



PWH, Chemical Pathology (Toxicology / Drug of Abuse Screening Information Sheet)

Please complete all sections in ink. Any correction made should be crossed and signed:

<p>A. Clinical History</p> <p>Date & Time of sampling:</p> <p>Date & Time of poisoning:</p> <p>History of drug misuse / abuse:</p>	<p>B. Patient Demographics</p> <p>Please use block letter or affix addressograph here</p> <p>ID : _____</p> <p>HN : _____</p> <p>Name : _____</p> <p>Sex : _____ Age : _____ DOB (ddmmyy) : ____/ ____/ ____</p> <p>Ward : _____ Unit / Dept : _____</p> <p>Bed : _____ Hosp / Clinic : _____</p> <hr/> <p>Report to : _____ Phone / Page : _____</p> <p>Doctor's Code : _____ Signature : _____</p>												
<p>C. Clinical Signs</p> <p>Checklist of Common Symptoms:</p> <p><input type="checkbox"/> Agitated <input type="checkbox"/> Constricted pupil</p> <p><input type="checkbox"/> Excited <input type="checkbox"/> Dilated pupil</p> <p><input type="checkbox"/> Hallucinated <input type="checkbox"/> Tachycardia</p> <p><input type="checkbox"/> Disoriented <input type="checkbox"/> Arrhythmias</p> <p><input type="checkbox"/> Drowsy <input type="checkbox"/> Needle marks</p> <p><input type="checkbox"/> Arousable with difficulty</p> <p><input type="checkbox"/> Comatose, responsive to pain</p> <p><input type="checkbox"/> Comatose, unresponsive</p> <p><input type="checkbox"/> Hypoglycaemia; glucose _____ mmol/L</p> <p>Other Symptoms:</p>	<p>D. Purpose of this Investigation</p> <p><input type="checkbox"/> Acute Overdose for Comprehensive Drug Screen</p> <p>Prior arrangement with Duty Biochemist is required for prompt reporting:</p> <p>(Serum Acetaminophen / Salicylate / Ethanol is available at Chemical Pathology Urgent Laboratory).</p> <p><input type="checkbox"/> Substance Abuse for Urine Drug of Abuse Screen</p> <p>Please specify class(es) of drugs:</p>												
<p>E. Details of Current Drug Therapy</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Drug Name</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Route</u></th> <th style="text-align: left;"><u>Dose</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Drug Name</u>	<u>Time</u>	<u>Route</u>	<u>Dose</u>					<p>F. Patient Suspected to have Overdosed / Abused in</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Drug Class / Generic / Trade Name</u></th> <th style="text-align: left;"><u>Dose / Route</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>Indicate 'Unknown' if there is no specific clue.</p>	<u>Drug Class / Generic / Trade Name</u>	<u>Dose / Route</u>		
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<p>G. Please Send the Following Samples</p> <p><input type="checkbox"/> 30 mL spot urine, _____ and * mandatory for all cases</p> <p><input type="checkbox"/> 30 mL gastric lavage fluid * if available in acute overdose</p> <p><input type="checkbox"/> Others, please specify:</p>	<p>H. Treatment Administered Prior to Collection of this Sample</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify:</p>												

Medico-legal-specimens are not accepted, results cannot be used in legal processes.
Requests with incomplete information may be rejected.