

## **Infection Prevention and Control**

## **Resident Line List**

For Frontline Staff Use Only

Facility:				Unit:								
OUTBRE	OUTBREAK DEFINITION: Three (3) or more cases of gastrointestinal illness in the same geographic area (unit/ward), within a four (4) day period.											
INSTRUC	TIONS: Only add sympt	tomatic res	idents t	o the tab	ole below	and upda	te dail	<u>v.</u>				
	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)	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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