|  |  |
| --- | --- |
| Facility Name       | Record relates to: Patients/ResidentsStaffOutbreak 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 PainD DiarrheaE ExhaustionF FeverDE DeceasedHO HospitalizedN NauseaV 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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