

Carbon Monoxide Poisoning Discovered While Using the LIFEPAK® 15 Monitor/Defibrillator

Application for Case Study

Thank you for sharing an interesting clinical event for review as a case study presentation. Case study selection and development is based on teaching value, unique factors and completeness and clarity of data. Case studies may be reproduced in paper, slide or computer format and distributed around the world by Physio-Control clinical consultants, sales consultants and distributors. Always provided without charge, case studies are for training, clinical interest and shared learning. If your clinical event is selected, your service or institution will be credited.

If you have any questions, please call Physio-Control at 1.800.442.1142 and ask to speak to a clinical specialist in the marketing department.

Please provide the following information so your case study can be considered. Be sure to complete and sign the consent.

NOTE: If this information is contained in an emergency medical services run report or hospital cardiac arrest form, please include a copy and supplement only missing data on this form. Attach originals or clear copies of CODE SUMMARY™ reports, ECG reports, etc. Complete one application form for each clinical event.

SERVICE OR INSTITUTION INFORMATION

Name: _____

Mailing address: _____

Name and title of contact person: _____

Telephone: _____ email: _____

PATIENT PROFILE *(Please delete all patient identifiers on all records.)*

Age: _____ Gender: _____ Chief Complaint: _____

Presenting signs and symptoms: _____

Significant medical history: _____

CLINICAL SITUATION

Observation (patient color, level of consciousness, work of breathing, etc):

Corresponding clinical data (attach printouts if applicable):

Initial readings:

BP _____ HR _____
SpO₂ _____ SpCO _____
SpMet _____ Other _____

Readings at transfer:

BP _____ HR _____
SpO₂ _____ SpCO _____
SpMet _____ Other _____

Location of patient: _____ Source of CO if known: _____

Treatment: _____

Patient outcome: _____

Clinician's comments: _____

(Please attach a separate sheet if more space is desired.)

Please complete the entire form and sign the following permission consent section before returning. Thank you.

CONSENT FOR CASE STUDY PUBLICATION AND DISTRIBUTION:

I grant to Physio-Control, Inc., permission to create, publish and distribute a case study paper, slide or presentation on the information provided on this form. This case report will be distributed at no charge by Physio-Control for use in training and education of health care providers in the prehospital and hospital care of the patient. I agree to provide Physio-Control only with de-identified data in accord with HIPAA (Health Insurance Portability and Accountability Act of 1996) section 164.514 (b)(2) or 164.512 (i)(1)(i).

Name (type in): _____ Date: _____

Title: _____ Signature: _____



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