

Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report: Carbon Monoxide Poisoning

Quick Reference Guide

July 2024

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1 Introduction

Overview

This training manual covers the unique functionalities for the Carbon Monoxide Poisoning condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Carbon Monoxide Poisoning condition contains a *Blood Tests* section on the **Laboratory Information** screen and contains a unique **Additional Information** screen. All other screens for Carbon Monoxide Poisoning condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#).

Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

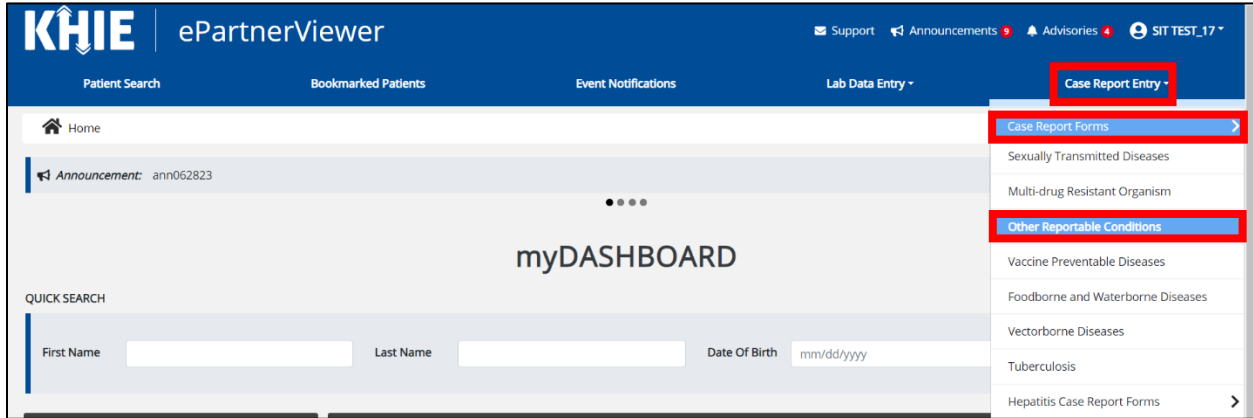
To access the ePartnerViewer, Users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

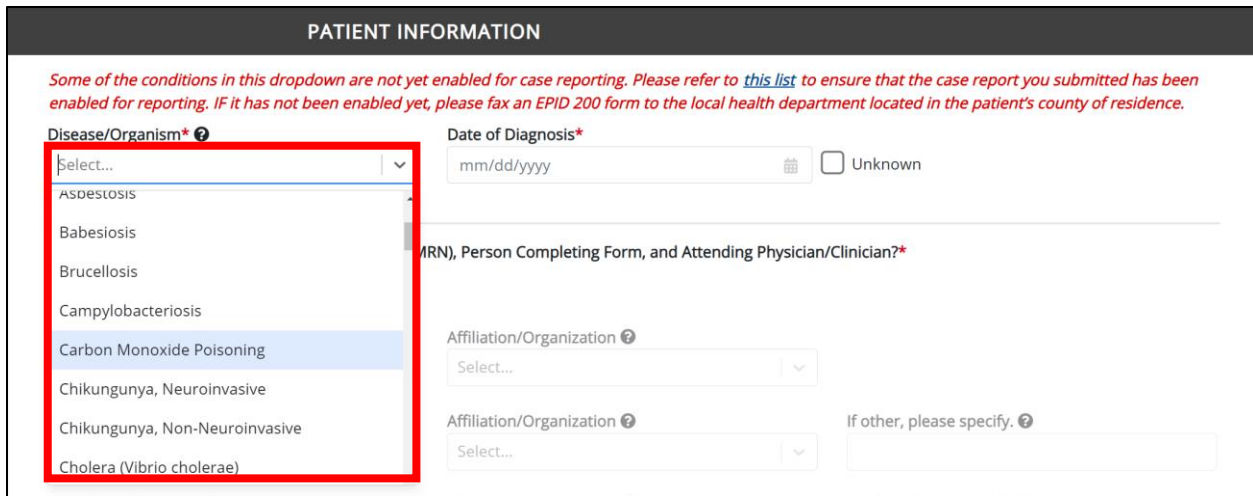
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Patient Information

1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



3. To start the Carbon Monoxide Poisoning Case Report entry, select **Carbon Monoxide Poisoning** from the *Disease/Organism* field on the **Patient Information** screen.



4. You must complete the mandatory fields on the **Patient Information** screen.

PATIENT INFORMATION

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Carbon Monoxide Poisoning **Date of Diagnosis*** mm/dd/yyyy Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Patient ID (MRN)* **Affiliation/Organization***
Select... Select...

Person Completing Form **Affiliation/Organization*** **If other, please specify: ?**
Select... Select...

Attending Physician/Clinician **Affiliation/Organization*** **If other, please specify: ?**
Select... Select...

Prefix
Select...

First Name* **Middle Name** **Last Name***

Suffix **Date of Birth***
Select... mm/dd/yyyy

Patient Sex* **Ethnicity*** **Race***
Select... Select... Select...

5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the **Unknown** checkbox.

Date of Diagnosis* mm/dd/yyyy Unknown

6. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* **Affiliation/Organization***
Select... Select...

Person Completing Form **Affiliation/Organization*** **If other, please specify: ?**
Select... Select...

Attending Physician/Clinician **Affiliation/Organization*** **If other, please specify: ?**
Select... Select...

- Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
*

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

- Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
*

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

- Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>
--	--

- 8. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

The screenshot shows a form with several fields. The 'Patient ID (MRN)*' field contains 'EB19039283'. The 'Affiliation/Organization*' dropdown menu is open, showing a list of options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Knight Hospital. The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'If other, please specify:' fields.

Please Note: If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN).

- 9. From the dropdown menu, select the name of the **Person Completing Form**.

The screenshot shows a form with two rows. The first row has a 'Person Completing Form*' dropdown menu open, showing options: Jane Doe (jane@mailinator.com) and Mr. Marty Craine, Sr (marty@email.com). The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'Affiliation/Organization' fields, both containing 'Evergreen General Hospital', and two 'If other, please specify:' fields.

- 10. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.

The screenshot shows a form with several fields. The 'Person Completing Form*' field contains 'Mr. Arthur Vandelay, II (arthur@email.com)'. The 'Attending Physician/Clinician*' field is empty. The 'Affiliation/Organization*' dropdown menu is open, showing a list of options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Justin Hospital. The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'If other, please specify:' fields. Below the dropdown, there are 'First Name*', 'Last Name*', 'Suffix', and 'Date of Birth*' fields.

Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is enabled only if you selected **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

11. Select the **Attending Physician/Clinician** from the dropdown menu.

12. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.

14. Enter the patient's **First Name** and **Last Name**.

15. If available, enter the patient's **Middle Name**.

16. Enter the patient's **Date of Birth**.

17. Select the **Patient Sex** from the dropdown menu.

18. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.

A screenshot of a patient information form. The 'Patient Sex*' dropdown is highlighted in red. The 'Ethnicity*' dropdown is highlighted in red and contains the text 'Not Hispanic or Latino'. The 'Race*' dropdown is highlighted in red and is open, showing a list of options: American Indian or Alaska Native, Asian, Asked but Unknown, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and Unknown.

19. Enter the patient's **Street Address, City, State, Zip Code,** and **County.**

20. Enter the patient's **Phone Number.**

21. If available, enter the patient's **Email Address.**

A screenshot of a patient information form. The 'Address 1*' text box is highlighted in red. The 'Address 2' text box is highlighted in red and contains the text 'Unit, Suite, Building, etc.'. The 'City*' text box is highlighted in red. The 'State*' dropdown is highlighted in red. The 'Zip Code*' text box is highlighted in red. The 'County*' dropdown is highlighted in red. The 'Phone*' text box is highlighted in red and contains the text '(XXX) XXX-XXXX'. The 'Email' text box is highlighted in red and contains the text 'name@domain.com'.

22. Select the **type of patient visit** from the *Visit Type* dropdown menu.

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and is open, showing a list of options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. The 'Encounter ID/Visit #' field is highlighted in red and is empty. There is a 'Generate' button next to it.

• The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and contains the text 'Ambulatory'. The 'Encounter ID/Visit #' field is highlighted in red and is empty. There is a 'Generate' button next to it.

- The **Encounter ID/Visit #** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name, Last Name,** and **Patient ID (MRN)** entered.

Visit Type* **Encounter ID/Visit #** Generate

- The **Generate** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

Visit Type* **Encounter ID/Visit #** Generate

- Upon clicking the **Generate** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only after the **Patient Information** screen has been completed and saved.

Visit Type* **Encounter ID/Visit #** Generate

23. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

Is the patient currently pregnant?*
If yes, please enter the due date (EDC). Unknown

Please Note: The *Is the patient currently pregnant?* field is enabled and required only when the *Patient Sex* field is marked as **Female**.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown** checkbox.

Is the patient currently pregnant?*
If yes, please enter the due date (EDC).* Unknown

Please Note: If **No** or **Unknown** is selected for the *Is the patient currently pregnant?* field, the subsequent field is disabled: *If yes, please enter the due date (EDC).*

24. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC).* ?

06/28/2024 Unknown

Save Next

3 Laboratory Information

1. On the **Laboratory Information** screen, a message displays at the top stating that no laboratory information is captured for this condition. Users have the option to enter Carboxyhemoglobin (COHb) blood test details for the patient.
2. Click **Next** to proceed to the **Applicable Information** screen.

LABORATORY INFORMATION

NOTE: No laboratory information is configured for this condition. Please provide blood test details, if available.

Blood Tests

+ Add Carboxyhemoglobin (COHb)

Save Previous Next

Adding Carboxyhemoglobin (COHb)

- Click the **Add Carboxyhemoglobin (COHb)** button to log the details of Carboxyhemoglobin (COHb).

Blood Tests

+ Add Carboxyhemoglobin (COHb)

Please Note: When you click the **Add Carboxyhemoglobin (COHb)** button, at least one carboxyhemoglobin (COHb) blood test section must be entered.

- To delete a *Carboxyhemoglobin (COHb)* section, click the **Trash Bin Icon** located at the top right.

Carboxyhemoglobin (COHb)

Test Name*
Select... | v

Result* Units*
Select... | v

Reference Range* Test Result Date*
mm/dd/yyyy Unknown

+ Add Carboxyhemoglobin (COHb)

- Select the appropriate **Test Name** from the *Test Name* dropdown menu.

Test Name*

Select... | v

- Carboxyhemoglobin [Mass/volume] in Blood
- Carboxyhemoglobin/Hemoglobin.total in Blood
- Carboxyhemoglobin/Hemoglobin.total [Pure mass fraction] in Blood

mm/dd/yyyy Unknown

- Enter the **Result** in the *Result* textbox.

Test Name*
Carboxyhemoglobin [Mass/volume] in Blood x | v

Result* Units*
Select... | v

Reference Range* Test Result Date*
mm/dd/yyyy Unknown

6. Select the **Units** from the *Units* dropdown menu.

The screenshot shows a form with the following fields: 'Test Name*' containing 'Carboxyhemoglobin [Mass/volume] in Blood', 'Result*' containing '9.77', and 'Reference Range*' which is empty. The 'Units*' dropdown menu is open, showing 'g/dL' as the selected option. Other options visible include 'mm/dd/yyyy' and an 'Unknown' checkbox.

7. Enter the **Reference Range** in the *Reference Range* textbox.

The screenshot shows the form with 'Test Name*' as 'Carboxyhemoglobin [Mass/volume] in Blood', 'Result*' as '9.77', and 'Units*' as 'g/dL'. The 'Reference Range*' field is highlighted with a red box and is currently empty. The 'Test Result Date*' field is set to 'mm/dd/yyyy' and the 'Unknown' checkbox is unchecked.

8. Enter the **Test Result Date**. If the test result date is unknown, click the **Unknown** checkbox.

The screenshot shows the form with 'Test Name*' as 'Carboxyhemoglobin [Mass/volume] in Blood', 'Result*' as '9.77', and 'Units*' as 'g/dL'. The 'Reference Range*' field now contains '0.65-1.3'. The 'Test Result Date*' field is highlighted with a red box and contains 'mm/dd/yyyy'. The 'Unknown' checkbox is still unchecked.

9. Once complete, click **Next** to proceed to the **Applicable Information** screen.

The screenshot shows the bottom portion of the form. The 'Reference Range*' field contains '0.65-1.3' and the 'Test Result Date*' field contains '05/28/2024'. Below these fields is a section titled '+ Add Carboxyhemoglobin (COHb)' with an empty input field. At the bottom, there are three buttons: 'Save', 'Previous', and 'Next'. The 'Next' button is highlighted with a red box.

4 Applicable Symptoms

1. On the **Applicable Symptoms** screen, select the appropriate answer for the conditional question at the top: *Were symptoms present during the course of illness?*

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Were symptoms present during the course of illness?*

Onset Date Unknown

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Were symptoms present during the course of illness?*

Onset Date* Unknown

If symptomatic, which of the following did the patient experience during illness?

Fever*

If yes, please enter the highest temperature.

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea.

Please Note: If **No** is selected for the conditional question, all subsequent symptom fields are disabled and marked with **No**. If **Unknown** is selected for the conditional question, all subsequent symptom fields are disabled and marked as **Unknown**.

3. Enter the **Onset Date** for the symptoms.

 - If the onset date is unknown, click the **Unknown** checkbox.

Onset Date* Unknown

May 2024

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

...wing did the patient experience during illness?

Unknown

...emperature.

...period)*

- 4. To report whether the patient had a fever during the illness, select the **appropriate answer** for the field: *Fever*.

If symptomatic, which of the following did the patient experience during illness?

Fever*

If yes, please enter the highest temperature. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature.*

Fever*

If yes, please enter the highest temperature.* ?

- 5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period)*.

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter the number of days with diarrhea.*

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea.* ?

6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

Altered mental status*	Confusion*	Loss of consciousness*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Amnesia*	Dizziness*	Nausea*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Ataxia*	Drowsiness*	Shortness of breath*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Blurred vision*	Headache*	Vomiting*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Chest pain*	Hypoxemia*	Weakness*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>

7. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?*

<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
------------------------------------	-----------------------------------	--

If yes, please specify. ?

8. If **Yes** is selected, the subsequent field is enabled. Enter the **patient’s other symptoms** in the subsequent textbox: *If yes, please specify.*

9. Once complete, click **Next** to proceed to the **Additional Information** screen.

Did the patient have any other symptoms?*

<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
---	-----------------------------------	--

If yes, please specify.* ?

Other symptoms.

Save Previous **Next**

5 Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Does any of the following apply to the patient?*

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

Yes	No	Unknown
-----	----	---------

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

Yes	No	Unknown
-----	----	---------

Does the patient smoke?*

Yes	No	Unknown
-----	----	---------

Does the patient have a history of using e-cigarettes or vape devices?*

Yes	No	Unknown
-----	----	---------

Was the patient in a location where a CO detector's alarm sounded?

Yes	No	Unknown
-----	----	---------

Did the patient have a known exposure to carbon monoxide?*

Yes	No	Unknown
-----	----	---------

Date of Exposure

mm/dd/yyyy Unknown

3. Select the **appropriate answer** for the field: *Does the patient smoke?*

Does the patient smoke?*

Yes	No	Unknown
-----	----	---------

4. Select the **appropriate answer** for the field: *Does the patient have a history of using e-cigarettes or vape devices?*

Does the patient have a history of using e-cigarettes or vape devices?*

Yes	No	Unknown
-----	----	---------

- 5. Select the **appropriate answer** for the field: *Was the patient in a location where a CO detector's alarm sounded?*

Was the patient in a location where a CO detector's alarm sounded?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
--------------------------------------	--------------------------	-------------------------------

- 6. Select the **appropriate answer** for the conditional question: *Did the patient have a known exposure to carbon monoxide?*

Did the patient have a known exposure to carbon monoxide?*

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
--------------------------------------	--------------------------	-------------------------------

Date of Exposure

Unknown

If yes, please specify the type of exposure.

If other, please specify the type of exposure.

0/200 Characters

If yes, please specify the location of the exposure.

If other, please specify the location of the exposure.

0/200 Characters

Please provide the description of the exposure event.

0/500 Characters

- If **Yes** is selected for the *Did the patient have a known exposure to carbon monoxide?* field, the subsequent exposure fields are enabled.

Did the patient have a known exposure to carbon monoxide?*

Yes No Unknown

Date of Exposure*

mm/dd/yyyy Unknown

If yes, please specify the type of exposure.*

Select...

If other, please specify the type of exposure.

0/200 Characters

If yes, please specify the location of the exposure.*

Select...

If other, please specify the location of the exposure.

0/200 Characters

Please provide the description of the exposure event.

0/500 Characters

7. Enter the **Date of Exposure** in the subsequent enabled field. If the date of exposure is unknown, click the **Unknown** checkbox.

Did the patient have a known exposure to carbon monoxide?*

Yes No Unknown

Date of Exposure*

mm/dd/yyyy Unknown

If yes, please specify the type of exposure.*

Select...

If other, please specify the type of exposure.

0/200 Characters

If yes, please specify the location of the exposure.*

Select...

- 8. Select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the type of exposure.*

If yes, please specify the type of exposure.*

Select...

- Gasoline-powered generator
- Car/vehicles
- Electric-powered heater
- Fire
- Malfunctioning furnace
- Power washer
- Propane heater

0/200 Characters

- 9. If **Other** is selected, enter the **other type of carbon monoxide exposure** in the textbox for the field: *If other, please specify the type of exposure.*

If yes, please specify the type of exposure.*

Other

If other, please specify the type of exposure.*

0/200 Characters

- 10. Select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the location of the exposure.*

If yes, please specify the location of the exposure.*

Select...

- Residence
- Work
- Other

- 11. If **Other** is selected, enter the **other location of the carbon monoxide exposure** in the textbox for the field: *If other, please specify the location of the exposure.*

If yes, please specify the location of the exposure.*

Other

If other, please specify the location of the exposure.*

0/200 Characters

12. If known, enter the **description of the exposure event** in the textbox for the field: *Please provide the description of the exposure event.*

Please provide the description of the exposure event.

0/500 Characters

13. Select the **appropriate answer** for the field: *Was a multi-gas meter/instrument used to detect an elevated level of CO?*

Was a multi-gas meter/instrument used to detect an elevated level of CO? ?

Yes	No	Unknown
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14. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

Was a multi-gas meter/instrument used to detect an elevated level of CO? ?

Please Note: From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

6 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

Email Support

To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

Please Note: To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

