



Natural Disaster Morbidity Report Form

Instructions and Definitions



Complete Natural Disaster Morbidity Report Form for ALL and each VISIT.
Information about symptoms should be obtained from the patient/client when possible.
Please check or mark the checkbox.

correct



PART 1	<p>Q1. Location and Name of Facility: enter the 2-letter state and name of facility where treatment is being rendered.</p> <p>Q2. Date of Visit: enter the month, day, and year, in MM/DD/YYYY format, of the day that the patient received treatment. If there are multiple visits from the same patient, complete multiple forms.</p> <p>Q3. Time of Visit: enter in the time in military format (24 hour clock).</p> <p>Q4. Encounter: specify if this is the first time receiving care or a follow-up encounter</p>
PART 2	<p>Q5. Unique Identifier/Medical Record Number: enter the medical record number or other unique identifier</p> <p>Q6. Age (YEARS): age in years, those under 1 mark <1 circle</p> <p>Q7. Race/Ethnicity: mark all that apply</p> <p>Q8. Sex: mark either "male" or "female"> If gender is ambiguous, self-proclaimed behavior (not anatomy) should be recorded.</p> <p>Q9. Pregnant: specify if female is pregnant. If pregnant, include due date.</p>
PART 3 – REASON FOR VISIT	<p>Injury</p> <p>Bite/sting: — includes, but is not limited to injuries through the skin from insects, animals, and snakes</p> <p>Burn: Exposure to chemical, fire, or sunlight</p> <p>Cold-related: Includes hypothermia (body temp <95F or <35C), frostbite</p> <p>Cut: Loss of skin continuity regardless of depth includes scrapes, piercing & puncture wounds.</p> <p>Drowning/submersion: Suffocated in water or some other liquid</p> <p>Electrocution: Electricity passing through body</p> <p>Fall: Specify whether the fall was from the same level or from a height (e.g. roof, ladder)</p> <p>Foreign body: Foreign object penetrating the body (e.g. eye, splinter)</p> <p>Heat-related: Includes heat cramps, heat exhaustion, heat stroke</p> <p>Hit by object: Struck by an object</p> <p>Poisoning: Exposure to a poison (CO, ingestion, or inhalation)</p> <p>Vehicle collision: Includes motorized and non-motorized vehicles and pedestrian injuries</p> <p>Violence/assault: Intentional injury inflicted on a person</p> <p>Undetermined, Non-specific: All others not classified above</p> <p><u>Routine/Follow-up Care:</u> mark all that apply</p> <p>Acute Illness/Symptoms</p> <p>Abdominal pain: Abdomen pain ranging from dull discomfort to acute distress, may be generalized or localized</p> <p>Cardiac emergency: cardiac symptoms/signs (e.g. chest pain (angina), cardiac arrest, irregular heart beat) requiring immediate life saving medical intervention</p> <p>Conjunctivitis (bacterial and viral): Pain or redness of conjunctiva or around eye and non-watery discharge from the conjunctiva or contiguous tissues</p> <p>Dehydration: Abnormal depletion of body fluids</p> <p>Dizziness: Sensation of unsteadiness accompanied by a feeling of movement within the head</p> <p>Fever: Documented temperature (not self-reported) of > 100.4 F or 38 C.</p> <p>Gastrointestinal: Symptoms relating to, or affecting both stomach and intestines</p> <p>Nausea/Vomiting—Stomach distress with distaste for food, accompanied by vomiting or an urge to vomit</p> <p>Bloody diarrhea—3 > loose stools with blood (seen with naked eye)</p> <p>Watery diarrhea—3 > loose or watery bowel movements per day</p> <p>Non-specific diarrhea – Diarrhea not otherwise categorized</p> <p>Headache or migraine: Severe headache often accompanied by nausea and vomiting</p> <p>Jaundice: Yellowish discoloration of skin, sclera/conjunctiva, nail beds, or mucous membranes beneath the tongue.</p> <p>Meningitis/Encephalitis: Symptoms/signs of at least <i>two</i> of the following: fever (> 38 C), headache, stiff neck, focal neurological abnormalities (e.g. weakness), or altered mental status (including irritability, confusion, drowsiness, seizures, hallucinations, agitation, personality change, stumbling gait and stupor).</p> <p>Musculo-skeletal pain: Pain involving musculature and/or skeleton systems (including backache)</p> <p>Neurological: Symptoms such as altered mental status or confused / disoriented, syncope, stroke</p> <p>Oral dental pain: Includes pain to teeth, gums, and radiating facial pain if suspected related to oral disease</p> <p>Respiratory illness: Cough—Subjective, Shortness of breath / Difficulty breathing—Subjective, Wheezing—Subjective</p> <p>Rash: generalized or localized not related to infestation (see below)</p> <p>Infection: purulent drainage <i>or</i> at least <i>two</i> of the following at site: pain or tenderness, localized swelling, redness, or heat.</p> <p>Infestation: skin irritation/rash related to skin infestation such as scabies</p> <p>Sore throat: Subjective</p> <p>Urinary pain: Symptoms related to urinary tract such as urinary tract infection, inability to urinate, and possible sexually transmitted diseases.</p> <p>Exacerbation of Chronic Illness: Complete only for current exacerbations of a previously diagnosed illness, whether in treatment or not, that motivates the visit.</p> <p>Mark the appropriate diagnosis if the current symptoms can be explained by a chronic condition presently diagnosed by a provider. Confirm that diagnosis was made by a provider. DO NOT mark a condition that has been diagnosed previously but does not explain the current symptoms or is not the reason for the visit.</p> <p>Cardiovascular disease</p> <p>-Hypertension (High blood pressure (BP)): defined as systolic BP >140 mmHg or a diastolic blood pressure > 90 mmHg</p> <p>-Congestive heart failure (CHF): History of CHF and exhibits severe symptoms of dyspnea (SOB), fatigue, and increase respiratory rate.</p> <p>Diabetes: History of diabetes presents with elevated blood sugar level above 140 mg/dl or low blood sugar causing altered mental status</p> <p>Immunocompromised: History of impaired or weakened immune system (e.g. HIV, lupus, including long-term use of steroids)</p> <p>Asthma: History of asthma; exhibits airway obstruction manifested by shortness of breath (SOB) accompanied by wheezing and coughing.</p> <p>Chronic Obstructive Pulmonary Disease (COPD): History of COPD (as emphysema or chronic bronchitis) exhibits worsening SOB/hypoxia.</p> <p>Seizures: Symptoms such as convulsions, or sensory disturbances requiring immediate medical intervention</p> <p>Mental Health: Complete ONLY when the mental health problem is the cause for consultation. Mark all that apply.</p> <p>Affective symptoms: Mood or emotional responses dissonant with or inappropriate to the behavior and/or stimulus (e.g. depression, hallucinations, and psychosis etc)</p> <p>Drug/alcohol intoxication or withdrawal: substance abuse or dependence that leads to impairment in functioning. Excludes caffeine or nicotine.</p> <p>Psychological evaluation: Requesting a mental health evaluation – either self-request or brought in by an agency/person</p> <p>Suicidal thoughts or attempts: injury or poisoning (mark the appropriate) resulting from the deliberate violent act inflicted on oneself (self-inflicted) with the intent to take one's life (suicide) or with the intent to harm oneself (self-harm).</p> <p>Violent behavior/threatening violence: behavior continuum includes verbal abuse including uncontrolled profanity to physical aggression.</p> <p>Obstetrics/Gynecology: Complete ONLY when the OB/GYN problem is the cause for consultation. Mark all that apply</p> <p>Complication of pregnancy: : includes, but not limited to, ectopic pregnancy, spontaneous abortions, preterm labor, premature rupture of membranes, placenta previa or abruption, High BP (preeclampsia/ eclampsia), gestational diabetes, fever/infections, and postpartum hemorrhage.</p> <p>GYN conditions: includes vaginal discharge (e.g. bacterial vaginosis) and vaginal bleeding (e.g. disorders of menstruation, abnormal vag bleeding).</p> <p>In labor: actively contracting with at least 6 contractions/hour and/or documented cervical change on examination, with or without rupture of membranes</p> <p>Routine pregnancy check-up: includes only those visits for routine prenatal care without a chief complaint</p> <p><u>Other:</u> any other illness, injury, or condition not fitting into one of the categories listed.</p>
PART 4	<p>Q10. Did condition occur as a result of work involving disaster response or restoration efforts</p> <p>Q11. Occupation/response role: If #9 was yes, please specify patient's occupation or response role at the time of injury/illness</p> <p>Q12. Activity at time of injury/illness: Specify the activity that was being conducted at the time of injury/illness</p>