

Carbon Monoxide



September 2021 • Information for Pierce County Medical Providers

Communicable Disease Control
3629 S. D St., Tacoma, WA 98418
(253) 649-1412 (phone) • (253) 649-1389 (fax)

Medical Reporting for Emergency Departments

Report Date:																			
Patient's Full Name: (Last, First, Middle)		Date of Birth:	Age: ☐ Years ☐ Months																
Gender: ☐ Male ☐ Female ☐ Unknown		Race: ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ Native American ☐ Other:																	
National Origin/Cultural Group:		Primary Language Spoken:																	
Telephone:																			
Address of Residence:		Zip:	County:																
Address of Poisoning (if different from residence):		Zip:	County:																
Disposition: ☐ Admitted ☐ Discharged ☐ ICU ☐ Died ☐ Other		Transferred to:																	
Carboxyhemoglobin Level (COHb): (norm = <5%)		Cigarette smoker: ☐ Yes ☐ No																	
Carbon Monoxide Source: <table border="0"><tr><td>☐ Vehicle</td><td>☐ Heater</td><td>☐ Generator</td><td>☐ Cooking Device</td></tr><tr><td>☐ Fireplace</td><td>☐ Oven</td><td>☐ BBQ (grill, hibachi, etc.)</td><td>☐ Camp Stove</td></tr><tr><td>☐ Lantern</td><td>☐ Space Heater</td><td>☐ Woodstove</td><td>☐ Unknown</td></tr><tr><td colspan="4">Other:</td></tr></table>				☐ Vehicle	☐ Heater	☐ Generator	☐ Cooking Device	☐ Fireplace	☐ Oven	☐ BBQ (grill, hibachi, etc.)	☐ Camp Stove	☐ Lantern	☐ Space Heater	☐ Woodstove	☐ Unknown	Other:			
☐ Vehicle	☐ Heater	☐ Generator	☐ Cooking Device																
☐ Fireplace	☐ Oven	☐ BBQ (grill, hibachi, etc.)	☐ Camp Stove																
☐ Lantern	☐ Space Heater	☐ Woodstove	☐ Unknown																
Other:																			
*Type of Fuel Used: <table border="0"><tr><td>☐ Gasoline</td><td>☐ Propane</td><td>☐ Oil</td><td>☐ Kerosene</td></tr><tr><td>☐ Wood</td><td>☐ Charcoal</td><td>☐ Natural Gas</td><td>☐ Unknown</td></tr><tr><td colspan="4">☐ Other:</td></tr></table>				☐ Gasoline	☐ Propane	☐ Oil	☐ Kerosene	☐ Wood	☐ Charcoal	☐ Natural Gas	☐ Unknown	☐ Other:							
☐ Gasoline	☐ Propane	☐ Oil	☐ Kerosene																
☐ Wood	☐ Charcoal	☐ Natural Gas	☐ Unknown																
☐ Other:																			
*Was the power out? ☐ Yes ☐ No ☐ Unknown																			
Reporting Provider Name:		For questions or information call: Main Phone: (253) 649-1412 Confidential Fax: (253) 649-1389 Disease Reporting Line: (253) 649-1413																	
Provider Phone:																			
Institution type:																			
Patients PCP Provider:																			

*If information is not available, please send without.