Region…… Name of Hospital/Center……..
Date of reporting (/ / G.)

Patient information

Name (……..……..) Patient's ID / IQAMA/ Passport ……
Tel. / Mobile No.(……..……)
Nationality: ☐Saudi ☐ Other, Specify (……..……..)
Age: ☐(<1 year) ☐(1-5y) ☐(6-12y) ☐(13-19y) ☐(20-39y) ☐40 years and above Gender : ☐Male ☐Female
Weight (Kg) : ……..
Place of incidence: ☐ Home ☐School ☐ Farm ☐ Workplace ☐Other, specify (……..……)
Date &Time of exposure: Date (/ /) Time (……) PM ☐AM ☐

2. This part if to be filled by **Doctor**

☐Condition of Patient at time of arrival to Hospital:- ☐ Stable ☐Deteriorated ☐ **DEATH** *

Type of Poisoning

☐**Drug Over dosage:** Name of Drug(……..)
Name of Group:
1.☐Analgesic & Antipyretics 2.☐Antibiotics 3.☐Antihistaminic 4.☐Antihypertensive 5.☐Antidiabetics
6.☐Anti asthmatic 7.☐Antiemetic 8.☐Antiepileptic 9.☐Antipsychotic 10.☐Contraceptive 11☐Herbl Drug
12.☐Vitamins 13.☐Iron preparations 14.☐Others(……)15.☐Unknown

☐**Chemical Poisoning:** Name of Substance(……..)
Main Use:- 1.☐Insecticide 2.☐Rodenticide 3.☐Fungicide 4.☐Herbicide 5.☐Veterinary 6.☐Antiseptic 7.☐Disinfectant
8.☐Cleansing substance 9.☐Fuel 10.☐Carbon Monoxide 11.☐*Methanol (Methyl Alcohol) 12.☐*Aluminium Phosphide
13.☐Others(……..……)14.☐Unknown

Physical form of Poisoning Substance: ☐Solid ☐Powder ☐Liquid ☐Gas ☐ Other, specify ……..
Circumstances of Exposure ☐ Unintentional ☐Intentional ☐Occupational ☐Unknown
Route of Exposure : ☐ Oral ☐ Inhalation ☐ Dermal ☐Injection ☐Others(……..……)
Date/ Time of appearance of Signs & Symptoms: Date (/ /) Time: (……) PM☐ AM ☐
Sign and Symptoms: ☐Nausea ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Headache ☐ Fever ☐ Weakness
☐ Skin rash ☐ Difficulty in breathing ☐ Blurred vision ☐ Constricted pupil ☐ Dizziness ☐Disorientation ☐ Seizure
☐ Loss of consciousness ☐ Coma ☐Other Symptoms:……..……

Laboratory Investigation Requested

Hospital Laboratory Sample No. ……			Samples sent to Toxicological Center Sample No……		
Blood Sample	☐Yes	☐NO	Blood Sample	☐Yes	☐NO
Urine Sample	☐Yes	☐NO	Urine Sample	☐Yes	☐NO
Gastric Lavage	☐Yes	☐NO	Gastric Lavage	☐Yes	☐NO
			Environmental Sample of Poisoning Substance	☐Yes	☐NO

Antidote used: ☐Activated charcoal ☐N-Acetylcystine ☐Atropione ☐Cyanide antidote kits ☐Deferoxamine
☐Fomepizole ☐Naloxone ☐Pralidoxime ☐Pyridoxine hydrochloride B6 ☐Dimercaprol (BAL)
☐Other (specify the name)……..……..

Management : ☐No Admission in Hospital ☐Admission in Hospital ☐ DAMA
Outcome: ☐Recovery ☐ *Death