

## Case evaluation form

This form is to be completed by the Requester and sent to the Ramathibodi Poison Center to track the outcome of confirmed poisoning cases for which iCAPS is applicable.

### Case evaluation

#### 1. Patient information

Age: \_\_\_\_\_

Sex:  Male  Female

Nationality: \_\_\_\_\_

Final diagnosis: \_\_\_\_\_

#### 2. Case evaluation

Number of antidotes using: \_\_\_\_\_

Name of antidote: \_\_\_\_\_

Date and time Receiving Facility confirmed receiving antidote: \_\_\_\_\_

Date and time poisoned patient received antidote: \_\_\_\_\_

#### 3. Medical outcome

Medical outcome of patient:

- Survived without sequelae
- Survived with sequelae
- Death from poisoning
- Death from complication

*Send the completed form to: [contacticaps@gmail.com](mailto:contacticaps@gmail.com)*