

Botulism Rapid Assessment Worksheet

(Please refer to the Disease investigation Guideline for additional guidance.)

Symptom Information (Highlighted * are typical of botulism. Those marked with an (I) are associated to infant botulism.)

Symptoms	Yes	No	Unk.	Comments / Specifics		
Alert and oriented *				* Typical Symptoms or signs.		
Ataxia (lack of coordination) NOT present						
Dilated pupils (I)						
Diminished /absent deep tendon reflexes (I)						
Dizziness not present						
Double or blurry vision *						
Droopy eyelids *					Details and progression of muscle weakness or paralysis	
Dry mouth *						<input type="checkbox"/> Bilateral cranial nerves affected *
Dysphagia (Trouble swallowing) *						<input type="checkbox"/> Symmetrical *
Dysphonia (Speech difficulty) *						<input type="checkbox"/> Descending (beginning with cranial) *
Muscle Weakness *				<input type="checkbox"/> Ascending (ending with cranial)		
Parasthesia (tingling/numbness) NOT present				<input type="checkbox"/> Ventilatory Distress or Compromise		
Sensation to touch/vibration normal				Onset Date		
Vomiting				Onset Hour		
Diarrhea				First neurologic symptom:		
Constipation (I)				First GI Symptom:		
Afebrile (fever not present)						

Initial Laboratory Testing

CSF Findings	Tensilon	Normal	Abnormal	Not Done	EMG Test Result: (repetitive stimulation is recommended)
WBC count (Highest) _____	<input type="checkbox"/> Suggestive /consistent with botulism				
Protein (Highest) _____	<input type="checkbox"/> Not consistent with botulism				
Opening pressure _____					<input type="checkbox"/> Not done

Initial Information to Collect (for those over the age of 1 year)

Initial questions	Yes	No	Unk.	If yes, comments / specifics
Does the patient have a history of ingesting any unusual/high risk food items? (examples: home-canned food, commercially canned food, sausage or other preserved meats, preserved fish, items stored in oil, baked potato stored in foil)				Suspect Food: Date/Time Eaten: Anyone else consumed:
Does the patient have any visible wounds?				Site of wound/reason: Date of injury:
Does the patient have any history of abdominal surgery, gastrointestinal tract abnormalities, Crohns disease or recent treatment with antibiotics that would put them at risk of intestinal botulism?				
Does patient have a history of illicit drug use?				Type & mode of use (i.e. infection, skin popper):

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Notes on Antitoxin:

1. Physician Contact _____ Phone _____

2. Pharmacist Contact _____ Phone _____

3. CDC Contact _____ Phone _____

4. Additional Contacts:

_____ Phone _____

_____ Phone _____

5. Antitoxin Released? Yes No If yes: Date ___/___/___ Time: _____

If no, reason: _____

6. Details of antitoxin shipping/delivery (i.e. when, where, who):

7. Antitoxin Administered? Yes No If yes: Date ___/___/___ Time: _____ No. of vials: _____

If no, reason: _____

Notes on Approved Specimen Testing:

1. Contact at KHEL: _____ Date: ___/___/___ Time: _____

2. Additional Contacts:

_____ Phone _____

_____ Phone _____

3. Details on specimen being sent (i.e., type, where, when):

Notifications:

Notification to State Health Department Date: ___/___/___ Time: _____

Notification to Local Health Department Date: ___/___/___ Time: _____

Notification to CDC Date: ___/___/___ Time: _____