

**Toxic Data Collection Form Version 7.1 – Appendix CI\_NOVEL**  
**CORE Toxic REGISTRY (Effective Date 1/1/2021)**

**Toxic Member Site\*:** \_\_\_\_\_ **Institution\*:** \_\_\_\_\_  
**Patient Code (Unique Case Code per Site)\*:** \_\_\_\_\_

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**CONTEMPORARY ISSUE SUPPLEMENTAL: NOVEL**

**DEFINITION NOVEL CASE:** *Please consider novel substances or cases to include cases that would be novel to a non-toxicologist. For example, cases involving fentanyl analogs or fentanyl combinations, synthetic cannabinoids, or other non-traditional drugs of abuse, uncommon exposures, unexpected outcomes or substances used in a new way should be included.*

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[Core Registry – Contemporary Issue Data Form #1 CI\_NOVEL=Yes]

**NS1.0 Does the 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 unexpected clinical effects
- ☐ Other (Specify:\_\_\_\_\_)

**NS2.0 Please provide available name and/or descriptor of the drug including street name (if applicable) and/or agent and class.** \_\_\_\_\_

**NS3.0 Please provide a paragraph case descriptor, including pertinent prehospital events, initial presentation, hospital course and outcome. Please include what is novel or unusual about this case.**

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**NS4.0 Was this encounter related to intentional use of a psychoactive substance?**

- ☐ Yes      *If yes, continue to questions below*
- ☐ No      *If no, stop here*

**NS5.0 How often does the patient use this substance?**

- ☐ Once ever
- ☐ Less than once a month
- ☐ Once a month
- ☐ Once a week
- ☐ Multiple times a week
- ☐ Once daily
- ☐ Multiple times daily
- ☐ Other (Specify:\_\_\_\_\_)
- ☐ Unknown

**NS6.0 What other substances has the patient used in the last 30 days? (Check all that Apply)**

- ☐ None
- ☐ Tobacco
- ☐ Ethanol
- ☐ Opioids
- ☐ Stimulants
- ☐ Sedative hypnotics
- ☐ Cannabinoid products (non-synthetic cannabinoids)
- ☐ Synthetic cannabinoids
- ☐ Hallucinogens
- ☐ Other (Specify:\_\_\_\_\_)
- ☐ Unknown

*If checked, then go to NS 6.1*

*If checked, then go to NS 6.2*

*If checked, then go to NS 6.3*

**NS6.1 Please check all opioids that apply:**

- ☐ Heroin
- ☐ Fentanyl
- ☐ Prescription opioids (Specify:\_\_\_\_\_)
- ☐ Kratom
- ☐ Other (Specify:\_\_\_\_\_)
- ☐ Unknown

**NS6.2 Please check all stimulants that apply:**

- ☐ Cocaine
- ☐ Methamphetamine
- ☐ Ecstasy/MDMA
- ☐ Other (non MDMA) designer stimulants (Specify:\_\_\_\_\_)
- ☐ PCP
- ☐ Prescription stimulants (Specify:\_\_\_\_\_)
- ☐ Other (Specify:\_\_\_\_\_)
- ☐ Unknown

**NS6.3 Please check all cannabinoids that apply:**

- ☐ Marijuana traditional plant *If checked, then go to NS 6.3.1*
- ☐ Prepared gummy, chew, pill, or other edible *If checked, then go to NS 6.3.2*
- ☐ Topical oils *If checked, then go to NS 6.3.3*
- ☐ Wax *If checked, then go to NS 6.3.4*
- ☐ Vaping oils *If checked, then go to NS 6.3.5*
- ☐ Other (Specify:\_\_\_\_\_)
- ☐ Unknown

**NS6.3.1 Please check marijuana plant route of exposure**

- ☐ Inhaled
- ☐ Ingested
- ☐ Unknown

**NS6.3.2 – 6.3.5 Please check the active ingredient for each cannabinoid type used:  
(check all that apply)**

	THC	CBD	Unknown
NS6.3.2 Gummy, chew, pill, or other edible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NS6.3.3 Topical oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NS6.3.4 Wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NS6.3.5 Vaping oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NS7.0 Source of substance used?**

- ☐ Relative
- ☐ Friend
- ☐ Acquaintance or dealer
- ☐ Online
- ☐ Traditional store
- ☐ Unknown
- ☐ Other (Specify:\_\_\_\_\_)

**NS8.0 Does the patient have any psychiatric comorbidities?**

- ☐ Yes *If checked, then go to NS8.1*
- ☐ No
- ☐ Unknown

**NS8.1 Please check all that apply**

- |                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Depression                          | <input type="checkbox"/> ADHD or ADD              |
| <input type="checkbox"/> Anxiety                             | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Bipolar disorder                    | <input type="checkbox"/> Learning disability      |
| <input type="checkbox"/> Schizophrenia or schizoaffective    | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Paranoid or other delusion disorder | <input type="checkbox"/> Other (Specify:_____)    |

**NS9.0 Has the patient ever undergone treatment for substance use?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**NS10.0 EtOH level (highest during hospitalization)**

- ☐ Known *If checked, then go to NS10.1*
- ☐ Not available
- ☐ Not performed

**NS10.1 EtOH level \_\_\_\_\_mg/dL**

**NS11.0 Urine drug screen**

- ☐ Known *If checked, then go to NS11.1*
- ☐ Not available
- ☐ Not performed

**NS11.1 UDS results (check all that apply)**

- |                                                |                                       |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> All negative          |                                       |
| <input type="checkbox"/> Amphetamine           | <input type="checkbox"/> Cannabinoids |
| <input type="checkbox"/> Benzodiazepine        | <input type="checkbox"/> Cocaine      |
| <input type="checkbox"/> Barbiturate           | <input type="checkbox"/> Opioid       |
| <input type="checkbox"/> Other (Specify:_____) |                                       |

**NS12.0 Advanced toxicology testing**

- ☐ Known *If checked, then go to NS13.1*
- ☐ Not available
- ☐ Not performed

**NS12.1 Please list advanced toxicology testing method and results**

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\_\_\_\_\_

**NS13.0 What is the highest level of care the patient received?**

- ☐ ED only
- ☐ Observation
- ☐ Hospital floor admission
- ☐ Intensive care unit *If checked, then go to NS13.1*
- ☐ Unknown
- ☐ Other (Specify: \_\_\_\_\_)

**NS13.1 If in the ICU, how long was the patient in ICU (total number of days)?**

- ☐ < 1 day
- ☐ 1-2 days
- ☐ 3-6 days
- ☐ 7-14 days
- ☐ > 14 days
- ☐ Unknown

**NS14.0 How many days was the patient in the hospital (total length of stay)?**

- ☐ < 1 day
- ☐ 1-2 days
- ☐ 3-6 days
- ☐ 7-14 days
- ☐ > 14 days
- ☐ Unknown