

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

Toxic Member Site: _____ **Institution:** _____

Patient Code (Unique Case Code per Site): _____

PLANT INFORMATION

Name of Plant – Please select the plant group (I-XVI) and name from the list below. If not listed then please enter information into the 'Other Plants' text field, including if multiple agents w/in single group.

I. Anticholinergic:

- ☐ Solanum Americanum (American Nightshade)
- ☐ Solanum dulcamara (Bittersweet or Woody Nightshade)
- ☐ Solanum nigrum (Black nightshade or Common nightshade)
- ☐ Datura stramonium (Jimson Weed)

II. Nicotine-like alkaloid plants:

- ☐ Lobelia inflata
- ☐ Cytisus scoparius (Broom)
- ☐ Caulophyllum thalictroides (Blue Cohosh)
- ☐ Cytisus laburnum (Laburnum, Golden chain)
- ☐ Conium maculatum (Poison hemlock)

III. Psychotropic plants:

- ☐ Ipomoea spp. (Morning Glory)
- ☐ Lophophora williamsii (Peyote Cactus)
- ☐ Argyreia nervosa (Hawaiian Baby Woodrose)

IV. Pyrrolizidine alkaloids:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Heliotropium sp.; | Fill in species, if known: _____ |
| <input type="checkbox"/> Senecio sp.; | Fill in species, if known: _____ |
| <input type="checkbox"/> Crotalaria sp.; | Fill in species, if known: _____ |

V. Berberine plants:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Sanguinaria Canadensis (Blood Root) | |
| <input type="checkbox"/> Hydrastis Canadensis (Goldenseal) | |
| <input type="checkbox"/> Mahonia sp (Oregon Grape); | Fill in species, if known: _____ |
| <input type="checkbox"/> Berberis spp. (Barberry); | Fill in species, if known: _____ |

VI. Swainsonine plants:

- ☐ Swainsonia canescens
- ☐ Astragalus lentiginos (Spotted Locoweed)
- ☐ Sida carpinifolia

VII. Cardiac glycosides:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Digitalis lanata | |
| <input type="checkbox"/> Digitalis purpurea | |
| <input type="checkbox"/> Urginea sp. (squill); | Fill in species, if known: _____ |
| <input type="checkbox"/> Convallaria majalis (Lily of the Valley) | |
| <input type="checkbox"/> Nerium oleander (Oleander) | |
| <input type="checkbox"/> Daphne odora | |
| <input type="checkbox"/> Thevetia peruviana (Yellow Oleander) | |
| <input type="checkbox"/> Apocynum cannabinum (Dogbane) | |
| <input type="checkbox"/> Urginea maritime (Red Squill) | |
| <input type="checkbox"/> Helleborus niger (Hellebore) | |
| <input type="checkbox"/> Cerbera manghas (Sea Mango) | |

- VIII. Cyanogenic plants:**
 Prunus spp. Fill in species, if known: _____
 Manihot esculenta (Cassava)
- IX. Other glycosides:**
☐ Atractylis gummifera
☐ Xanthium strumarium (Cocklebur)
- X. Terpinoids:**
☐ Piper methysticum (Kava)
☐ Artemisia absinthium (Wormwood)
☐ Illicium verum (Chinese Star Anise)
☐ Pteridium aquilinum (Bracken Fern)
☐ Mentha pelugium (Pennyroyal)
☐ Myristica fragrans (Nutmeg)
- XI. Protein toxins:**
☐ Abrus precatorius (Jequirity Pea)
☐ Ricinus communis (Castor Bean)
☐ Phytolacca Americana (Pokeweed)
- XII. Phenol toxins:**
☐ Karwinskia humboldtiana (Buckthorn)
☐ Larrea tridentate (Chaparral)
- XIII. Alcohol toxins:**
☐ Cicuta maculate (Water Hemlock)
☐ Cicuta douglasii (Western Water Hemlock)
☐ Oenanthe crocata (Hemlock Water Dropwort)
- XIV. Sodium channel effectors:**
☐ Aconitum sp.; Fill in species, if known: _____
☐ Delphinium sp.; Fill in species, if known: _____
☐ Veratrum viride
☐ Ziganus sp (Death Camus)
☐ Taxus baccata
☐ Taxus brevifolia (Pacific Yew)
☐ Rhododendron sp.
☐ Azalea sp.; Fill in species, if known: _____
☐ Kalmia sp.; Fill in species, if known: _____
☐ Leucothoe sp.; Fill in species, if known: _____
- XV. Mitotics:**
☐ Cochicum autumnale (Autumn Crocus)
☐ Podophyllum peltatum (Mayapple)
- XVI. Others:**
☐ Gelsemium sempervirens (Yellow Jessamine)

Other Plants:

Please enter the genus species if not contained in the group 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
- ☐ Home or yard,
 - If home or yard, intent, ☐ With intent to eat
 - ☐ Exploratory behavior
 - ☐ Unknown
- ☐ Garden (purposeful growth for eating)
- ☐ Herbal/supplement use
- ☐ Picked from ground, recreational, with intent of euphoria or hallucinations
- ☐ Purchased, recreational, with intent of euphoria or hallucinations
 - If purchased, what form? ☐ Capsule
 - ☐ Powder
 - ☐ Plant material
 - ☐ Other form purchased (Specify form: _____)
 - ☐ Unknown form purchased
- ☐ Unknown

If the plant was picked, where was the plant found?

- ☐ In yard/home landscaping
- ☐ Wooded area/forest
- ☐ In field / meadow
- ☐ Side of the road
- ☐ Other (Specify other location picked: _____)
- ☐ Not applicable
- ☐ Unknown

Was the history of natural toxin/plant ingestion confirmed? ☐ Yes ☐ No

If yes, then how?

- ☐ Botanist/plant expert/master gardener identified - indicate method used
 - ☐ Uneaten plant material
 - ☐ Partially eaten plant material
 - ☐ By digital photographs
 - ☐ By description over the phone
 - ☐ Identified plants in the area of foraging that match description
 - ☐ Based on patient symptoms and known plants in the area
 - ☐ Unknown method
- ☐ Medical toxicologist identified - indicate method used
 - ☐ Uneaten plant material
 - ☐ Partially eaten plant material
 - ☐ By digital photographs
 - ☐ By description over the phone
 - ☐ Identified plants in the area of foraging that match description
 - ☐ Based on patient symptoms and known plants in the area
 - ☐ Unknown method
- ☐ Chemical evaluation of plant material
- ☐ Patient describes foraging for a plant w/ similar physical characteristics
(e.g. patient was foraging for wild carrot and developed seizures and notes that the plant appeared different from previously foraged carrot – plant was presumably a water hemlock)
- ☐ Patient identified plant from pictures

How was the plant prepared?

- ☐ Eaten raw
- ☐ Cooked
- ☐ Other (Specify how plant prepared: _____)

If cooked, eaten how?

- ☐ Alone
- ☐ Mixed with other foods
- ☐ Other (Specify how plant eaten: _____)
- ☐ Unknown

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

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

CLINICAL INFORMATION - EXPOSURE

What part of the plant and how much did the patient ingest? Select then enter numeric estimate and unit

- ☐ Root – Estimate the volume or mass: _____
- ☐ Stem – Estimate the length of stem or mass: _____
- ☐ Leaves – Estimate the number of leaves or mass: _____
- ☐ Flowers – Estimate the number of flowers or mass: _____
- ☐ Unknown

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

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)? _____

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)? _____

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)? _____

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)? _____

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)? _____

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)? _____

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)? _____

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)? _____

Alopecia ☐ Yes ☐ No ☐ Unknown
If yes, long (in hours) after ingestion did alopecia begin? _____

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 _____ (10^3 /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)

Digoxin concentration: ☐ Done ☐ Not Done ☐ Done - Not Available

Initial _____ (ng/mL);

If Abnormal, Peak _____ (ng/mL); Time to Peak (h) _____; Time to Normalization (h) _____;

At Discharge _____ (ng/mL)

ECG: ☐ Done ☐ Not Done ☐ Done - Not Available

If done, please indicate the following

QRS widening? ☐ Yes ☐ No

If yes, Please fill in maximum length _____ (ms)

How long (in hours) after ingestion did this symptom begin? _____

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

Was sodium bicarbonate bolus given? ☐ Yes ☐ No ☐ Unknown

If yes, what dose (initial bolus): _____

Did the QRS narrow? ☐ Yes ☐ No ☐ Unknown

If yes, what was the repeat QRS length (in ms) _____

AV Block? ☐ Yes ☐ No ☐ Unknown

If yes, type of AV Block

☐ 1st degree

☐ 2nd degree

☐ Complete heart block

How long (in hours) after ingestion did this symptom begin? _____

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

QTc widening? ☐ Yes ☐ No ☐ Unknown

If yes, Please fill in maximum length _____ (ms)

How long (in hours) after ingestion did this symptom begin? _____

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

Tachydysrhythmia? ☐ Yes ☐ No ☐ Unknown

If yes, type of tachydysrhythmia

☐ SVT

☐ Atrial fibrillation/flutter

☐ Ventricular dysrhythmia (ventricular tachycardia, ventricular fibrillation, etc)

If yes, How long (in hours) after ingestion did this symptom begin? _____

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

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) _____

Digitoxin: ☐ Done ☐ Not Done ☐ Done - Not Available

Initial _____ (ng/mL);

If Abnormal, Peak _____ (ng/mL); Time to Peak (h) _____; Time to Normalization (h) _____;

At Discharge _____ (ng/mL)

Other diagnostic information or comment:

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: _____

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 _____)
☐ Combination (Specify combination detail _____)

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

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

Did the patient require physostigmine? ☐ Yes ☐ No ☐ Unknown
If yes, did the physostigmine reverse the antimuscarinic toxicity? ☐ Yes ☐ No ☐ Unknown
What initial dose was administered? _____
What total dose was administered? _____

Did the patient require digoxin-specific Fab fragments? ☐ Yes ☐ No ☐ Unknown
If yes, did the digoxin-specific Fab fragments reverse the glycoside toxicity?
☐ Yes ☐ No ☐ Unknown
What initial dose was administered? _____
What total dose was administered? _____

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

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 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)? _____

PATIENT COURSE

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:
