Carbon Monoxide

Agency: ______

Investigator: ______ Phone number: ______

STATE ONLY — Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Exposure
Reviewer initials:
Referred to another state:

CASE

Last name: ______ Date of Birth: / / Estimated? ☐ Age: ______

First and middle name: ______ Gender: ☐ Female ☐ Male ☐ Other ____

Maiden name: ______ Suffix: ______ Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /

Address line: ______ Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed

Zip: ______ City: ______ Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian

State: ______ County: ______ Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Phone: ( )- - Type: ______

Long-term care resident: ☐ Yes ☐ No ☐ Unknown Parent/Guardian name: ______

Facility name: ______ Parent/Guardian phone: ( )- - Type: ______

EVENT

Diagnosis date: / / Onset date: / /

Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown

Outbreak related: ☐ Yes ☐ No ☐ Unknown

Outbreak name: ______

Exposure setting: ______

Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: ______

Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown

State: ______ Country: ______

Healthcare provider information

Last name: ______

First name: ______

Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA

Facility name: ______

Address line 1: ______

Address line 2: ______

Zip code: ______ City: ______

State: ______ County: ______

Phone : ( )- - Type: ______

LABORATORY FINDINGS

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

OCCUPATIONS

Is the case employed, enrolled in school, or attending a child care facility? Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'
(Complete the following sections for each known occupation)

Occupation #1:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				
Handle food:	☐ Yes ☐ No ☐ Unknown		Work in a health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown		Direct patient care duties in				
Attend school:	☐ Yes ☐ No ☐ Unknown		lab or health care setting:	☐ Yes ☐ No ☐ Unknown			
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		Health care worker type:				

Occupation #2:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				
Handle food:	☐ Yes ☐ No ☐ Unknown		Work in a health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown		Direct patient care duties in				
Attend school:	☐ Yes ☐ No ☐ Unknown		lab or health care setting:	☐ Yes ☐ No ☐ Unknown			
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		Health care worker type:				

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____

Admission date: / / Discharge date: / / Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Reporting source: ☐ **Laboratory** ☐**Physician** ☐**Poison Control** ☐**Self diagnosis**

List any pre-existing medical conditions: _____

Symptoms

Symptoms:

☐Abdominal pain	☐Difficulty walking or doing tasks	☐Hallucinations	☐Nausea	☐Visual changes
☐Agitation	☐Dizziness	☐Headache	☐Numbness	☐Vomiting
☐Chest pain	☐Drowziness	☐Impaired judgment	☐Palpitation	☐Weakness
☐Confusion	☐Fainting	☐Light-headedness	☐Seizure	☐Wheezing
☐Death	☐Fatigue	☐Loss of consciousness	☐Shortness of breath	☐Other:
☐Depression	☐Flu-like symptoms	☐Memory problems or loss	☐Stomach pain	

Health Impact: ☐ Fatal ☐Non-fatal ☐Not Followed ☐Unable to follow ☐Unrelated effect

If Non-Fatal: ☐Major ☐Moderate ☐Minor ☐No effect If Not Followed: ☐Judged Nontoxic ☐Minimal effect possible

Was educational information provided? ☐ Yes ☐ No ☐ Unknown

What was the time missed from work/school or daily activities? ☐ < 24 hours ☐1-2 days ☐3-5 days ☐1-2 weeks ☐2-3 weeks ☐> 3 weeks ☐> 1 month ☐ > 2 months ☐ > 3 months ☐> 6 months ☐> 1 year

Current smoker? ☐ Yes ☐ No ☐ Unknown If no, did you smoke in the past? ☐ Yes ☐ No ☐ Unknown If yes, date quit: / /

What resources were used by the patient? ☐None known ☐Treated on site ☐Work clinic or nurse ☐911 Call ☐Poison Control Call ☐ED Only ☐Visit to Physician/med provider ☐Hospitalization

TREATMENT

What was the treatment level? ☐ None given or recommended ☐ Self ☐ED ☐Patient refused ☐ Recommended – not done ☐Outpatient ☐ Inpatient

EXPOSURES

Has the case been exposed to any of the following in the last 60 days? ☐ Yes ☐ No ☐Unknown

Complete an exposure table for each known exposure. *Attach additional information if necessary.*

Exposure List			
	Fire Vehicle/Automobile Boat	Zamboni Heating system Fixed appliance (grill, stove, space heater, etc.)	Portable appliance (stove, water heater, etc.) Generator Power Tools (mowers, power washer, etc.)

Exposure #1	Exposure Date: / /	Exposure Time:
Location ☐ Home ☐ Work ☐ Farm, ranch, acreage ☐ Orchard or Garden ☐ Community Building ☐ Community Outdoor Site or Recreation ☐ Travel out of area ☐ Commercial Building ☐ Unknown	Name of Location:	
	Address:	
	Zip code:	Phone: - -
	Travel location:	
	Travel departure: / /	Travel return: / /

Reason for exposure:
☐Hobby or small market work
☐Work exposure
☐Secondary Work Exposure (Take home poisoning)
☐Volunteer or unpaid work
☐Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
☐Self-employed
☐Employed by other

Work Category
☐Agriculture, Forestry, Fishing and Hunting
☐Mining, Quarrying, and Oil and Gas Extraction
☐Utilities
☐Construction
☐Manufacturing
☐Wholesale Trade
☐Retail Trade
☐Transportation and Warehousing
☐Information sector
☐Finance and Insurance
☐Real Estate and Rental and Leasing
☐Professional, Scientific, and Technical
☐Management of Companies and Enterprises
☐Administrative and Support and Waste
☐Management and Remediation Services
☐Educational Services
☐Health Care and Social Assistance
☐Arts, Entertainment, and Recreation
☐Accommodation and Food Services
☐Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	If yes, what source? _____

Comments:

Exposure #2

Exposure Date: / / Exposure Time:

Location
- ☐ Home
- ☐ Work
- ☐ Farm, ranch, acreage
- ☐ Orchard or Garden
- ☐ Community Building
- ☐ Community Outdoor Site or Recreation
- ☐ Travel out of area
- ☐ Commercial Building
- ☐ Unknown

Name of Location:
Address:
Zip code: Phone: - -
Travel location:
Travel departure: / / Travel return: / /

Reason for exposure:
- ☐Hobby or small market work
- ☐Work exposure
- ☐Secondary Work Exposure (Take home poisoning)
- ☐Volunteer or unpaid work
- ☐Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
- ☐Self-employed
- ☐Employed by other

Work Category
- ☐Agriculture, Forestry, Fishing and Hunting
- ☐Mining, Quarrying, and Oil and Gas Extraction
- ☐Utilities
- ☐Construction
- ☐Manufacturing
- ☐Wholesale Trade
- ☐Retail Trade
- ☐Transportation and Warehousing
- ☐Information sector
- ☐Finance and Insurance
- ☐Real Estate and Rental and Leasing
- ☐Professional, Scientific, and Technical
- ☐Management of Companies and Enterprises
- ☐Administrative and Support and Waste
- ☐Management and Remediation Services
- ☐Educational Services
- ☐Health Care and Social Assistance
- ☐Arts, Entertainment, and Recreation
- ☐Accommodation and Food Services
- ☐Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	If yes, what source? _____

Comments:

Exposure #3

Exposure Date: / / Exposure Time:

Location
- ☐ Home
- ☐ Work
- ☐ Farm, ranch, acreage
- ☐ Orchard or Garden
- ☐ Community Building
- ☐ Community Outdoor Site or Recreation
- ☐ Travel out of area
- ☐ Commercial Building
- ☐ Unknown

Name of Location:
Address:
Zip code: Phone: - -
Travel location:
Travel departure: / / Travel return: / /

Reason for exposure:
- ☐Hobby or small market work
- ☐Work exposure
- ☐Secondary Work Exposure (Take home poisoning)
- ☐Volunteer or unpaid work
- ☐Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
- ☐Self-employed
- ☐Employed by other

Work Category
- ☐Agriculture, Forestry, Fishing and Hunting
- ☐Mining, Quarrying, and Oil and Gas Extraction
- ☐Utilities
- ☐Construction
- ☐Manufacturing
- ☐Wholesale Trade
- ☐Retail Trade
- ☐Transportation and Warehousing
- ☐Information sector
- ☐Finance and Insurance
- ☐Real Estate and Rental and Leasing
- ☐Professional, Scientific, and Technical
- ☐Management of Companies and Enterprises
- ☐Administrative and Support and Waste
- ☐Management and Remediation Services
- ☐Educational Services
- ☐Health Care and Social Assistance
- ☐Arts, Entertainment, and Recreation
- ☐Accommodation and Food Services
- ☐Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	If yes, what source? _____

Comments:

Was there a carbon monoxide detector present at the location? ☐ Yes ☐ No ☐Unknown
If yes, was it operational? ☐ Yes ☐ No ☐Unknown

FOR FINAL DETERMINATION ONLY:

Based on this investigation what was the primary determination for the source of the exposure?

Exposure List			
	☐Fire ☐Vehicle/Automobile ☐Boat	☐Zamboni ☐Heating system ☐Fixed appliance (grill, stove, space heater, etc.)	☐Portable appliance (stove, water heater, etc.) ☐Generator ☐Power Tools (mowers, power washer, etc.)

Secondary source (if applicable):

Exposure List			
	☐Fire ☐Vehicle/Automobile ☐Boat	☐Zamboni ☐Heating system ☐Fixed appliance (grill, stove, space heater, etc.)	☐Portable appliance (stove, water heater, etc.) ☐Generator ☐Power Tools (mowers, power washer, etc.)

Was the exposure associated with an incident or natural disaster?	☐ Yes ☐ No ☐Unknown

NOTES: