

# Carbon Monoxide



Oct. 2017 • Information for Pierce County Medical Providers

Communicable Disease Division  
3629 South D Street, Tacoma, WA 98418  
(253) 798-6410 (phone) • (253) 798-7666 (fax)

## Medical Reporting for Emergency Departments

<b>Report Date:</b>																			
<b>Patient's Full Name:</b> (Last, First, Middle)		<b>Date of Birth:</b>	<b>Age:</b> <input type="checkbox"/> Years <input type="checkbox"/> Months																
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<b>Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:																	
<b>National Origin/Cultural Group:</b>		<b>Primary Language Spoken:</b>																	
<b>Telephone:</b>																			
<b>Address of Residence:</b>		<b>Zip:</b>	<b>County:</b>																
<b>Address of Poisoning (if different from residence):</b>		<b>Zip:</b>	<b>County:</b>																
<b>Disposition:</b> <input type="checkbox"/> Admitted <input type="checkbox"/> Discharged <input type="checkbox"/> ICU <input type="checkbox"/> Died <input type="checkbox"/> Other		<b>Transferred to:</b>																	
<b>Carboxyhemoglobin Level (COHb):</b> (norm = <5%)		<b>Cigarette smoker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>Carbon Monoxide Source:</b> <table border="0"><tr><td><input type="checkbox"/> Vehicle</td><td><input type="checkbox"/> Heater</td><td><input type="checkbox"/> Generator</td><td><input type="checkbox"/> Cooking Device</td></tr><tr><td><input type="checkbox"/> Fireplace</td><td><input type="checkbox"/> Oven</td><td><input type="checkbox"/> BBQ (grill, hibachi, etc.)</td><td><input type="checkbox"/> Camp Stove</td></tr><tr><td><input type="checkbox"/> Lantern</td><td><input type="checkbox"/> Space Heater</td><td><input type="checkbox"/> Woodstove</td><td><input type="checkbox"/> Unknown</td></tr><tr><td colspan="4">Other:</td></tr></table>				<input type="checkbox"/> Vehicle	<input type="checkbox"/> Heater	<input type="checkbox"/> Generator	<input type="checkbox"/> Cooking Device	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Oven	<input type="checkbox"/> BBQ (grill, hibachi, etc.)	<input type="checkbox"/> Camp Stove	<input type="checkbox"/> Lantern	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Woodstove	<input type="checkbox"/> Unknown	Other:			
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Other:																			
<b>*Type of Fuel Used:</b> <table border="0"><tr><td><input type="checkbox"/> Gasoline</td><td><input type="checkbox"/> Propane</td><td><input type="checkbox"/> Oil</td><td><input type="checkbox"/> Kerosene</td></tr><tr><td><input type="checkbox"/> Wood</td><td><input type="checkbox"/> Charcoal</td><td><input type="checkbox"/> Natural Gas</td><td><input type="checkbox"/> Unknown</td></tr><tr><td colspan="4"><input type="checkbox"/> Other:</td></tr></table>				<input type="checkbox"/> Gasoline	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Wood	<input type="checkbox"/> Charcoal	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other:							
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<input type="checkbox"/> Wood	<input type="checkbox"/> Charcoal	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Unknown																
<input type="checkbox"/> Other:																			
<b>*Was the power out?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																			
<b>Reporting Provider Name:</b>		<b>For questions or information call:</b> Main Phone: (253) 798-6500 Confidential Fax: (253) 798-7666 Disease Reporting Line: (253) 798-6534																	
<b>Provider Phone:</b>																			
<b>Institution type:</b>																			
<b>Patients PCP Provider:</b>																			

\*If information is not available, please send without.