

## VRI Cluster/Outbreak Line List (Patient)

This line list is a worksheet to support direct care and frontline staff\*

Facility Name:					Unit:							
Demographics		NP Swab	Signs & Symptoms		Acute Sudden Onset Clinical Symptoms (✓ tick all that apply)						Acute Admit / Transfer Date	Comments/Other (i.e. vaccination date; antiviral stop/start date)
Name (Last, First), MRN, & PHN	Room Bed #	Date Sent	Onset Date & Time	Resolved Date	Fever	Cough	Headache	Sore throat	Sore muscles/joints	Extreme fatigue		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*\*Acute Care - Review worksheet with ICP as needed. IPAC will maintain an electronic line list.*

