BOTULISM INVESTIGATIVE FORM

For all cases please complete Sections 1 and 2
If the patient is a drug user please complete Section 3
If food Botulism is suspected please complete Section 4

REPORTING CLINICIAN'S DETAILS

Date of Notification to Public Health Department: ☐☐/☐☐/☐☐☐☐

Dr Name ☐ Dr Address ☐

Dr Telephone ☐ Fax ☐ Email ☐

SECTION 1: DEMOGRAPHIC INFORMATION

CIDR Event ID ☐☐☐☐☐☐☐ Surname ☐ Forename ☐

Address: ☐

HSE Area: ☐

Sex: F ☐ M ☐ NK ☐ Date of Birth: ☐☐/☐☐/☐☐☐☐ Age (years): ☐☐ Age (months): ☐☐

Ethnic Group

- ☐ White Irish
- ☐ White other
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Indian
- ☐ Not Known
- ☐ Black-African
- ☐ Black-Caribbean
- ☐ Black-Other
- ☐ Chinese
- ☐ Asian-Other
- ☐ Other _____

Occupation ☐

Has the patient been involved in any activities that might expose wounds to soil e.g. gardening, carpentry, etc? Yes ☐ No ☐ Not Known ☐

Has the patient travelled away from home or overseas in the last month? Yes ☐ No ☐ Not Known ☐

If **YES**

Specify location ☐

Specify dates From ☐☐/☐☐/☐☐☐☐ To ☐☐/☐☐/☐☐☐☐

SECTION 2: CLINICAL DETAILS

Hospital Name ☐

Clinician in charge ☐ Telephone no ☐

GP Name ☐ Address ☐

Telephone no ☐

SECTION 2: CLINICAL DETAILS (continued)

Preliminary History:

Date onset of symtoms

Date first seen by doctor

Was patient hospitalised? Yes ☐ No ☐ Not Known ☐

If **YES**, date hospitalised

Has the patient been admitted to intensive care? Yes ☐ No ☐ Not Known ☐

If **YES**, date admitted

Has the patient been placed on a ventiator? Yes ☐ No ☐ Not Known ☐

If **YES**, date intubated

Was the patient on any of the following medications in the month prior to onset?

Phenothiazine	Yes ☐	No ☐	Not Known ☐
Aminoglycoside	Yes ☐	No ☐	Not Known ☐
Anticholinergic	Yes ☐	No ☐	Not Known ☐

Clinical History:

Briefly describe history and general symptom progression

SECTION 2: CLINICAL DETAILS (continued)

Specific Symptom History:

	YES	NO	NOT KNOWN
Abdominal pain	☐	☐	☐
Nausea	☐	☐	☐
Vomiting	☐	☐	☐
Diarrhoea	☐	☐	☐
Constipation	☐	☐	☐
Blurred vision	☐	☐	☐
Diplopia	☐	☐	☐
Dizziness	☐	☐	☐
Slurred speech	☐	☐	☐
"Thick tongue"	☐	☐	☐
Change in sound of voice	☐	☐	☐
Hoarseness	☐	☐	☐
Dry mouth	☐	☐	☐
Difficulty swallowing	☐	☐	☐
Shortness of breath	☐	☐	☐
Subjective weakness	☐	☐	☐
Fatigue	☐	☐	☐
Paraesthesia			

If **YES**, please describe site of paraesthesia: ☐

Does the patient have a wound, boil or abscess, no matter how trivial? ☐ ☐ ☐

If **YES**, please describe site and nature: ☐

Vital signs on admission:

Temperature ☐

Blood pressure ____ / ____

Heart rate ☐

Respiratory rate ☐

Physical Examination Findings:

	YES	BILATERAL	NO	NOT KNOWN
Altered mental state	☐	☐	☐	☐
Extraocular palsy	☐	☐	☐	☐
Ptosis	☐	☐	☐	☐
Pupils dilated	☐	☐	☐	☐
Pupils constricted	☐	☐	☐	☐
Pupils fixed	☐	☐	☐	☐
Pupils reactive	☐	☐	☐	☐
Facial paralysis	☐	☐	☐	☐
Palatal weakness	☐	☐	☐	☐
Impaired gag reflex	☐	☐	☐	☐
Sensory deficit(s)	☐	☐	☐	☐

If **YES**, please describe deficit: ☐

SECTION 2: CLINICAL DETAILS (continued)

Deep tendon reflexes:

	BRISK	NORMAL	REDUCED	ABSENT	NOT KNOWN
Abnormal deep tendon reflexes	☐	☐	☐	☐	☐
Biceps/Triceps	☐	☐	☐	☐	☐
Brachial	☐	☐	☐	☐	☐
Patellar	☐	☐	☐	☐	☐
Ankle	☐	☐	☐	☐	☐

Please indicate if weakness or paralysis was noted in patient:

A. Upper extremities **YES** ☐ **NO** ☐

If yes: Distal weakness/paralysis **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

Proximal weakness/paralysis **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

B. Lower extremities **YES** ☐ **NO** ☐

If yes: Distal weakness/paralysis **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

Proximal weakness/paralysis **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

If **YES** to any of the above, please describe weakness/paralysis ☐

i. **Ascending** (beginning in the lower extremities, moving to upper extremities and then cranial nerves) **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

ii. **Descending** (beginning with cranial nerves, moving to upper then lower extremities) **YES** ☐ **BILATERAL** ☐ **NO** ☐ **NOT KNOWN** ☐

Laboratory Results

Was a lumbar puncture done? Yes ☐ No ☐ Not Known ☐

If **Yes:** i. Date done: ☐

ii. RBC ☐

iii. WBC ☐

iv. Protein ☐

v. Glucose ☐

Was a tensilon test (Edrophonium chloride) done?

If **Yes:** i. Date done: ☐

ii. Results: ☐

SECTION 2: CLINICAL DETAILS (continued)

Was electromyography (EMG) done?

If **Yes:** i. Date done: |_|_|_|_|_|_|

ii. Muscle group:

iii. Nerve conduction results

iv. Was rapid repetitive stimulation conducted? Yes ☐ No ☐ Not Known ☐

If **YES:** Hertz:

Result:

Was brain imaging done? Yes ☐ No ☐ Not Known ☐

If **YES:** Was a CT done? Yes ☐ No ☐ Not Known ☐

If **YES:** i. Date done: |_|_|_|_|_|_|

ii. Findings:

Was an MRI done? Yes ☐ No ☐ Not Known ☐

If **YES:** i. Date done: |_|_|_|_|_|_|

ii. Findings:

SECTION 2: CLINICAL DETAILS (continued)

Treatment

Was surgical debridement performed? Yes ☐ No ☐ Not Known ☐

Was the patient treated with antimicrobial agents? Yes ☐ No ☐ Not Known ☐

If **Yes**, please state which agents were used

What samples have been sent to test for botulinum toxin?

Serum ☐ Pus ☐
Wound tissue ☐ Other ☐ (please state)_____

Botulinum antitoxin:

Was the patient given Antitoxin? Yes ☐ No ☐ Not Known ☐

If **Yes**, how may doses were given?

Dates given? | | | | | | | | |

Differential Diagnosis by Clinician

Patient outcome/ status

Is the patient a known drug user? Yes ☐ No ☐ Not Known ☐

IF THE PATIENT IS A DRUG USER PLEASE COMPLETE SECTION 3.

IF FOOD BOTULISM IS SUSPECTED PLEASE COMPLETE SECTION 4

SECTION 3: QUESTIONS FOR DRUG USERS

In the last month have you injected any of the following drugs?

Tick all that apply

- ☐ Heroin
- ☐ Methadone (prescribed)
- ☐ Methadone (non-prescribed)
- ☐ Cocaine
- ☐ Heroin & cocaine (together)
- ☐ Crack
- ☐ Heroin & crack (together)
- ☐ Anything else, please specify

For how many years/months have you been using these drugs?

Years ☐ Months ☐

What methods have you used for taking these drugs in the last month?

	Main Method	**Methods also used**
Injecting into a vein or mainlining	☐	☐
Skin popping	☐	☐
Muscle popping	☐	☐
Smoking	☐	☐
Snorting or sniffing	☐	☐

Other, please specify _____

Into which parts of the body do you inject? ☐

Have you changed your dealer or supply of these drugs within the last month?

Yes ☐ No ☐ Not Known ☐

In which areas have you bought drugs in the last month?

PLEASE SPECIFY THE NAME OF THE DISTRICT AND THE TOWN OR CITY FOR ALL PURCHASES IN THE LAST MONTH

District or Area	**Town or City**

Have you noticed anything different about your drugs recently in terms of:

Colour	Yes ☐	No ☐	Not Known ☐
Consistency	Yes ☐	No ☐	Not Known ☐
Effect	Yes ☐	No ☐	Not Known ☐
Dissolving	Yes ☐	No ☐	Not Known ☐

If yes to any of these please give details ☐

SECTION 3: QUESTIONS FOR DRUG USERS (continued)

Do you wash your hands before injecting? Yes ☐ No ☐ Not Known ☐

Do you wipe the injection site with iodine, alcohol or a mediswab before injecting? Yes ☐ No ☐ Not Known ☐

Do you wet your skin with saliva before or after injecting? Yes ☐ No ☐ Not Known ☐

Do you lick the needle before injecting? Yes ☐ No ☐ Not Known ☐

During the last month have you used any of the following to dissolve your drugs?

- ☐ Citric Acid
- ☐ Vinegar
- ☐ Lemon juice (Jif)
- ☐ Lemon juice (fresh)
- ☐ Descaler crystals
- ☐ Vitamin C
- ☐ Other

If other, please specify _____

During the last month did you share any of the following with anyone?

- ☐ Citric Acid
- ☐ Needles & syringes
- ☐ Filter
- ☐ Spoons
- ☐ Water
- ☐ Other

If other, please specify _____

If yes to sharing spoons, how often did you use a spoon already used by someone else (including your partner)?

☐ times

During the last month have you reused your own needles/syringes? Yes ☐ No ☐ Not Known ☐

If **yes:**

In the last month, what is the maximum number of times you have reused the needle/syringe? ☐ times

In the last month, where have you stored your used needles/syringes before reusing them?

- ☐ In a closed containter
- ☐ Uncovered
- ☐ Other, please specify _____

In the last month how many times have you visited a needle exchange (including pharmacy exchange)? ☐ times

In the last month, what kind of water have you used to inject?

Tick all that apply

- ☐ Boiled
- ☐ Bottled
- ☐ Sterile
- ☐ Tap (KITCHEN)
- ☐ Tap (BATHROOM)
- ☐ Other

If other, please specify _____

SECTION 3: QUESTIONS FOR DRUG USERS (continued)

When you have injected in the last month, what have you used to filter your heroin?

Tick all that apply

- ☐ Cigarette filter
- ☐ Filter tips
- ☐ Cotton bud
- ☐ Cotton wool
- ☐ Clothing fibres
- ☐ Nothing
- ☐ Anything else

Specify _____

When you have injected in the last month, have you re-used the same filter? Yes ☐ No ☐ Not Known ☐

If **YES**, how often? ☐ times

Where have you stored your used filters before reusing them?

- ☐ In a closed containter
- ☐ Uncovered
- ☐ Other, please specify

During the last month, have you had any area of skin with redness, swelling and tenderness in an area that you inject? Yes ☐ No ☐ Not Known ☐

Compared to a 5 cent coin, how large did it get?

- ☐ Smaller
- ☐ Same size
- ☐ Larger
- ☐ Much larger
- ☐ Don't know

Did you seek medical attention for this skin problem? Yes ☐ No ☐ Not Known ☐

How many abscesses have you had during the past year?

Is there anything else you think contributed to or caused this illness?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

SECTION 4: FOOD HISTORY

During the week before the onset of symptoms, have you eaten?:

Home made preserves (pickles, jam, bottled veg, bottled fruits)	Yes ☐	No ☐	Not Known ☐
Canned food	Yes ☐	No ☐	Not Known ☐
Casserole food eaten without re-heating	Yes ☐	No ☐	Not Known ☐
Any food from the freezer or refrigerator kept at room temperature and eaten without thorough re-heating	Yes ☐	No ☐	Not Known ☐
Vacuum packed or extended shelf life foods	Yes ☐	No ☐	Not Known ☐

Meat or dish prepared with meat

Please tick all that apply. See end of page for codes.

	HM	CF	NRH	RT	VPF
Beef	☐	☐	☐	☐	☐
Chopped beef	☐	☐	☐	☐	☐
Veal	☐	☐	☐	☐	☐
Pork	☐	☐	☐	☐	☐
Lamb	☐	☐	☐	☐	☐
Dry sausage e.g. salami	☐	☐	☐	☐	☐
Fresh sausages	☐	☐	☐	☐	☐
Pate	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Salted, cured, cold or hot smoked foods

Please tick all that apply. See end of page for codes.

	HM	CF	NRH	RT	VPF
Beef	☐	☐	☐	☐	☐
Duck	☐	☐	☐	☐	☐
Chicken	☐	☐	☐	☐	☐
Lamb	☐	☐	☐	☐	☐
Venison	☐	☐	☐	☐	☐
Turkey	☐	☐	☐	☐	☐
Fish (e.g. smoked salmon, smoked mackerel)	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Wild game or dish prepared with wild game

Please tick all that apply. See end of page for codes.

	HM	CF	NRH	RT	VPF
Rabbit	☐	☐	☐	☐	☐
Hare	☐	☐	☐	☐	☐
Pheasant	☐	☐	☐	☐	☐
Partridge	☐	☐	☐	☐	☐
Pigeon	☐	☐	☐	☐	☐
Venison	☐	☐	☐	☐	☐
Wild boar	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

HM Home-made food **CF** Canned food **NRH** Casserole food eaten without re-heating **VPF** Vacuum packed or extended shelf life foods
RT Any food from the freezer or refrigerator kept at room temperature and eaten without thorough re-heating

SECTION 4: FOOD HISTORY (continued)

During the week before the onset of symptoms, have you eaten?:

Poultry or dish prepared with poultry

Please tick all that apply. See end of page for codes.	HM	CF	NRH	RT	VPF
Chicken	☐	☐	☐	☐	☐
Turkey	☐	☐	☐	☐	☐
Duck	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Fish or dish prepared with fish

Please tick all that apply. See end of page for codes.	HM	CF	NRH	RT	VPF
Salted or dried fish	☐	☐	☐	☐	☐
Roll mops herring	☐	☐	☐	☐	☐
Lump fish caviar	☐	☐	☐	☐	☐
Sea Food	☐	☐	☐	☐	☐
Tuna fish	☐	☐	☐	☐	☐
Fish soup	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Vegetables or dish prepared with vegetables

Please tick all that apply. See end of page for codes.	HM	CF	NRH	RT	VPF
Beans	☐	☐	☐	☐	☐
Green beans	☐	☐	☐	☐	☐
Carrots	☐	☐	☐	☐	☐
Eggplants	☐	☐	☐	☐	☐
Tomatoes	☐	☐	☐	☐	☐
Spinach	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐
Vegetable juice	☐	☐	☐	☐	☐
Vegetable soup	☐	☐	☐	☐	☐
Salad	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Raw vegetable that have not been washed. Please specify. ☐

Cheese and dairy products

Please tick all that apply. See end of page for codes.	HM	CF	NRH	RT	VPF
Mascarpone	☐	☐	☐	☐	☐
Plain yoghurt	☐	☐	☐	☐	☐
Flavoured yoghurt	☐	☐	☐	☐	☐
Cheese sauce	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Condiments

Please tick all that apply. See end of page for codes.	HM	CF	NRH	RT	VPF
Pickles	☐	☐	☐	☐	☐
Oil with fresh herbs or garlic	☐	☐	☐	☐	☐
Nut puree	☐	☐	☐	☐	☐
Olives	☐	☐	☐	☐	☐
Pesto sauce	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

HM Home-made food **CF** Canned food **NRH** Casserole food eaten without re-heating **VPF** Vacuum packed or extended shelf life foods
RT Any food from the freezer or refrigerator kept at room temperature and eaten without thorough re-heating

SECTION 4: FOOD HISTORY (continued)

During the week before the onset of symptoms, have you eaten?:

Please tick all that apply. See end of page for codes.	**HM**	**CF**	**NRH**	**RT**	**VPF**
Fruits	☐	☐	☐	☐	☐
Jam	☐	☐	☐	☐	☐
Honey	☐	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Fruits that have not been washed. Please specify ☐

Modified atmosphere/extended shelf life foods

Please tick all that apply. See end of page for codes.	**HM**	**CF**	**NRH**	**RT**	**VPF**
Pasta	☐	☐	☐	☐	☐
Crumpets or other confections	☐	☐	☐	☐	☐
Salad	☐	☐	☐	☐	☐
Beetroot or other vegetables	☐	☐	☐	☐	☐
Milk	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

Have you eaten from a tin can that was blown, swollen or rusted? Yes ☐ No ☐ Not Known ☐

If YES, which kind of food? ☐

Which brand? ☐

Have you eaten from a vacuum pack that was blown? Yes ☐ No ☐ Not Known ☐

If YES, which kind of food? ☐

Which brand? ☐

Do you think there is a problem with the temperature of your fridge? Yes ☐ No ☐ Not Known ☐

During the week before onset, was your fridge turned off? Yes ☐ No ☐ Not Known ☐

If YES, for how long? ☐

How often is your fridge cleaned?

- ☐ Less than once a month
- ☐ Once a month
- ☐ Once every 3 months
- ☐ Once every six months
- ☐ Once a year
- ☐ Never
- ☐ Don't know

HM Home-made food **CF** Canned food **NRH** Casserole food eaten without re-heating **VPF** Vacuum packed or extended shelf life foods
RT Any food from the freezer or refrigerator kept at room temperature and eaten without thorough re-heating

SECTION 4: FOOD HISTORY (continued)

What have you eaten:

The **day** you became ill:	Breakfast:
	Lunch:
	Dinner:
	Sweets/Confectionery:
	Other:

SECTION 4: FOOD HISTORY (continued)

What have you eaten:

The **day before** you became ill:	Breakfast:
	Lunch:
	Dinner:
	Sweets/Confectionery:
	Other:

SECTION 4: FOOD HISTORY (continued)

What have you eaten:

Two days before you became ill:	Breakfast:
	Lunch:
	Dinner:
	Sweets/Confectionery:
	Other:

SECTION 4: FOOD HISTORY (continued)

What have you eaten:

Three days before you became ill:	Breakfast:
	Lunch:
	Dinner:
	Sweets/Confectionery:
	Other:

THANK YOU FOR COMPLETING THE QUESTIONNAIRE