

PC NEISS For TEST All-Trauma Hospital

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Case Detail - (New)

NEISS Case

Treatment Date: 00/00/0000 Case #: Collection Date: 10/09/2009

Date of Birth: 00/00/0000 Product 1: Product 2: Intent: Location: Fire: Work Related: Race: Race other: Disposition: Body part: Diagnosis other: Diagnosis: Sex: Age: Comment:

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Case Detail - (Update Mode)

NEISS Case Children's Poisoning

Children's Poisoning Study (Ages 0-4)

Was Poison Control Center contacted:
prior to the ED visit? [Y] [N] [NS] during the ED visit? [Y] [N] [NS]

Prior to ED visit was any other medical person or facility contacted? [Y] [N] [NS] Specify:

Any Symptom(s)? [Y] [N] [NS] Nausea/Vomiting? [Y] [N] [NS]
Dizziness? [Y] [N] [NS] Drowsiness? [Y] [N] [NS]
Difficulty Breathing? [Y] [N] [NS] Headaches? [Y] [N] [NS]
Abdominal Pains? [Y] [N] [NS]
Other Symptoms? [Y] [N] [NS] Specify:

Any ED Treatment(s)? [Y] [N] [NS] -No = observation only
Vomiting Induced? [Y] [N] [NS] Stomach Pump? [Y] [N] [NS]
Char. Admn? [Y] [N] [NS] Art. Respiration? [Y] [N] [NS]
Blood Transfusion? [Y] [N] [NS] Other Treatment? [Y] [N] [NS]

Specify:

What happened to the container? [1-Thrown away] [2-Kept by family/returned] [3-Not in any container] [0-Not stated]

CRC Present? [Y] [N] [NS]

Did the poisoning involve a drug that was administered for therapeutic use? [Y] [N] [NS]

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