

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

Report Date:			
Patient's Full Name: (Last, First, Middle)		Date of Birth:	Age: <input type="checkbox"/> Years <input type="checkbox"/> Months
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race: <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:		
National Origin/Cultural Group:		Primary Language Spoken:	
Telephone:			
Address of Residence:		Zip:	County:
Address of Poisoning (if different from residence):		Zip:	County:
Disposition: <input type="checkbox"/> Admitted <input type="checkbox"/> Discharged <input type="checkbox"/> ICU <input type="checkbox"/> Died <input type="checkbox"/> Other		Transferred to:	
Carboxyhemoglobin Level (COHb): (norm = <5%)		Cigarette smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carbon Monoxide Source: <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:			
*Type of Fuel Used: <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:			
*Was the power out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Reporting Provider Name:		For questions or information call: Main Phone: (253) 798-6500 Confidential Fax: (253) 798-7666 Disease Reporting Line: (253) 798-6534	
Provider Phone:			
Institution type:			
Patients PCP Provider:			

*If information is not available, please send without.