californica
- ☐ Gyromitra brunnea
- ☐ Gyromitra inflata
- ☐ Gyromitra ambigua
- ☐ Gyromitra sp.; Fill in species, if known: _____

III. Muscarine-containing mushrooms

- ☐ Clitocybe dealbata
- ☐ Clitocybe rivulosa
- ☐ Clitocybe sp.; Fill in species, if known: _____
- ☐ Omphalotus olearius
- ☐ Inocybe sp.; Fill in species, if known: _____

IV. Coprine-containing mushrooms

- ☐ Coprinus atramentarius
- ☐ Coprinus sp.; Fill in species, if known: _____

V. Isoxazole-containing mushrooms

- ☐ Amanita muscaria
- ☐ Amanita pantherina
- ☐ Amanita gemmata

VI. Psilocyn-containing mushrooms

- ☐ Psilocybe cubensis
- ☐ Psilocybe caerulescens
- ☐ Conocybe cyanopus
- ☐ Panaeolus cinctulus
- ☐ Panaeolus olivaceus
- ☐ Gymnophilus spectabilis
- ☐ Psathyrella foenicis

VII. Orellanine-containing mushrooms

- ☐ Cortinarius orellanus
- ☐ Cortinarius rubellus (formerly speciosissimus)
- ☐ Cortinarius rainierensis
- ☐ Cortinarius sp.;

Fill in species, if known: _____

VIII. Allenic norleucine-containing

- ☐ Amanita smithiana

IX. Myotoxin-containing mushrooms

- ☐ Tricholoma equestre

X. Acromelic acid-containing mushrooms

- ☐ Clitocybe acromelalga
- ☐ Clitocybe amaenoleans

XI. Encephalopathic mushrooms

- ☐ Pleurocybella porrigens
- ☐ Hapalopilus rutilans

XII. Hemolysis/involution-containing mushrooms

- ☐ Paxillus involutus
- ☐ Clitocybe claviceps
- ☐ Boletus luridus

XIII. Lycoperdon mushrooms

- ☐ Lycoperdon perlatum
- ☐ Lycoperdon pyriforme
- ☐ Lycoperdon gemmatum

Other mushrooms:

Please enter the genus species if not contained in the lists above: _____

LOCATION & MONTH

Please enter the zip code where the plant was picked or purchased: _____

Please enter the month when the plant was picked or purchased:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

PATIENT INFORMATION

Past Medical History (Check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Renal disease | <input type="checkbox"/> Chronic N/V/D | <input type="checkbox"/> Seizures/epilepsy |
| <input type="checkbox"/> Neuromuscular disorders (cause weakness) | | <input type="checkbox"/> Other (Specify _____) | |

Allergies: ☐ Yes ☐ No ☐ Unknown

If yes, please specify: _____

List Current Medications: _____

INGESTION HISTORY

Location Obtained/Intent

- ☐ Foraging with intention to eat
- ☐ Exploratory behavior
- ☐ Garden (purposeful growth for eating)
- ☐ Supplement use
- ☐ Picked from ground, recreational, with intent of euphoria or hallucinations
- ☐ Purchase (e.g. in a baggie), recreational, with intent of euphoria or hallucinations
- ☐ Other (Specify: _____)

Was the mushroom dried? ☐ Yes ☐ No

Where was the mushroom found (*check all that apply*):

- ☐ In grass
- ☐ Amongst other plant material (e.g. shrubs or bushes)
- ☐ Wooded area/forest
- ☐ Growing on a decaying log/organic matter
- ☐ Near or under a tree
If near or under a tree, enter the name/genus species of the tree _____
- ☐ Other (Specify: _____)

Was the history of mushroom ingestion confirmed? ☐ Yes ☐ No ☐ Unknown
If yes, then how?

- ☐ Mycologist/mushroom expert identified - indicate method used by mycologist/expert
 - ☐ Uneaten mushroom material
 - ☐ Partially eaten mushroom material
 - ☐ Via digital photographs
 - ☐ By description over the phone
 - ☐ Identified mushrooms in the area of foraging that match description
 - ☐ Based on patient symptoms and known plants/mushrooms in the area
 - ☐ Unknown method
- ☐ Medical toxicologist identified - indicate method used
 - ☐ Uneaten mushroom material
 - ☐ Partially eaten mushroom material
 - ☐ Via digital photographs
 - ☐ By description over the phone
 - ☐ Identified mushrooms in the area of foraging that match description
 - ☐ Based on patient symptoms and known plants/mushrooms in the area
 - ☐ Unknown method
- ☐ Patient self-reports type of mushroom
- ☐ Patient describes foraging for a mushroom with similar physical characteristics
(e.g. patient was foraging for morels and developed seizures and notes that the mushroom appeared different from previously foraged morels – mushroom was presumably a false morel)
- ☐ Patient describes poisonous mushroom characteristics
- ☐ Patient identified mushroom from pictures
- ☐ Botanist identified plants in the area of foraging that match description of poisonous plant
- ☐ Unknown

How was the mushroom prepared? ☐ Eaten raw
 ☐ Extracted or prepared in a tea
 ☐ Cooked
 ☐ Unknown

If cooked, eaten how? ☐ Alone
 ☐ Mixed with other foods
 ☐ Unknown

If mixed w/ food, what food (e.g. omlet, salad, etc)? _____

If mistakenly identified, what was the patient intending to pick/eat? _____

CLINICAL INFORMATION - EXPOSURE

What parts of the mushroom material did the patient ingest? (Check all that apply & enter numeric estimate)

- ☐ # Whole mushrooms _____
- ☐ # Caps _____
- ☐ # Stems _____

How much mushroom material did the patient ingest? Estimate in the appropriate unit.

- ☐ Approximate Mass (gm) Estimated amount _____
- ☐ Approximate Volume (mL) Estimated amount _____
- ☐ Volume (cm³) Estimated amount _____
- ☐ Volume (Other descriptor) Estimated amount _____

Time from ingestion to presentation to healthcare facility (in hours): _____

CLINICAL INFORMATION (*Mushroom related effects*)

Disulfiram-like reaction after ingestion of ethanol: ☐ Yes ☐ No ☐ Unknown

If yes, Time from ingestion of ethanol to first symptom _____ hours (h)

Estimate type and amount of ethanol ingested:

- ☐ Beer
Estimate # ounces _____
- ☐ Wine
Estimate # ounces _____
- ☐ Alcohol/Liquor (> 30 proof beverage)
Estimate # ounces _____
- ☐ Unknown

Isoxazole-containing mushroom ☐ Yes ☐ No ☐ Unknown

Did the patient develop agitation? ☐ Yes ☐ No ☐ Unknown

If yes, What was the time of onset (from ingestion) of agitation? _____ h

What was the duration of agitation (time from onset to resolution)? _____ h

Did the patient develop somnolence/CNS sedation? ☐ Yes ☐ No ☐ Unknown

If yes, What was the time of onset (from ingestion) of somnolence? _____ h

What was the duration of somnolence (time from onset to resolution)? _____ h

Acromelic acid-containing mushroom ☐ Yes ☐ No ☐ Unknown

Did the patient develop paresthesia? ☐ Yes ☐ No ☐ Unknown

If yes, What was the time of onset of paresthesia _____ h

What was the duration of paresthesia (from time of onset to resolution) ____ h or ____ d

Were the paresthesias,

- ☐ Painful
- ☐ Tingling
- ☐ Numbness
- ☐ Burning
- ☐ Not Applicable or Unknown

Did the patient develop extremity edema? ☐ Yes ☐ No ☐ Unknown

If yes, What was the time of onset of the extremity edema? _____ h

What was the duration of extremity edema (from time of onset to resolution) ____ h or ____ d

Did the patient develop extremity erythema? ☐ Yes ☐ No ☐ Unknown

If yes, What was the time of onset of the extremity erythema? _____ h

What was the duration of extremity erythema (from time of onset to resolution) ____ h or ____ d

CLINICAL INFORMATION (*Initial symptoms and time of onset after ingestion*)

Nausea ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did nausea begin? _____

How long (in hours) did nausea last (initiation to resolution)? _____

Vomiting ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did vomiting begin? _____

How many vomiting episodes in the first day? _____

Diarrhea ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did diarrhea begin? _____

How many diarrhea episodes in the first day? _____

Excess salivation ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did excess salivation begin? _____

How many excess salivation episodes in the first day? _____

Dry mouth ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did dry mouth begin? _____

How many episodes of dry mouth in the first day? _____

Lightheadedness/syncope ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did syncope begin? _____

How long (in hours) did syncope last (initiation to resolution)? _____

Flushing ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did flushing begin? _____

How long (in hours) did flushing last (initiation to resolution)? _____

Headache ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did headache begin? _____

How long (in hours) did this headache last (initiation to resolution)? _____

Abdominal pain ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did abdominal pain begin? _____

How long (in hours) did abdominal pain last (initiation to resolution)? _____

Hyperthermia ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did hyperthermia begin? _____

How long (in hours) did hyperthermia last (initiation to resolution)? _____

Hypothermia ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did hypothermia begin? _____

How long (in hours) did hypothermia last (initiation to resolution)? _____

Bradycardia ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did bradycardia begin? _____

How long (in hours) did bradycardia last (initiation to resolution)? _____

Tachycardia ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did tachycardia begin? _____

How long (in hours) did tachycardia last (initiation to resolution)? _____

Hypotension ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did hypotension begin? _____

How long (in hours) did hypotension last (initiation to resolution)? _____

Hypertension ☐ Yes ☐ No ☐ Unknown

If yes, how long (in hours) after ingestion did hypertension begin? _____

How long (in hours) did hypertension last (initiation to resolution)? _____

Hallucinations ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did hallucinations begin? _____
 How long (in hours) did hallucinations last (initiation to resolution)? _____

CNS depression ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did CNS depression begin? _____
 How long (in hours) did CNS depression last (initiation to resolution)? _____

Agitation ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did agitation begin? _____
 How long (in hours) did agitation last (initiation to resolution)? _____

Confusion/AMS ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did confusion begin? _____
 How long (in hours) did confusion last (initiation to resolution)? _____

Seizure ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did seizures begin? _____
 How many seizures? _____

Muscular weakness ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did muscular weakness begin? _____
 How long (in hours) did muscular weakness last (initiation to resolution)? _____

Fasciculations ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did fasciculations begin? _____
 How long (in hours) did fasciculations last (initiation to resolution)? _____

Myoclonus Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did myoclonus begin? _____
 How long (in hours) did myoclonus last (initiation to resolution)? _____

Muscle spasm ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did muscle spasm begin? _____
 How long (in hours) did muscle spasm last (initiation to resolution)? _____

Myalgias ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did myalgia begin? _____
 How long (in hours) did myalgia last (initiation to resolution)? _____

Motor neuropathy ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did motor neuropathy begin? _____
 How long (in hours) did motor neuropathy last (initiation to resolution)? _____

Paralysis ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did paralysis begin? _____
 How long (in hours) did paralysis last (initiation to resolution)? _____

Miosis ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did miosis begin? _____
 How long (in hours) did miosis last (initiation to resolution)? _____

Mydriasis ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did mydriasis begin? _____
 How long (in hours) did mydriasis last (initiation to resolution)? _____

Dry skin ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did dry skin begin? _____
 How long (in hours) did dry skin last (initiation to resolution)? _____

Diaphoresis ☐ Yes ☐ No ☐ Unknown
 If yes, how long (in hours) after ingestion did diaphoresis begin? _____
 How long (in hours) did diaphoresis last (initiation to resolution)? _____

Excess lacrimation ☐ Yes ☐ No ☐ Unknown
If yes, how long (in hours) after ingestion did lacrimation begin? _____
How long (in hours) did lacrimation last (initiation to resolution)? _____

Rhabdomyolysis ☐ Yes ☐ No ☐ Unknown
If yes, how long (in hours) after ingestion did rhabdomyolysis begin? _____
How long (in hours) did rhabdomyolysis last (initiation to resolution)? _____

Liver toxicity ☐ Yes ☐ No ☐ Unknown
If yes, how long (in hours) after ingestion did liver toxicity begin? _____
How long (in hours) did liver toxicity last (initiation to resolution)? _____

Renal toxicity ☐ Yes ☐ No ☐ Unknown
If yes, how long (in hours) after ingestion did renal toxicity begin? _____
How long (in hours) did renal toxicity last (initiation to resolution)? _____

Any Other Symptoms? ☐ Yes ☐ No

Other symptoms #1 - Please specify: _____
If yes, how long (in hours) after ingestion did this symptom begin? _____
How long (in hours) did this symptom last (initiation to resolution)? _____

Other symptoms #2 ☐ Yes ☐ No
Please specify: _____
If yes, how long (in hours) after ingestion did this symptom begin? _____
How long (in hours) did this symptom last (initiation to resolution)? _____

Other symptoms #3 ☐ Yes ☐ No
Please specify: _____
If yes, how long (in hours) after ingestion did this symptom begin? _____
How long (in hours) did this symptom last (initiation to resolution)? _____

Other symptoms #4 ☐ Yes ☐ No
Please specify: _____
If yes, how long (in hours) after ingestion did this symptom begin? _____
How long (in hours) did this symptom last (initiation to resolution)? _____

DIAGNOSTICS (Please indicate if the following diagnostic tests were conducted)

WBC: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (cells/mL);
If Abnormal, Peak _____ (cells/mL); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (cells/mL)

Hemoglobin: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (g/dL);
If Abnormal, Peak _____ (g/dL); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (g/dL)

Platelet count: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (1000 platelets/mcL);
If Abnormal, Peak _____ (10³/mcL); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (1000 platelets/mcL);

AST: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (IU/L);
If Abnormal, Peak _____; Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (IU/L)

ALT: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (IU/L);
If Abnormal, Peak _____ (IU/L); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (IU/L)

INR: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____;
If Abnormal, Peak _____; Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____

T bili: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mg/dL);
If Abnormal, Peak _____ (mg/dL); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mg/dL)

CPK: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (IU/L);
If Abnormal, Peak _____ (IU/L); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (IU/L)

Cr: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mg/dL);
If Abnormal, Peak _____ (mg/dL); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mg/dL)

Potassium: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mEq/L);
If High, Peak _____ (mEq/L); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mEq/L)
If Low, Nadir _____ (mEq/L); Time to Nadir (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mEq/L)

GFR: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mL/min);
If Abnormal, Peak _____ (mL/min); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mL/min)

Lactate: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mEq/L);
If Abnormal, Peak _____ (mEq/L); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mEq/L)

Bicarbonate: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mEq/L);
If Abnormal, Nadir _____ (mEq/L); Time to Nadir (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mEq/L)

Phosphate: ☐ Done ☐ Not Done ☐ Done - Not Available
Initial _____ (mEq/L);
If Abnormal, Peak _____ (mEq/L); Time to Peak (h) _____; Time to Normalization (h) _____;
At Discharge _____ (mEq/L)

Evidence of hemolysis? ☐ Yes ☐ No ☐ Unknown

If yes, ☐ LDH elevation? Please enter LDH peak concentration _____ (U/L)

☐ Elevated reticulocyte count? Please enter peak _____ %

☐ Spherocytes on peripheral smear?

☐ Schistocytes on peripheral smear?

☐ Low haptoglobin? Please enter nadir _____ (mg/dL)

Abnormal chest x-ray findings (e.g. lycoperdon bronchoalveolitis) ☐ Yes ☐ No ☐ Unknown

Describe abnormal findings: _____

Enter time of onset of chest x-ray findings _____ hrs

Please enter duration (from onset to resolution) of chest x-ray findings _____ days

Urinalysis:

Urinary protein at any time? ☐ Yes ☐ No ☐ Unknown

Urinary blood at any time? ☐ Yes ☐ No ☐ Unknown

Urinary casts at any time? ☐ Yes ☐ No ☐ Unknown

Were confirmatory toxin concentrations measured?

☐ Yes - Available ☐ Yes - Not Available ☐ No ☐ Unknown

If yes, name of specify toxin measured _____

Initial level toxin w/ units _____

If Abnormal, Peak Toxin (units) _____

Time to Peak (h) _____; Time to Normalization (h) _____;

At Discharge Toxin (units) _____

INITIAL TREATMENT TO DECREASE TOXIN ABSORPTION (*Please indicate any that apply*)

Activated charcoal ☐ Yes ☐ No ☐ Unknown

If yes, enter dose _____

IPECAC ☐ Yes ☐ No ☐ Unknown

If yes, was plant product found in vomitus? ☐ Yes ☐ No ☐ Unknown

Whole bowel irrigation (WBI) ☐ Yes ☐ No ☐ Unknown

If yes, was plant product found in the stool? ☐ Yes ☐ No ☐ Unknown

If yes, enter the volume of WBI (L) _____

Multiple dose activated charcoal ☐ Yes ☐ No ☐ Unknown

If yes, enter:

Dose (g): _____

Number of doses: _____

Percutaneous biliary drainage ☐ Yes ☐ No ☐ Unknown

If yes, please enter concentration of toxin found in the bile _____

Endoscopic biliary drainage ☐ Yes ☐ No ☐ Unknown

If yes, please enter the concentration of toxin found in the bile _____

Other initial treatment ☐ Yes ☐ No ☐ Unknown

If yes, describe other treatment _____

Additional Treatment

Did the patient require IV fluid boluses? ☐ Yes ☐ No ☐ Unknown

Did the patient require inotropes or vasopressors? ☐ Yes ☐ No ☐ Unknown

If yes, specify agent (*Check all that apply*)

- ☐ Norepinephrine
- ☐ Epinephrine
- ☐ Dopamine
- ☐ Other (Specify other type of vasopressor _____)

Did the patient require antihypertensives? ☐ Yes ☐ No ☐ Unknown

Did the patient require medications to control tachycardia? ☐ Yes ☐ No ☐ Unknown

If yes, by what intervention?

- ☐ Beta blockers
- ☐ Calcium channel blockers
- ☐ Adenosine
- ☐ Other (Specify other agent (tachycardia) _____)

Did the patient require atropine for bradycardia? ☐ Yes ☐ No ☐ Unknown

Did the patient require antiemetics? ☐ Yes ☐ No ☐ Unknown

Were any of the following meds used for sedation associated with ventilation?

- ☐ Benzodiazepines
- ☐ Propofol
- ☐ Other (Specify other meds for ventilation _____)

Were any of the following meds used to treat seizures?

- ☐ Benzodiazepines
- ☐ Other (Specify other meds for seizures _____)

Was the patient treated with sodium bicarbonate? ☐ Yes ☐ No ☐ Unknown

If yes, was this to treat/prevent ☐ Rhabdomyolysis
☐ Acidosis
☐ Unknown

Any other medications? _____

ADDITIONAL TREATMENT (*Indicate if treated with any of the following therapies*)

Was the patient treated with any of the following therapies?

IV N-acetylcysteine ☐ Yes ☐ No ☐ Unknown

If yes, # of hours on NAC _____ h

PO N-acetylcysteine ☐ Yes ☐ No ☐ Unknown

If yes, # of hours on NAC _____ h

IV Silibynin ☐ Yes ☐ No ☐ Unknown

If yes, # of hours Silibynin _____ h

PO Silymarin ☐ Yes ☐ No ☐ Unknown

If yes, # of hours Silibynin _____ h

IV Penicillin ☐ Yes ☐ No ☐ Unknown

If yes, # of hours _____ h

Dose of penicillin per day _____ million U/day

Cimetidine ☐ Yes ☐ No ☐ Unknown

If yes, # of hours on Cimetidine _____ h

Corticosteroids ☐ Yes ☐ No ☐ Unknown

If yes, # of hours on Corticosteroids _____ h

Type of Steroid:

- ☐ prednisone
- ☐ methylprednisolone
- ☐ dexamethasone
- ☐ Other

Specify other steroid _____

Steroid dose per day _____

Amphotericin B (e.g. for Lycopodon bronchoalveolitis) ☐ Yes ☐ No ☐ Unknown

TREATMENT TECHNIQUES (*Used to increase clearance of the toxin*)

Was an artificial liver device used to clear toxin? ☐ Yes ☐ No ☐ Unknown

If yes, indicate the method:

- ☐ MARS
- ☐ Single pass albumin dialysis (SPAD)
- ☐ Prometheus
- ☐ Bioartificial liver system

Was clearance measured? ☐ Yes ☐ No ☐ Unknown

If yes, enter clearance detail _____

Was renal replacement therapy used to clear the toxin? ☐ Yes ☐ No ☐ Unknown

If yes, type of renal replacement treatment

- ☐ HD
- ☐ Continuous renal replacement
- ☐ Unknown

Was clearance measured? ☐ Yes ☐ No ☐ Unknown

If yes, enter clearance detail _____

Was renal replacement therapy used to treat renal failure? ☐ Yes ☐ No ☐ Unknown

If yes, type of renal replacement therapy

- ☐ HD
HD length (days)? _____
 - ☐ Continuous renal replacement.
Continuous renal replacement length (days)? _____
 - ☐ Other (Specify other type of renal replacement therapy _____)
Other renal replacement length (days)? _____
-

TRANSPLANTATION CONSIDERATIONS

Was the patient considered for hepatic transplantation?

- ☐ Did not meet transplantation criteria
- ☐ Considered, but rejected due to
Specify reason rejected:
 - ☐ Psychosocial situation
 - ☐ Psychiatric or mental health disorder
 - ☐ History of alcohol abuse
 - ☐ Felt not to be able to reliably take the post-transplant medications

☐ Listed Action/Outcome

Specify action/outcome after listing:

- ☐ No donor liver available
- ☐ Died prior to transplant
- ☐ Died during or acutely after the transplant
- ☐ Successfully transplanted

If transplanted, then enter follow up detail

- ☐ Patient is living at my last follow up
Indicate days after transplant (alive) _____
- ☐ Patient died
Indicate days after transplant (death) _____

☐ Unknown

OUTCOMES

Disposition:

- ☐ Discharge. Please enter total time in ED (in hours)? _____
- ☐ Admitted to the ICU
 - Total time in ICU (in hours)? _____
 - Total time admitted (in hours)? _____
- ☐ Admitted to ward bed
 - Total time admitted (in hours)? _____
- ☐ Other
 - Specify other final disposition patient _____

Did the patient require intubation? ☐ Yes ☐ No ☐ Unknown

Did the patient die? ☐ Yes ☐ No ☐ Unknown

FOLLOW UP

Please list any long-standing symptoms or signs:
