

## Assessing Patients/Residents for Influenza-like Illness (ILI)

Routine contacts for positive assessment	
IPC	
WHS	
Other	
Other	
Other	

Facility/Unit:
Unit Manager:
Time/Date (dd-mon-yyyy):
<input type="checkbox"/> All clients assessed at least daily including temp <input type="checkbox"/> No new cases during this round <input type="checkbox"/> This report contains newly symptomatic cases

Demographic Information		Signs and Symptoms							NP Swab?	On Contact and Droplet Precautions?
Patient Identifier	Room and Bed #	Check all that apply								
		New Cough or change in cough	Fever	Sore throat	Muscle/Joint ache	Severe exhaustion	Shortness of Breath	Other: headache, conjunctivitis, runny nose, diarrhea nausea		
									Yes / No	Yes / No
									Date	Start Date
									Result	End Date
									Yes / No	Yes / No
									Date	Start Date
									Result	End date
									Yes / No	Yes / No
									Date	Start Date
									Result	End date

For more information contact  
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