|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name | | | | | | | Record relates to:  Patients/Residents  Staff  Outbreak Number | | |
| Facility designation and unit | | | | | | |
| Date Reported *(yyyy-Mon-dd)* | | | No. of Staff on Unit | | | |
| Phone Number |  | | No. of Patients/Residents in Unit | | | |
| Fax Number |  | | Unit Name/No. | | | |
| Outbreak Response Lead | | | | | Phone | | | Fax | |
| **Demographics** | | **Case 1** | | **Case 2** | | **Case 3** | **Case 4** | | **Case 5** |
| Last Name | |  | |  | |  |  | |  |
| First Name | |  | |  | |  |  | |  |
| Gender | |  | |  | |  |  | |  |
| ULI | |  | |  | |  |  | |  |
| Date of Birth *(yyyy-Mon-dd)* | |  | |  | |  |  | |  |
| Room Number | |  | |  | |  |  | |  |
| Admission Date *(yyyy-Mon-dd)* | |  | |  | |  |  | |  |
| **Symptom Legend**  AP Abdominal Pain  D Diarrhea  E Exhaustion  F Fever  DE Deceased  HO Hospitalized  N Nausea  V Vomiting  **Risk Factors**  ABX Antibiotics  PPI Proton pump inhibitor  GI Recent gastrointestinal surgery. | Onset Date | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* |
| Symptoms |  | |  | |  |  | |  |
| Date Contact Precautions Were Implemented |  | |  | |  |  | |  |
| Date Hospitalized  *(if within previous 4 weeks)* |  | |  | |  |  | |  |
| Date of Discharge *(yyyy-Mon-dd)* |  | |  | |  |  | |  |
| Name of Hospital and Unit |  | |  | |  |  | |  |
| Risk Factors For Infection |  | |  | |  |  | |  |
| Comments |  | |  | |  |  | |  |
| Lab Tests | Date Stool Specimen Collected for CDI | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* |
| Results |  | |  | |  |  | |  |
| Treatment  *(Terminal clean completed in conjunction with personal hygiene).* | Treatment Information |  | |  | |  |  | |  |
| Medications |  | |  | |  |  | |  |
| Date Precautions Discontinued. | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* | *(yyyy-Mon-dd)* | | *(yyyy-Mon-dd)* |

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**General directions for populating this form:**

* Identify each page using the outbreak number provided by the Outbreak Response Lead (ORL).
* Complete information at the top of form as outlined.
* Number of patients/residents: record the number of patients/residents registered on the unit AND in the facility.
* Number of staff: record the total number of staff who work within the facility (total at risk).
* Date format for this form is *(yyyy-Mon-dd)*.

Demographics:

* Please populate the 3 main identifiers listed (name, date of birth and unique lifetime identifier (ULI).

Symptoms:

* Symptom Legend: below is a list of typical symptoms with a lettered acronym. Please document symptoms daily beginning from the onset date for each client/resident/patient. For any symptoms not included in the legend, please use the comments area.

AP Abdominal Pain

D Diarrhea - indicate in comments section if diarrhea is bloody.

E Exhaustion

F Fever

DE Deceased - please notify Public Health by phone as **SOON AS POSSIBLE**.

HO Hospitalized - please notify Public Health by phone as **SOON AS POSSIBLE**.

N Nausea

V Vomiting

Date Case was hospitalized (if within the previous 4 weeks).

Date Case was discharged from hospital.

Name of hospital and unit the case was discharged from.

Risk Factors for Infection:

* Complete sections in this area as they apply to treatment actions undertaken with the person experiencing symptoms.

ABX Antibiotics

PPI Proton pump inhibitor

GI Recent gastrointestinal surgery.

Lab Tests/Results:

* Complete sections in this area as they apply to lab testing actions undertaken with the person experiencing symptoms.
* Stool Specimen: record the date when stool specimen was collected.
* Stool Specimen Results: record the results of the stool specimen.

Treatment:

* State names of antibiotics/other medications taken.

Note: terminal clean should be completed in conjunction with personal hygiene.

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