Methemoglobinemia

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 ☐ Urine 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 ☐ Urine 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 ☐ Urine 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:

- ☐ Anxiety
- ☐ Bluish appearance of the skin
- ☐ Confusion
- ☐ Developmental delay
- ☐ Failure to thrive
- ☐ Fatigue
- ☐ Frustrated easily
- ☐ Headache
- ☐ Irritation
- ☐ Lack of energy
- ☐ Mental retardation
- ☐ Personality changes
- ☐ Psychological symptoms
- ☐ Seizures
- ☐ Shortness of breath
- ☐ Short-term memory loss
- ☐ Other:

Health Impact: ☐ Fatal ☐ Non-fatal	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			
	Recreational water - lake/river Recreational water - swimming pool/spa	Anesthetics - inhaled or dermal Medications	Topical pain meds Contaminated food or drink

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:

Does the case have a drinking water exposure? ☐ Yes ☐ No ☐Unknown

For each drinking water exposure, complete a drinking water exposure table. Attach additional information if necessary.

Drinking water exposure #1

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

Drinking water source ☐Municipal ☐Rural water ☐Private well ☐Bottled

If well water, what was the date of last microbiologic and/or nitrate testing? _____

If municipal, rural, or bottled, what is the name of the provider? _____

Have there been any recent changes to the:
Taste of the water? ☐ Yes ☐ No ☐Unknown
Odor of the water? ☐ Yes ☐ No ☐Unknown
Color of the water? ☐ Yes ☐ No ☐Unknown

Drinking water exposure #2

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

Drinking water source ☐Municipal ☐Rural water ☐Private well ☐Bottled

If well water, what was the date of last microbiologic and/or nitrate testing? _____

If municipal, rural, or bottled, what is the name of the provider? _____

Have there been any recent changes to the:
Taste of the water? ☐ Yes ☐ No ☐Unknown
Odor of the water? ☐ Yes ☐ No ☐Unknown
Color of the water? ☐ Yes ☐ No ☐Unknown

In the last two weeks has the case taken:

Over the counter medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Prescription medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Nutritional supplements? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Herbal supplements? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Homeopathic medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Illicit drugs? ☐ Yes ☐ No ☐Unknown If yes, list: _____

Has the case recently had a medical procedure that required a local anesthetic? ☐ Yes ☐ No ☐Unknown

If yes: What is the name of the provider?

What anesthetic was used?

FOR FINAL DETERMINATION ONLY:

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

☐Recreational water - lake/river	☐Anesthetics - inhaled or dermal	☐Topical pain meds
☐Recreational water - swimming pool/spa	☐Medications	☐Contaminated food or drink

Secondary source (if applicable):

☐Recreational water - lake/river	☐Anesthetics - inhaled or dermal	☐Topical pain meds
☐Recreational water - swimming pool/spa	☐Medications	☐Contaminated food or drink

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

NOTES: