To be used for Tracking of Patients/Residents
During Outbreaks or Increased Incidence of CDI

CLEAR FORM

GI Outbreak Line List as of: Unit / Floor:							Symptoms						Laboratory			Resolutions		Outcomes				
Last Name	First Name	MRN	Age	Sex	Admission Room / Bed	Room/Bed at Positive Specimen	Symptom Onset Date	Diarrhea (not yet diagnosed)	# from Bristol Stool Chart	# episodes in 24 hrs	HAI / CAI	Previous ABX	Date sample submitted	Confirmed (Y / N)	Treatment Started	Date of last symptoms	Resolution Date (48hr after last diarrhea and normalized stool)	Discharge Date	Hospital	Transferred To	Discharged	Died

Please fax / email this sheet to your Practitioner daily

Updated: July 2012