

Drug Endangered Children Medical Care Protocol: Exposure Record

(to be completed by law enforcement or other first responders at the scene and sent with the child to the physician conducting the initial medical assessment - **see next page for full instructions**)

Child's Name: _____ Date: _____

Completed by: _____

Agency: _____ Phone: _____

| Volatile Organic Compounds | Exposure Type (check all that apply) | | | |
|----------------------------|--------------------------------------|-----------------------------------|--------------------------|---|
| | In Container at Site | Spilled or Open Container at site | Contact with Child | Identified through Environmental Monitoring |
| Gasoline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ether | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methanol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acetone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notes, Additional details: | | | | |

| Pulmonary Irritants | Exposure Type (check all that apply) | | | |
|----------------------------|--------------------------------------|-----------------------------------|--------------------------|---|
| | In Container at Site | Spilled or Open Container at site | Contact with Child | Identified through Environmental Monitoring |
| Anhydrous Ammonia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HCl Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notes, Additional details: | | | | |

Drug Endangered Children Medical Care Protocol:

Exposure Record (page 2)

(to be completed by law enforcement or first responders at the scene and sent with the child to the physician conducting the initial medical assessment)

| Skin Irritants | Exposure Type (check all that apply) | | | |
|--------------------|--------------------------------------|-----------------------------------|--------------------------|---|
| | In Container at Site | Spilled or Open Container at site | Contact with Child | Identified through Environmental Monitoring |
| Muratic Acid (HCl) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sulphuric Acid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sodium Hydroxide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes, Additional details:

| Other Hazards | Exposure Type (check all that apply) | | | |
|--------------------------|--------------------------------------|-----------------------------------|--------------------------|---|
| | In Container at Site | Spilled or Open Container at site | Contact with Child | Identified through Environmental Monitoring |
| Methamphetamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Drug Paraphernalia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes, Additional details:

Instructions:

This form is used to document the potential chemical and drug exposure of children found in a clandestine methamphetamine laboratory.

Fill out this form at the scene and provide to the CPSW or the caregiver (for children not taken into protective custody) for taking it with the child to the physician conducting the initial medical assessment.

For each chemical or substance found at the scene, check the appropriate box to represent the type of exposure.

This form should become part of the child's medical record and DCFS case record.