

## Resident GI Line List

For Frontline Staff Use Only

Facility:			Unit:									
<b>OUTBREAK DEFINITION:</b> <i>Three (3) or more cases of gastrointestinal illness in the same geographic area (unit/ward), within a four (4) day period.</i>												
<b>INSTRUCTIONS:</b> <u><i>Only add symptomatic residents to the table below and update daily.</i></u>												
Today's Date	Demographics		Stool or Vomitus Specimen Collected	Signs & Symptoms <i>(✓ tick all applicable &amp; record # of episodes in a 24h period)</i>						Date to assess / off precautions	Isolation D/C Clean & Bath (Y/N)	Comments/ Results/In Hospital/Antibiotics in last 72 hours/Other
	Name (Last, First)	Room Bed #		Laxative given? (Y/N)	Is this baseline ? (Y/N)	Abdominal Pain	Nausea	Vomit # in last 24hrs	Loose BM # in last 24hrs			