

**Patterns and outcome of acute poisoning among children in rural Sri Lanka**  
**- study questionnaire**

Data of data collection: ...../...../.....	Hospital: .....
Date of admission: ..../...../.....	Ward: .....

**Part 1**

**1. Basic demographic data**

1. Name: .....
2. BHT Number: .....
3. Age: .....
4. Gender: male / female
5. Residential address: .....
6. Medical officer of health (MOH) division: .....
7. Public health midwifery (PHM) division: .....
8. Divisional secretariat: .....
9. Parents education level: Father: ..... Mother: .....
10. Parents' profession / occupation: Father: ..... Mother: .....
11. Whether at least one of the members in household is on long term medication: Yes/ No
12. Previous history of poisoning : Yes/ No
13. Ethnicity: ..... Religion: .....
14. Location of the poisoning event – Home garden/ Kitchen/ Bedroom/ Living room/ Other  
– please specify: .....

**Part 2**

**2. Nature of poisoning: Deliberate / Accidental**

If deliberate, the precipitating event:

.....  
 .....

If accidental, the precipitating event:

.....  
 .....

**3.1. Type of poison:** Household poisons/Medicines/ Poisonous plants/ Pesticides/ Miscellaneous

**3.2. General/trade name of the poison:** .....

3.3. Chemical/ Scientific name of the poison (If available):

.....

3.4. Method of poisoning – Ingestion/ Inhalation/ Skin contamination/ Other please specify :

.....

**4. Quantity of poison:** .....

**5.1. First aid measures taken by the care takers**

- |                                  |        |
|----------------------------------|--------|
| 1. Coconut milk to induce emesis | Yes/No |
| 2. Milk to induce emesis         | Yes/No |
| 3. Water to induce emesis        | Yes/No |
| 4. Soap water to induce emesis   | Yes/No |
| 5. Specify, if any other         |        |

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5.2. Their perceived benefit from the intervention of interest:

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5.3. Any detrimental effects of home remedies:

.....

6.1. Symptoms before presenting to hospital

Cough / Shortness of breath / Hiccups / Giddiness / Abdominal pain / Unconsciousness / Sore throat / Palpitations / Drowsiness/Vomiting/ Loose stools/ Dizziness

Specify if any other;

.....

6.2. Time for onset of symptoms following poisoning: .....hrs .....min.

6.3. Time for presentation to pediatric emergency unit: .....hrs .....min.

6.4. What are the possible reasons for delayed presentation?

- |   |         |
|---|---------|
| 1. Lack of transport in emergencies   | Yes/ No |
| 2. Lack of financial resources  | Yes/ No |
| 3. Lack of knowledge regarding possible complications                             | Yes/ No |
| 4. Lack of concern regarding the urgency of the situation / need for intervention | Yes/ No |
| 5. Delayed attention by the emergency medical team                                | Yes/ No |
| 6. Any other reason   |         |

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**6.5. Transferred patients:**

1. Name of the primary hospital: .....

2. Medical induction of emesis: Yes/No

3. Reason for transfer:

.....

**7. Short history from admission to discharge / transfer/death:**

1. Medical induction of emesis Yes/No

.....

2. Observation for development of complications Yes/No

3. Emergency management drugs/ procedures Yes/No

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4. ICU admissions and management at ICU Yes/No

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5. Prescription of antidotes/ special medicines Yes/No

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6. Management of poisoning related complications Yes/No

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7. Psychological intervention/ Psychiatric referral Yes/No

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8. Family intervention/ Family counseling Yes/No

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9. Details about medical investigations -CXR / Blood toxin levels / Serum electrolytes / Renal function test / Liver function test / Specify if any other

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10. Transfer to other hospitals: Where to: .....

**Part 3**

**8. Outcomes of poisoning**

1. Chemical pneumonitis or aspiration pneumonia yes/no

2. Pneumothorax / Pneumopericardium/ Pneumomediastinum yes/no

3. Acute renal injury yes/no

4. Acute liver injury yes/no

5. Cardiac arrhythmias yes/no

6. Hypotension yes/no

7. Convulsions yes/no

8. Death of the child yes/no

9. Specify if any other - .....

10. No complications

