Health Care Provider Report
Carbon Monoxide Poisoning

REPORT CASES OF ACUTE CO POISONING WITHIN FOUR WORKING DAYS FOLLOWING DIAGNOSIS

RHODE ISLAND DEPARTMENT OF HEALTH

A. Patient Information				
Date of visit:	Time of visit:	Reason for visit:		
First name:		Last name:		
Date of birth:		Phone:		
Street:		Apt.:		
City:		State:	Zip:	
Alternate phone:		Email/other contact:		
B. Case Information				
Reason for CO test:	☐ environmental exposure	☐ pulse CO-oximetry >10		
	☐ symptoms presented	☐ other:		
CO level: _____%				
Treatment:	☐ oxygen	☐ hyperbaric chamber		
	☐ other:			
Suspected CO exposure:	☐ use of stove for heating	☐ unvented attached garage in the home		
	☐ use of space/kerosene heater	☐ other:		
C. Patient Discharge Instructions (as related to CO)				
☐ Follow up with regular physician in _____ (months/days/hours)				
☐ Contact local fire department for possible inspection of CO problem in the home				
☐ Other discharge instructions (explain):				
D. Reporting Physician				
Name:				
Phone/other contact:				
Hospital:				
Additional comments:				
E. Actions Taken by Department of Health				
Contacted patient:	☐ by phone	☐ by letter	Date:	Initials:
Case type:	☐ confirmed	☐ probable	☐ suspected	

Fax this form to the RI Department of Health at 401-222-2456

Attention: Healthy Homes and Environment Team

www.health.ri.gov/healthyhousing

Definitions

Confirmed Case:

1. A patient with signs and symptoms consistent with acute CO poisoning[1] and a confirmed elevated carboxyhemoglobin (COHb) level, as determined by either a venous blood specimen or pulse CO-oximetry;

   OR

2. A patient with signs and symptoms consistent with acute CO poisoning (in the absence of clinical or laboratory confirmation of an elevated COHb level), with supplementary evidence in the form of environmental monitoring data suggesting exposure from a specific poisoning source;

   OR

3. A laboratory report of a venous blood specimen (in the absence of clinical and environmental laboratory data) with a COHb level that is equal to or greater than a volume fraction of 0.12 (i.e., 12%).

Probable Case:

1. In the absence of clinical and environmental monitoring, a patient with signs and symptoms consistent with acute CO poisoning and the same history of environmental exposure as that of a confirmed case;

   OR

2. A patient with signs and symptoms consistent with acute CO poisoning and history of smoke inhalation secondary to conflagration;

   OR

3. A non-smoking patient with a laboratory report of a blood specimen with a COHb level that is equal to or greater than a volume fraction of 0.09 and less than a volume fraction of 0.12 (i.e., $9 < \text{COHb\%} < 12$);

   OR

4. A patient who has an exposure history consistent with CO, and has received hyperbaric treatment for acute CO poisoning, regardless of COHb concentration reported, and regardless of the presence or absence of symptoms.

Suspected Case:

A patient with signs and symptoms consistent with acute CO poisoning and a history of present illness consistent with exposure to CO.

1. There is no consistent constellation of signs and symptoms resulting from acute CO poisoning, nor are there any pathognomonic clinical signs or symptoms which would unequivocally indicate a case of acute carbon monoxide poisoning. The clinical presentation of acute CO poisoning varies not only with the duration and magnitude of exposure, but also between individuals with the same degree of exposure and/or the same venous COHb level. Clinical signs and symptoms of acute CO poisoning include, but are not limited to: headache, nausea, lethargy (or fatigue), weakness, abdominal discomfort/pain, confusion, and dizziness. Other signs and symptoms include: visual disturbances including blurred vision, numbness and tingling, ataxia, irritability, agitation, chest pain, dyspnea (shortness of breath) on exertion, palpitations, seizures, and loss of consciousness.