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| **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?** |