

Environmental Health Acute Arsenic Poisoning Case Report Form

Florida Department of Health
DOH/Division of Environmental Health
Bureau Office of Environmental Public Health Medicine

Merlin Case Number: _____
Telephone number: (850) 245-4299
Fax number: (850) 922-8473

Demographic Information

Name: _____ Date of Birth: (mm/dd/yyyy) ____/____/____

Street Address: _____

City: _____ County: _____ Zip: _____

Name of Employer OR School: _____

Telephone #: Home: _____ Work: _____ Other: _____

Gender: Male **Race/Ethnicity:** White Black Asian Native American

Female Hispanic Other: _____

Exposure Information

Did you eat fish or shellfish at some point during the three days before you were tested for arsenic? Yes No

***If Yes- review reporting guidelines before continuing interview.**

Within a week of your illness, have you been?

Exposed to agricultural pesticides Drinking well water Taking homeopathic medicines

Exposed to CCA-treated wood Smoking _____ (n cigarettes/ per day)

Exposed to other possible arsenic sources (list sources) _____ Unknown

Poisoning intent: Unintentional Intentional (suicide, homicide) Unknown

If the exposure is potentially work-related, indicate the industry:

Agriculture Industrial processing plant Emergency response

Smelter industry Glass manufacturing plant Laboratory

Coal-burning facility Waste incinerator plant Mining industry

Battery recycling Computer Circuit board manufacturing

Other: _____ Unknown

Type of work performed? _____

Case Number: _____ County: _____ Patient initials: _____

* Review the Health Effect and Medical Information (page 2). Continue interview only if case is clinically compatible, in which a high index of suspicion exists, (patient's exposure history regarding location and time) or an epidemiologic link exists between this case and a confirmed case. Recommend retesting of urine after 72 hours of abstinence from seafood.

Health Effects and Medical Information

Date of illness onset (mm/dd/yyyy): ____/____/____

Unknown

Signs and Symptoms (Check all that apply):

- Severe abdominal pain
- Nausea
- Vomiting
- Diarrhea (bloody/rice-water)
- Garlic odor on breath
- Anemia
- 'Pins & needles' sensation
- Other: _____
- Numbness
- Light-headedness
- Headache
- Weakness
- Delirium
- Convulsion
- Mee's lines
- Pulmonary edema
- Hypotension
- Shock
- Ventricular arrhythmia
- Hyperpigmentation of fingernails
- Hyperkeratosis of skin

Do you have a preexisting illness with any of these (the mentioned) signs and symptoms?

Yes (specify) _____ No Unknown

Name of diagnosing physician: _____ Telephone #: () _____

Was the person hospitalized? Yes No Unknown

If yes, name of medical facility and address: _____

Date of admission: (mm/dd/yyyy) ____/____/____ Diagnosis (if known): _____

What was the medical outcome? Survived Died Unknown

Date of discharge/death: (mm/dd/yyyy) ____/____/____

Are you pregnant? Yes No Unknown

Test/Laboratory Information

Was a test ordered to confirm arsenic poisoning? Yes No Unknown

If yes, which test(s) were conducted? Total urine (24 hrs) Urine creatinine

If urine creatinine test was conducted, was the concentration level > 15 µg/g? Yes No

If yes, results must be converted to µg As/Liter of urine using the following formula and conversion factor.

$$\frac{\text{Given } (\mu\text{g As/g creat})}{\text{Given}} \times \frac{\text{Given } (\text{mg creat/dL})}{\text{Calculated}} \times 0.01 = \text{Calculated } (\mu\text{g As/Liter urine})$$

If urine test was conducted, was the arsenic concentration level > 50 µg/L? Yes No

Investigator's name (Please print): _____ Phone: () _____

Please submit the completed survey to the Office of Environmental Public Health Medicine, Division of Environmental Health, Department of Health, Bald Cypress Way, Bin A08, Tallahassee, FL. Or FAX 850-922-8473