

RESPIRATORY OUTBREAK LINE LISTING

FAX DAILY BY NOON: 855-934-5463

Date Reported: _____
 Outbreak # 2266 – 20 ____ - ____

Name of Facility: _____
 Unit/Floor: _____

Resident Line Listing **OR**
 Staff Line Listing

A case is defined as a resident or staff with 2 or more of the following symptoms:

• Abnormal Temp	• Runny Nose/Sneezing	• Nasal Congestion	• Dry Cough
• Malaise/Tiredness	• Muscle Aches	• Sore Throat/Hoarseness	• Productive Cough

Case Identification			Symptoms											Lab Tests/Results		Prophylaxis/Treatment			Outcome								
Case Number	Room #	Staff Last Day Worked (mm/dd)	Onset Date (mm/dd)	Date of Symptoms (mm/dd)	Abnormal Temp (°C)	Runny Nose/Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Malaise/Tiredness	Muscle Aches	Other (please specify)	NP Swab Collection	Organism Identified	Flu vaccine (y/n)	Antiviral Treatment (y/n)	Antiviral Prophylaxis (y/n)	Resolved (mm/dd)	Pneumonia CXR Confirmed (mm/dd)	Admitted to Hospital (mm/dd)	Death (mm/dd)					
Name _____																											
Gender: M F (circle one)																											
DOB _____																											
(mm/dd/yyyy)																											
Name _____																											
Gender: M F (circle one)																											
DOB _____																											
(mm/dd/yyyy)																											
Name _____																											
Gender: M F (circle one)																											
DOB _____																											
(mm/dd/yyyy)																											

For additional information please refer to *Routine Practices and Additional Precautions in All Healthcare Settings, 3rd edition: Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection and A Guide to the Control of Respiratory Disease Outbreaks in Long-term Care Homes, 2014*



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