Investigation of Air-dispersed Pulmonary Agents

Texas Department of Health, Infectious Disease Epidemiology and Surveillance Division

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PATIENT INFO

Name:_____   _____   _____ .
(Last)   (First)   (MI)

Address:_____   _____ .
(Street)   (City)

_____   _____   _____   (_____)_____ .
(County)   (State)   (Zip Code)   (Phone #)

DOB:_____   Age:_____   Sex:_____   Race:_____   (W = White, H = Hispanic, B = Black, I = Am Indian, A = Asian, O = Other)

COURSE

Date onset:___/___/___   Time:_____ AM PM   Hosp? YES NO   Date admit:___/___/___   Admit diag:_____ .

Which hospital?_____   Died? YES NO   Date death:___/___/___   Time:_____ AM PM

Att. Physician:_____   (_____)_____ .
(Name)   (Phone)

Vitals on admission: Temperature:_____ °F   BP:_____/_____   Pulse:_____   Resp:_____ .

Most extreme vitals: Temperature:_____ °F   BP:_____/_____   Pulse:_____   Resp:_____ .

SIGNS & SYMPTOMS

Check symptoms the patient has. The chart shows symptoms indicative of each illness.	Influenza	Inhalation Anthrax	Pneum. Plague	Q Fever	Typhoidal Tularemia	Ricin intox.	Smallpox	Hemorr. Fevers	Inhalation Botulism
____ Fever	Y	Y	Y	Y	Y	Y	Y	Y	
____ Chills	Y		Y	Y			Y	Y	
____ Headache	Y		Y	Y	Y		Y	Y	
____ Anorexia								Y	
____ Lymphadenopathy			Y						
____ Nausea/vomiting ____ Hematemesis			Y			Y		Y	
____ Diarrhea									
____ Abdominal pain									
____ Malaise/fatigue	Y	Y	Y	Y	Y		Y	Y	
____ Myalgias	Y		Y					Y	
____ Arthralgia (joint pain)	Y					Y			
____ Back pain	Y						Y	Y	
____ Chest tightness						Y			
____ Chest pain		Y		Y					
____ Substernal discomfort					Y				
____ Shortness of breath		Y				Y			
____ Cyanosis						Y			
____ Cough: ___Dry ___Productive	Y	Y		Y		Y			
____ Hemoptysis			Y					Y	
____ Rash: ___Pet. ___Mac. ___Mac/Pap ___Pap. ___Vesic. ___Head ___Trunk ___Extrem.							Y		
____ Purpura								Y	
____ Hematochezia/melena								Y	
____ Hematuria								Y	
____ Blurred vision									Y
____ Ptosis									Y
____ Diplopia									Y
____ Dysphonia									Y
____ Dysphagia									Y
____ Weakness									Y
____ Paralysis: ___Descending								Y	Y
___Ascending								Y	
____ Ataxia								Y	Y
____ Coma								Y	Y

OTHER

	Influenza	Inhalation Anthrax	Pneum. Plague	Q Fever	Typhoidal Tularemia	Ricin intox.	Smallpox	Hemorr. Fevers	Inhalation Botulism
____ Gram + rods ___Sput. ___Buffy		Y							
____ Gram -- ovoid bipolar ___Sput. ___Buffy			Y						
____ Gram -- coccobacillus ___Sput. ___Buffy					Y				
____ Mediastinal widening on CXR		Y							
____ Elevated LFTs								Y	
____ Thrombocytopenia								Y	

IDEAS FORM 666.5, 2/99

LABS

Date	Test	Results		Date	Test	Results
	WBC				Bilirubin	
	Diff	%bands %PMNs			SGOT	
	Platelets				SGPT	

Chest X-Ray: YES   NO   If yes, describe: _____

EPIDEMIOLOGY

In this section, begin by filling in the dates on the top row of the calendar.   Start with two weeks ago and number up to today.
Use the calendar to indicate (X) places the patient has been in the past two weeks (other than at home).

Second residence (address): _____

Place of work 1: _____   **Shift:** _____   **%time outdoors:** _____ .

Place of work 2: _____   **Shift:** _____   **%time outdoors:** _____ .

Record days of traveling including destinations and method of travel. As much as possible, record instances in the past two weeks where the patient was around a lot of people that he/she doesn't know. This includes stores, bus stations, parks, sports stadiums, theaters, concerts, churches and other such public situations. Please include an approximate address or place name:

Travel 1: _____   **Travel 2:** _____ .

Event 1: _____   **Event 2:** _____ .

Event 3: _____   **Event 4:** _____ .

Event 5: _____   **Event 6:** _____ .

CALENDAR

date for the past two weeks →																					
Day of the Week	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa
Residence 2																					
Work 1																					
Work 2																					
Travel 1																					
Travel 2																					
Event 1																					
Event 2																					
Event 3																					
Event 4																					
Event 5																					
Event 6																					

CONTACTS

Any acquaintances of patient with similar symptoms? YES   NO   If yes, describe: _____

_____

List animals the patient has had contact with in the past two weeks. Circle any that were ill. Put a line through any that died: _____

_____

_____

Investigated by: _____   Phone: _____