

ACUTE ILLNESS RESPONSE (AIR) FORM

--Complete if patient had symptoms after exposure--

Fax completed form to NC Farmworker Health Program: (919) 733-2981 or call NCFHP (919) 527-6440

If you have the patient's consent, record their contact information:

Patient Name: _____

Date of Birth: _____

Patient Phone: _____

Employer name and/or Camp location: _____

Name of person completing form: _____ Today's date: _____

Program or clinic affiliation: _____ Phone number: _____

Describe the situation with as much detail as possible:

Symptoms/Síntomas (Check all that apply)

<input type="checkbox"/> Fatigue/ <i>Fatiga</i>	<input type="checkbox"/> Muscle Cramps/ <i>Calambres</i>	<input type="checkbox"/> Confusion/ <i>Confusión</i>
<input type="checkbox"/> Headache/ <i>Dolor de Cabeza</i>	<input type="checkbox"/> Loss of Consciousness/ <i>Pérdida del Conocimiento</i>	<input type="checkbox"/> Anxiety/ <i>Ansiedad</i>
<input type="checkbox"/> Blurred Vision/ <i>Visión Borrosa</i>	<input type="checkbox"/> Excessive Salivation/ <i>Babeo excesivo</i>	<input type="checkbox"/> Rashes/ <i>Ronchas</i>
<input type="checkbox"/> Vomiting/ <i>Vómito</i>	<input type="checkbox"/> Dizziness/ <i>Mareo</i>	<input type="checkbox"/> Convulsions/ <i>Convulsiones</i>
<input type="checkbox"/> Difficulty Breathing <i>Dificultad para Respirar</i>	<input type="checkbox"/> Stomach Ache/ <i>Dolor de Estómago</i>	Otro: _____
<input type="checkbox"/> Excessive Perspiration/ <i>Exceso de sudor</i>	<input type="checkbox"/> Diarrhea/ <i>Diarrea</i>	Otro: _____
<input type="checkbox"/> Pinpoint pupils/ <i>Pupilas pequeños</i>	<input type="checkbox"/> Shaking/ <i>Temblor</i>	Otro: _____
	<input type="checkbox"/> Loss of Appetite/ <i>Pérdida de Apetito</i>	Otro: _____

Additional Details/Detalles Adicionales

1. What were you doing when you started feeling ill? *¿Qué estaba haciendo cuando empezó a sentirse enfermo?*

2. What day and time did you start feeling ill? *¿A qué fecha y a qué hora empezó a sentirse mal?*

3. Do you think you were exposed to a pesticide? *¿Cree que estuvo expuesto a algún pesticida?* Yes/Sí No

3a. When did the exposure start? *¿Cuándo empezó el contacto con el pesticida?* Date & time/Fecha y hora: _____

3b. How long did it last? *¿Cuánto tiempo duró el contacto?* Length of time in minutes, hrs or days/en minutos, horas, o días: _____

4. Do you know the location of the field you were working in when you got sick?
¿Sabe a dónde queda el campo en el que estaba trabajando cuando empezó a sentirse mal?

5. Are there any landmarks that can be used to identify the field you were working in?
¿Hay un punto de referencia para identificar el campo en el cual estaba trabajando?

6. Do you have the clothing you wore in the field? (Ask if they can provide this to you in a plastic bag.) Yes/Sí No
¿Tiene la ropa que estaba usando en el campo? (Pregúntele al trabajador si puede entregársela en una bolsa de plástico)

7. Do you know what chemicals were applied to the fields/crops where you were working?
¿Sabe cuáles químicos han sido aplicados en los campos o en las plantas a donde trabajó?

8. Did you see anyone applying anything to the fields where you were working? When?
¿Ha visto a alguien rociando algo en los campos a donde trabajó? ¿Cuándo?

9. Do you know where we can get a label of the chemicals that were being used? (Ask if they can give you the label(s).)
¿Sabe dónde se puede conseguir una etiqueta de los químicos que se estaban usando en su trabajo? (Pregúntele si puede dársela(s).)

10. Did any other workers get sick at the same time as you? Yes/Sí No

¿Se enfermaron otros trabajadores al mismo tiempo que usted?

→ If yes: What are their names? *¿Cómo se llaman?* _____

→ If yes, attempt to interview/ *Si respondió 'sí', trate de entrevistar a ellos*

11. Are you pregnant? *¿Está usted embarazada?* Yes/Sí No

12. Do you live with someone who is pregnant? *¿Vive con alguien que está embarazada?* Yes/Sí No

13. Do you live with any children under age 5? *¿Vive con niños menores de 5 años de edad?* Yes/Sí No

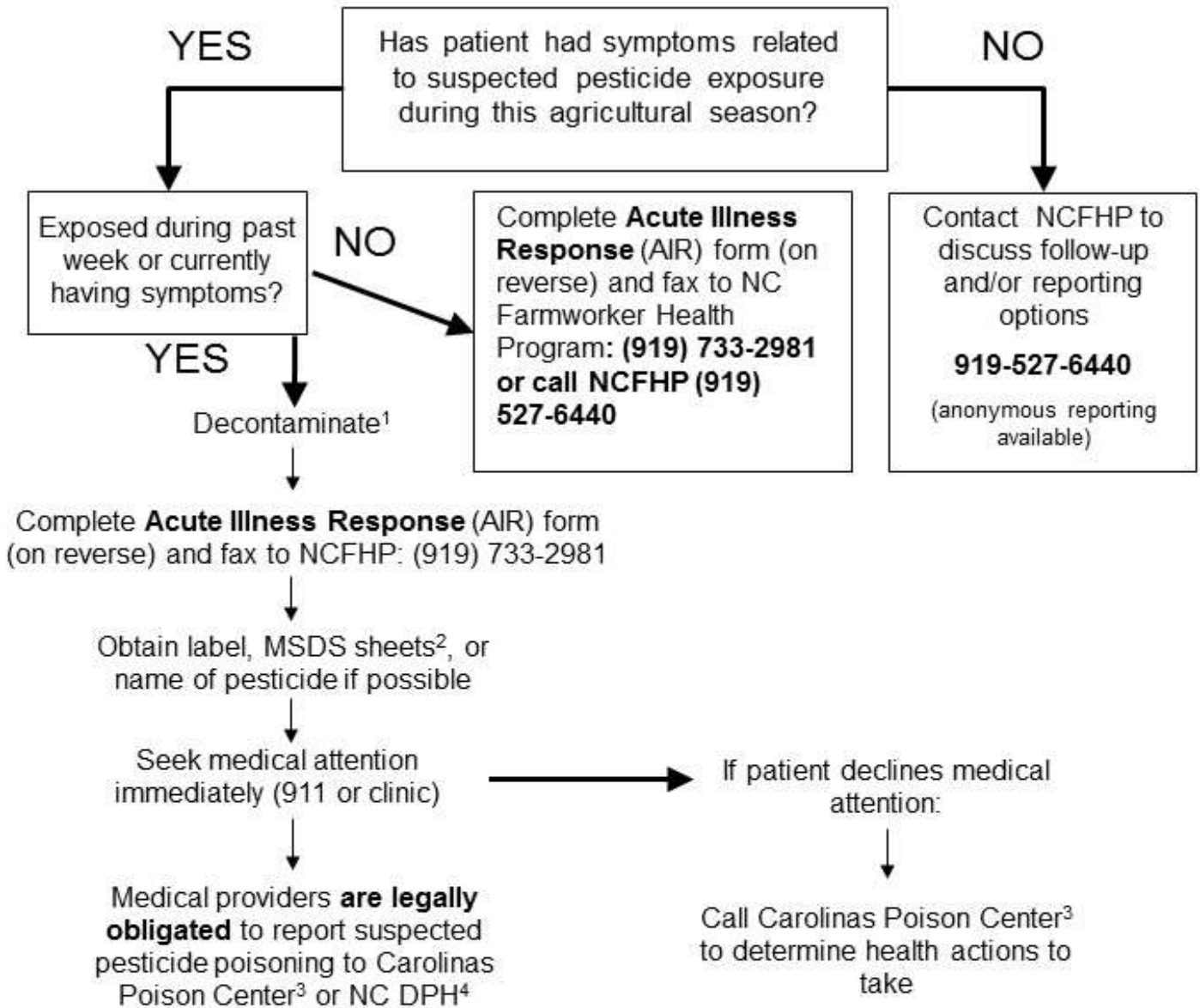
Acute pesticide exposure suspected? Seek medical attention and/or call **Carolinas Poison Center: 1-800-222-1222**

NC DPH Pesticide Reporting (919) 707 - 5940 or <http://www.epi.state.nc.us/epi/oii.html>

Cholinesterase testing appropriate? (within 72 hrs?) _____ Collect clothing sample? _____

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Responding to Pesticide Exposures



IN ALL CASES:

Protect yourself from exposure while assisting a client.

Ask patient if they want to report the incident and whether or not they prefer report to be anonymous. Explain reporting options: NC Department of Agriculture (anonymous reporting possible; see NCFHP) and/or NC Division of Public Health⁴ (for surveillance purposes only, may contact patient for follow-up).

Provide health education and follow up as needed.

¹To decontaminate, remove clothes, then wash or shower with soap and water. If pesticide in eyes, rinse 15 minutes.

²Material Safety Data Sheets

³Carolinas Poison Center: 1-800-222-1222

⁴NC Division of Public Health: (919) 707 - 5940 / <http://www.epi.state.nc.us/epi/pest/toreport.html>