#  **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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