

Daily Infection Prevention & Control Surveillance Tool For Long Term Care Facilities

- ❖ *New symptoms must be reported to Infection Prevention & Control immediately*
- ❖ *The resident should be placed on appropriate precautions as soon as symptoms are noted*

Date: _____ Facility/ Unit: _____ Page: ____ of ____													
Resident Name/ MRN	Room	Date of Onset of Symptoms	Type of symptoms/positive lab results (Check all that apply)							Precautions Initiated		Signs & Symptoms for example... Respiratory: new onset fever, new or worsening cough, shortness of breath and/or pneumonia Gastrointestinal: vomiting and/or diarrhea UTI: urgency, frequency, dysuria, increased temperature	Initials
			Urinary Tract	Respiratory	Gastrointestinal	<i>C. difficile</i>	ESBL	MRSA	Soft Tissue Infection	Droplet	Contact		

Each shift must update this form as required.
Night Shift must fax this form to 250-739-5934 (Nanaimo local) at the end of the shift.