|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Minimum Information collected for CHEMPACK request** | | | | | | |
| **1. Point of Contact Information:** (need to collect name of caller + phone number and a second name + phone number in the hospital or field for the purposes of immediate communications with Host Hospital, CHEMPACK courier, and MT DPHHS/MT DES) | | | | | | |
| **Name:** | **cell:** | | | Location: | | |
| **Name:** | **cell:** | | | Location: | | |
| **County/Location:** | | | | | | |
| **Treating Hospital:** | | | | | | |
| **Delivery Address/Location:** | | | | | | |
| **2. Name of Chemical:** | | | | | | |
| **3. Form of release:** | | solid | liquid | | Gas | other: |
| **4. Routes of exposure:** | | skin | inhalation | | ingestion | injection |
| **5. Number of Patients:** | | **Adult Confirmed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Adult Potential:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Pediatric <18 Confirmed\_\_\_\_\_\_\_\_\_\_\_\_ Pediatric Potential:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **6. Signs and Symptoms exhibited:** | | | | | | |
| **mild** | | **moderate** | | | **severe** | |
| Runny nose | | Blurred Vision | | | Involuntary defecation/urination | |
| Chest tightness | | Drooling | | | Copious secretions | |
| Pinpoint pupils | | Excessive Sweating | | | Twitching, jerking | |
| Shortness of Breath | | Nausea | | | Seizures | |
| Headache | | Vomiting | | | Flaccid Paralysis | |
| Behavioral changes | | Diarrhea | | | Coma | |
| Weakness | | | Respiratory Failure | |
| Twitching of large muscles | | | Death | |
| Headache, confusion, drowsiness | | |
| **7. Has field decontamination taken place?** | | | yes | | no | |
| **8. Additional anticipated decontamination needs:** | | | | | | |
| **9. What is or has been done locally to protect responders and community members?** | | | | | | |