# **Client Line List**

For Frontline Staff Use Only



|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Facility:** | | | | **Unit:** | | | | | | | |
| **OUTBREAK DEFINITION:** *Three (3) or more cases of gastrointestinal illness in the same geographic area (unit/ward), within a four (4) day period*. | | | | | | | | | | | |
| **INSTRUCTIONS:** ***Only add symptomatic clients to the table below and update daily.*** | | | | | | | | | | | |
|  | **Demographics** | | **Stool or Vomitus Specimen** | **Signs & Symptoms**  *( tick all applicable & record # of episodes in a 24h period)* | | | | | | **Isolation Discharge Clean & Bath** |  |
| **Today’s Date** | **Name (Last, First)**  **PHN Number** | **Room**  **Bed #** | **Collected** | **Laxative given?**  **(Y/N)** | **Is this baseline?**  **(Y/N)** | **Abdominal Pain** | **Nausea** | **Vomit # in last 24hrs** | **Loose BM**  **# in last 24hrs** | **YES/NO** | **Comments/ Results/In Hospital/ABx last 72 hours/Other** |
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