STUDY TITLE: Prevalence And Causes Of Toxic Hepatitis Across Tamil Nadu

•	Patient Initials:	Age:	Sex:	Village/Town:
•	Date of alleged ingestion of toxin / drug overdose			
•	Name of toxin / drug overdose :			
	Dose taken:			
•	Intent for toxin ingestion: (Please tick in the box)			
	Accidental Suicidal Homicidal			
	If suicidal intent, Marital disc	ord Exam	stress	Others
•	Underlying psychiatric illness if any (example: depression):			
	Yes No			
•	Prior suicide attempt			
	Yes No			
•	Liver function test-at Baseline			
	TB DB SGOT	SGPT	Alb	Protein Alk Phos
•	PT with INR-at Baseline (Please mentionValue):			
•	Viral serology results, if tested for: (Please mention positive or negative or not tested as			
	P/N/NT)			
	HBsAg HCV ab Ig	M HAV	IgM HEV	
•	Serum Creatinine-at Baseline: (Please mention Value):			
•	Ultrasound –cirrhosis liver : (Please Tick in the box)			
	Yes No not done			
•	Admission in hospital : (Please Tic	ck in the box)		
	Emergency Dept ICU	HDU V	Ward	
•	Treatment given (Please Tick in the box)			
	Pharmacotherapy: N-Acetyl Cyste	eine 🔲	Anti Ence	phalopathy measures
	Plasma exchange (PLEX)		Liver trans	splant
•	Survival at end of hospital stay (Please Tick in the box)			
	Died	Underv	vent liver tra	nsplant
	Discharged in moribund state	Discha	rged home v	vell
	Referred to a higher centre for furth	ner treatment		