

## TOXIC VOLATILE SCREEN PATIENT INFORMATION SHEET

Please provide the following to the laboratory to aid in patient evaluation.

This form is in the ER, and in the Laboratory Text Index.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Phone Number to reach physician: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

History of patient illness: \_\_\_\_\_

Past medical history: \_\_\_\_\_

Physical Exam: \_\_\_\_\_

\*\*\*\*\*

### TOXIC VOLATILE SCREEN LABORATORY RESULTS FOR FREQUENT SITUATIONS a

Clinical Situation	pH	Agap	Ketones Ogap	
Ethanol ingestion	NL *	NL	Neg	Hi
Methanol ingestion				
Early	NL	NL	Neg	Hi
Late	Lo	Hi	Neg	NL
Methanol and ethanol ingestion	NL	NL	Neg	Hi
Isopropanol ingestion	NL	NL	Pos	NL
Ethylene Glycol ingestion,late	Lo	Hi	Neg	NL
Diabetic ketoacidosis	Lo	Hi	Very Hi	NL
Alcoholic ketoacidosis	Lo	Hi	Weak	NL

Formaldehyde ingestion	Local irritant, history most useful
Ethyl ether ingestion	Rare intoxicant, history most useful

\* NL = normal

1. Only one point of time in the normal disposition of each of these ingredients is represented by these results.
2. A trace of ketones may be observed in individuals who have not eaten for many hours, but ketones are nearly always negative on dilutions of the serum.
3. Acetest is specific for the detection of acetoacetic acid and acetone. It is about 10 more times sensitive to acetoacetic acid than acetone and will not react with betahydroxybutyric acid.
4. Ethylene glycol is metabolized to oxalate; oxalate crystals may be found in the urine.
5. Clinical history, ketones positive on diluted serum, and elevated glucose will identify this group.
6. Alcoholic ketoacidosis usually occurs 1-2 days after binge drinking. Ethanol has disappeared from the blood. The ketone test is weak because B-hydroxybutyrate is the most abundant ketone in this setting.