

PATIENT / RESIDENT OUTBREAK LINE LIST

All Dates Format: YYYY/MM/DD

	Case #	Case #	Case #	Case #	Case #	Case #	El #:
Demographics	Onset date of patient symptoms						Facility:
	Last name						Unit:
	First name						
	PHN #						Total # of Pts/Res on Unit:
	Room #						Total # of Staff on Unit:
	Age						
	Sex						IPC Contact:
	Is pt/resident from LTC/CC??						Phone #:
Symptoms	Day 0 (onset of pt symptoms)						Fax #:
	Day 1						Symptoms Legend BD-Bloody diarrhea Ch-Chills Cr-Cramps D-Diarrhea (<i>tally episodes: iii</i>) F-Fever N-Nausea V-Vomiting (<i>tally episodes: iii</i>) O-Other:
	Day 2						
	Day 3						
	Day 4						
	Day 5						
	Day 6						
	Day 7						
	Day 8						
	Day 9						
	Day 10						
	Day 11						
	Day 12						
Other	Comments:						
	Removed from isolation (Date)						De-Deceased due to GI illness
Lab Tests	Stool specimen (1) (Date)						NS – No symptoms
	Result (1)						Please record "NS" for 48 hours from last day of symptoms or until outbreak is declared over.
	Stool specimen (2) (Date)						
	Result (2)						Email to Infection Prevention & Control AHS.SZ.IPC@ahs.ca