Appendix 7: Veterinary Chart Abstraction Form

Form Approved
OMB No. 0923-XXXX
Exp. Date XX/XX/20XX

Veterinary Chart Abstraction Form

Reviewer Name: _____ Date of Review: ___ / ___ / ____ Data entered: ___ / ___ / ____

Veterinary Hospital: _____ Pet ID: _____

Pet Name: _____ Owner's Name: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Telephone (Home) _____(Cell) _____(Work) _____(Other) _____

Patient Demographics

Age: ____ □ Years □ Months **Sex:** □ Male □ Female □ Neutered/Spayed

Species: □ Dog □ Cat □ Other _____ **Breed:** _____

Hair Length: □ Short □ Medium □ Long □ Hairless □ N/A **Body Condition Score:** ____

Visit Information

Date of Visit: ____ / ____ / _____ Time of arrival: ____:____ □ am □ pm
MM DD YYYY

Chief Complaint: _____

Was the pet admitted? □ Y □ N If yes, # Days: _____

Initial Vital Signs: Weight: _____ □ kg □ lb

Temp (°F): _____ Heart Rate: _____ Respiratory Rate: _____ O_2 sat: _____

Medical History

_____

_____

_____

_____

_____

Medications: Heartworm prevention □ Y □ N

_____

_____

_____

Decontamination

Was the patient decontaminated? □ Yes □ No □ N/A

If yes, where was the patient decontaminated?
- □ In the field/At site
- □ At veterinary hospital
- □ Both
- □ Other: _____

How was the patient decontaminated?
- □ Water
- □ Soap and water
- □ Other: _____

Clinical Signs

Check box if the sign is present in the medical record (for this encounter). If date of onset is different from date of presentation, indicate in date column.

Sign	Date
General	
◻ Fever (>103.0 °F)*	___ / ___ / ____
◻ Hypothermia (<98.0 °F)*	___ / ___ / ____
◻ Lethargy	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
Eye	
◻ Corneal abrasion	___ / ___ / ____
◻ Increased tearing	___ / ___ / ____
◻ Irritation/Pain	___ / ___ / ____
◻ Itching/Pruritis	___ / ___ / ____
◻ Miosis	___ / ___ / ____
◻ Mydriasis	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
Cardiovascular	
◻ Bradycardia*	___ / ___ / ____
◻ Cardiac arrest	___ / ___ / ____
◻ Hypertension	___ / ___ / ____
◻ Hypotension	___ / ___ / ____
◻ Tachycardia*	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
Respiratory	
◻ Cough	___ / ___ / ____
◻ Cyanosis	___ / ___ / ____
◻ Dyspnea	___ / ___ / ____
◻ Hyperventilation/Tachypnea	___ / ___ / ____
◻ Nose bleed	___ / ___ / ____
◻ Phlegm/Congestion	___ / ___ / ____
◻ Runny nose	___ / ___ / ____
◻ Stridor	___ / ___ / ____
◻ Wheezing	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
Gastrointestinal	
◻ Abdominal pain	___ / ___ / ____
◻ Anorexia	___ / ___ / ____
◻ Constipation	___ / ___ / ____
◻ Diarrhea	___ / ___ / ____
◻ Nausea	___ / ___ / ____
◻ Vomiting	___ / ___ / ____
◻ Other: _____	___ / ___ / ____

Sign	Date
Nervous System	
◻ Ataxia	___ / ___ / ____
◻ Fasciculations	___ / ___ / ____
◻ Hyperactive/anxiety/irritable	___ / ___ / ____
◻ Muscle pain	___ / ___ / ____
◻ Muscle rigidity	___ / ___ / ____
◻ Muscle weakness	___ / ___ / ____
◻ Paralysis	___ / ___ / ____
◻ Peripheral neuropathy	___ / ___ / ____
◻ Salivation	___ / ___ / ____
◻ Other: _____	___ / ___ / ____
Skin	
◻ Burns	___ / ___ / ____
◻ Edema/Swelling	___ / ___ / ____
◻ Erythema/Redness/Flushing	___ / ___ / ____
◻ Hives/Welts	___ / ___ / ____
◻ Irritation/Pain	___ / ___ / ____
◻ Itching/Pruritis	___ / ___ / ____
◻ Rash	___ / ___ / ____
◻ Other: _____	___ / ___ / ____

*Normal value varies by species

Imaging

Date	Type of Imaging	Location	Contrast	Acute Findings	Description of Acute Findings
___ / ___ / ____	☐ X-ray ☐ Ultrasound ☐ Other: ____________________		☐ Y ☐ N	☐ Y ☐ N	
___ / ___ / ____	☐ X-ray ☐ Ultrasound ☐ Other: ____________________		☐ Y ☐ N	☐ Y ☐ N	
___ / ___ / ____	☐ X-ray ☐ Ultrasound ☐ Other: ____________________		☐ Y ☐ N	☐ Y ☐ N	
___ / ___ / ____	☐ X-ray ☐ Ultrasound ☐ Other: ____________________		☐ Y ☐ N	☐ Y ☐ N	

EKG

Date	Findings	Description of EKG Findings
___ / ___ / ____	☐ WNL ☐ Abnl, consistent ☐ Abnl, new	
___ / ___ / ____	☐ WNL ☐ Abnl, consistent ☐ Abnl, new	

WNL- within normal limits

Abnl, consistent- Abnormal finding, consistent with medical history or previous disease

Abnl, new- Abnormal finding, may indicate the presence of new disease

Lab Values (See key below for check box explanations)
(Only record actual value if it is initially abnormal or becomes abnormal. Do not record normal values.)

Lab		Repeat Lab Values (if necessary)
Na _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
K _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Cl _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
HCO_3^- _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
BUN _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Cr _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Glu _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Hgb _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Hct _____	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____

WBC ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Plts ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Ca^{2+} ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
AST ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
ALT ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Total Bili ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Alk Phos ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Other: ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Other: ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________
Other: ________	◻ WNL ◻ Abnl, CI ◻ Abnl, C Dz ◻ Abnl, exposure ◻ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________ Date: ___ / ___ / ___ Time: ____:____ ◻ am ◻ pm ________________

Urinalysis

	Date: ___ / ___ / ____	Repeat Lab Values (if necessary)
pH	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Specific Gravity	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Protein	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Glucose	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Ketones	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
WBC	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
RBC	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____
Bilirubin	□ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____ Date: ___ / ___ / ___ Time: ____:____ □ am □ pm _____

WNL- Within normal limits

Abnl, CI- Abnormal, Clinically insignificant (To be determined with NCEH Toxicologists)

Abnl, C Dz- Abnormal finding, consistent with documented chronic disease

Abnl, exposure- Abnormal finding, potentially associated with the exposure

Abnl, other- Clinically significant abnormality, related to other disease process

Arterial Blood Gas (ABG) Flow Sheet

Date	Date	Date	Date
Time	Time	Time	Time
pH	pH	pH	pH
pO_2	pO_2	pO_2	pO_2
pCO_2	pCO_2	pCO_2	pCO_2
HCO_3^-	HCO_3^-	HCO_3^-	HCO_3^-
O_2 sat	O_2 sat	O_2 sat	O_2 sat
Supplemental O_2 □ Y □ N □ N/A	Supplemental O_2 □ Y □ N □ N/Ac	Supplemental O_2 □ Y □ N □ N/A	Supplemental O_2 □ Y □ N □ N/A

Medications (new medications that were initiated or prescribed during this visit/admission)

Name	Indication	Given during this visit?	Continued after discharge?

Outcomes

Diagnosis: _____

Discharge

□ LWBS □ Office visit

□ Admitted: ___ / ___ /____ Discharge information: Date: ___ / ___ /____ Time: ____: _____ □ am □ pm

□ Died: ___ / ___ /____ Cause of death: _____

Necropsy performed? □ Yes □ No □

If yes, where? _____

Necropsy findings: _____

_____

_____

_____

_____

□ Other: _____

LWBS- Left without being seen