

FOODBORNE BOTULISM ALERT SUMMARY

1. Individual reporting (initial call) Name: _____ Phone number: _____

2. Name of patient: _____ Birth date: _____ Sex: _____

Patient address: _____ Patient phone number: _____

Hospital: _____ Hospital phone number: _____

Physician: _____ Physician phone number: _____ Physician

address: _____

3. Onset of symptoms: Date: _____ Hour: _____

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
4. Symptoms: (*are typical):							
a) Abdominal pain	9	9	9	k) Dyspnea	9	9	9
b) Nausea	9	9	9	l) Fatigue	9	9	9
c) Vomiting	9	9	9	m) Dry mouth	9	9	9
d) Diarrhea (especially type E)	9	9	9	n) Sore throat	9	9	9
e)*Blurred vision	9	9	9	o) Urinary retention	9	9	9
f) Diplopia (double vision)	9	9	9	p) Constipation	9	9	9
g) Photophobia	9	9	9	q) Dizziness	9	9	9
h)*Dysphagia (difficulty swallowing)	9	9	9	r) Paresthesia (not typical)	9	9	9
i)*Dysphonia (difficulty speaking)	9	9	9				
j)*Muscle Weakness				Where: _____			
1)*upper extremities	9	9	9	s) Convulsions	9	9	9
2) lower extremities	9	9	9				
3)*symmetrical	9	9	9	t) Other: _____			
4) where started: _____							

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
5. SIGNS: (*are typical)							
a) *Ptosis	9	9	9	i) Sensory findings	9	9	9
b) Extraocular palsy	9	9	9	Specify: _____			
c) Pupils				j) Ataxia			
1)*dilated	9	9	9	1) Symmetrical	9	9	9
2) constricted	9	9	9	k) Nystagmus	9	9	9
3) *mid-position	9	9	9	l) Reflexes			
4) reactive	9	9	9	1)*normal	9	9	9
5)*non-reactive	9	9	9	2)*hypoactive	9	9	9
d) Decreased corneal reflex	9	9	9	3) hyperactive	9	9	9
e) Facial paralysis				4)*symmetrical	9	9	9
1) symmetrical	9	9	9	m)*Respiratory impairment	9	9	9
f)*Decreased gag reflex	9	9	9	n) Tracheostomy	9	9	9
g) Decreased ability to protrude tongue	9	9	9	o) Vital capacity: _____cc	9	9	9
h)*Weakness or paralysis of extremity(ies)				p) Abnormal mental status	9	9	9
1) upper	9	9	9	q) Fever	9	9	9
2) lower	9	9	9				
3)*symmetrical	9	9	9				

6. Does patient have a wound? Yes **9** No **9** If yes, where? _____

How treated: _____ 7. Did patient

take antibiotics, anticholinergics, or phenothiazines during the last week? Yes **9** No **9**

If yes, which drug: _____

8. Laboratory results: a) spinal tap Yes **9** No **9** (Normal in botulism, myasthenia gravis; protein may be elevated in Guillain-Barre)

Normal range	(0)	(<10)	(15-45 mg%)	(50-70 mg%)	
Date	RBC's	WBC's	Protein	Glucose	Other

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b) Tensilon test: (Negative in botulism and Guillain-Barre, positive in myasthenia gravis. After administration of Tensilon (edrophonium chloride) the patient's eye signs (ptosis & extraocular abnormalities) markedly decrease.)

	Date	Positive	Negative	Not done

Comments: _____

c) EMG results (electromyography): (Botulism: action potential diminished after single supramaximal stimulus, facilitation with repetitive stimuli at 20-50/sec) (Myasthenia gravis: similar to botulism) (In Guillain-Barre: slowed nerve conduction, whereas there is normal conduction in botulism)

Date	Nerve Stimulated	Stimulated Frequency	Amplitude (Circle One)	Facilitation
_____	_____	_____	increase / decrease	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>
_____	_____	_____	increase / decrease	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>

d) Brain scan Comments: _____

e) CT scan (Should be unremarkable) Comments: _____

9. a) Indicate date laboratory specimens collected:

	DATE	RESULTS
Serum from 20 mL. whole blood	_____	_____
Gastric aspirate	_____	_____
5 gm. foods	_____	_____
Wound tissue	_____	_____
Wound aspirate	_____	_____

b) Samples: Serum and stool should be sent on wet ice to: (Please do not freeze the serum and stool. If wet ice is unavailable, ship with several cold packs. Specify that an overnight courier will be used. Instruct persons shipping samples to call (512) 458-7582 and identify what courier was used.)

BUREAU OF LABORATORIES
TEXAS DEPARTMENT OF HEALTH
1100 WEST 49TH STREET
AUSTIN, TX 78756
ATTN: Mary Goff

10.	Suspect Food(s)	Brand Name	Lot #	Where Purchased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Describe method of preparation of item(s) for serving: _____

If home-canned, describe technique of canning: _____

12. Incubation Period: (usually 18 to 36 hours) _____

13. CDC notified (404)639-2206 Day/Beeper: (404)899-7448 [if no response:(404)639-3311] Night: Yes No Date: _____

TDH Food & Drug Safety notified (512)719-0232Day/(512)458-7111 Night: Yes No Date: _____

TDH Bacterial Laboratory notified (512)458-7582 Day/Beeper (512)797-3438 Night: Yes No Date: _____

14. Date antitoxin given: _____

15. Comments: _____

Frequency of signs & symptoms of foodborne botulism:

Blurred vision	90-100%	Dry mouth	70-100%	Dysphagia	75-90%	Dysphonia	60-80%
Muscle weakness	80-100%	Dilated, fixed pupils	93%	Ptosis	60-80%		

Quarantine station-Los Angeles (310)215-2365 antitoxin: (1) dose given by IV

Four cardinal clinical features of botulism:

1. Neurologic manifestations are symmetric and descending.
2. Mental processes are generally clear.
3. No sensory disturbances, no numbness, no decreased perception of touch or paresthesia.
4. Fever is absent early in the disease.

Return Completed Form To:

Texas Department of Health
Infectious Disease Epidemiology and Surveillance Division
1100 West 49th Street, T801
Austin, Texas 78756-3199

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