

Emergency request form

Instruction: To be completed by responsible physician or authorized person and sent to Ramathibodi Poison Center via designated national focal point and/or authorized channel(s).

☐ **Check when complete:**

1. ☐ Call your national focal point or authorized channel: Date and time of call:
2. ☐ Call Ramathibodi Poison Center staff
3. ☐ send completed form to Ramathibodi Poison Center, Bangkok Thailand

By email: poisrequest@gmail.com; tisockik@who.int; onyonl@who.int

Other:

Communication

Check one: Status: ☐ 1. Emergency ☐ 2. Non-emergency

1. Name of person completing form: _____
2. Position & Organization: _____
3. Telephone: _____
4. Fax: _____
5. Email: _____
6. Date and Time (completing form) _____
7. Time request sent (documented in email) _____

Physician contact information (Complete if different than person completing the form)

1. Name of responsible physician: _____
2. Position & Organization: _____
3. Telephone: _____
4. Phone and Fax: _____
5. Email: _____
6. Comment: _____



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INITIATIVE FOR
COORDINATED
ANTIDOTES
PROCUREMENT IN
SOUTH-EAST ASIA

Patient information

1. Age: _____ 2. Sex: _____
3. Nationality: _____ 4. Address of residence: _____

5. Chief complaint: _____
6. Signs and Symptoms: _____
7. Initial Diagnosis: _____
8. Date and Time of Evaluation and Diagnosis: _____
9. Treatment: _____
10. Name of antidote needed: _____

Exposure information

1. Name of exposure: _____ 2. Exposure amount: _____
3. Route of exposure: _____ 4. Exposure site: _____
5. Type of exposure (☒)
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 5.1. Acute | <input type="checkbox"/> 5.3. Chronic |
| <input type="checkbox"/> 5.2. Acute or chronic | <input type="checkbox"/> 5.4. Unknown |
6. Date and time of exposure: _____

Antidote requested on named-patient basis

1. Medicine 1: _____ 4. Date required (by when): _____
- a. Name _____
- b. Dosage form and strength _____
- c. Quantity _____
2. Medicine 2:
- a. Name _____
- b. Dosage form and strength _____
- c. Quantity _____
3. Medicine 3:
- a. Name _____
- b. Dosage form and strength _____
- c. Quantity _____

Antidote information

Antidote	Poisoning/Reason for use	Information
<input type="checkbox"/> 1. Activated charcoal	<input type="checkbox"/> 1.1 Non-specific poisoning <input type="checkbox"/> 1.2 Other.....	1.1a. Exposure: 1.1b. Route:
<input type="checkbox"/> 2. Dimercaprol (BAL)	<input type="checkbox"/> 2.1 Lead poisoning <input type="checkbox"/> 2.2 Heavy-metal poisoning (ie. antimony, arsenic, bismuth, gold, mercury, thallium) <input type="checkbox"/> 2.3 Other	2.1a. Exposure:..... 2.1b. Route:..... 2.2a. Blood lead concentration: 2.2b. Date and time of blood test: 2.2c. Method of testing:
<input type="checkbox"/> 3. Methylene blue	<input type="checkbox"/> 3.1 Methaemoglobinemia <input type="checkbox"/> 3.2 Other.....	3.1a. Exposure: 3.1b. Route:



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Antidote information (cont.)

Antidote	Poisoning/Reason for use	Information
<input type="checkbox"/> 4. Penicillamine	<input type="checkbox"/> 4.1 Lead poisoning <input type="checkbox"/> 4.2 Other	4.1a. Exposure:..... 4.1b. Route:..... 4.2a. Blood lead concentration: 4.2b. Date and time of blood test: 4.2c. Method of testing:
<input type="checkbox"/> 5. Calcium disodium edetate (EDTA) and Dimercaprol	<input type="checkbox"/> 5.1 Lead poisoning <input type="checkbox"/> 5.2 Other	5.1a. Exposure:..... 5.1b. Route:..... 5.2a. Blood lead concentration: 5.2b. Date and time of blood test: 5.2c. Method of testing:
6. Sodium nitrite	<input type="checkbox"/> 6.1 Cyanide poisoning <input type="checkbox"/> 6.2 Hydrogen sulfide poisoning <input type="checkbox"/> 6.3 Other	6.1a. Exposure: 6.1b. Route:
7. Sodium thiosulfate	<input type="checkbox"/> 7.1 Cyanide poisoning <input type="checkbox"/> 7.2 Other	7.1a. Exposure: 7.1b. Route:
8. Succimer (DMSA)	<input type="checkbox"/> 8.1 Lead poisoning <input type="checkbox"/> 8.2 Other	8.1a. Exposure:..... 8.1b. Route:..... 8.2a. Blood lead concentration: 8.2b. Date and time of blood test: 8.2c. Method of testing:
9. Other	<input type="checkbox"/> 9.1 Diphtheria antitoxin <input type="checkbox"/> 9.2 Botulism antitoxin <input type="checkbox"/> 9.3 Snake antivenom (Specify:.....) <input type="checkbox"/> 9.4 Other	9.1a. Exposure: 9.1b. Route:



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Delivery information

1. Name and Address of receiving facility: _____

2. Name of receiving person: _____
3. Phone number: _____

Checklist information for country focal point:

1. Shipment options and plan: _____
2. Contact with Ramathibodi Poison Center:
 - a. Choose one: phone/email/other: _____
 - b. Date and time of contact: _____
 - c. Ramathibodi Poison Center staff contact: _____
3. Confirmation with authorized channel(s):
 - a. by phone (document time/date/who) _____
 - b. by email (document time/date/who) _____