

Appendix B – GI Patient Line Listing

Date: _____ **Unit/Facility** _____

Definition:Gastrointestinal (GI) illness is characterized as:

- Two or more loose, watery stools, above what is normal for the person, within a 24 hour period, **or**
- Two episodes of vomiting in a 24 hour period, **or**
- One episode of vomiting and loose stool in a 24 hour period, **or**
- Two people (patient, resident or staff) showing blood in stool.

GI illness outbreak definition: three or more people (any combination of patients/residents/staff) in the same unit/department/facility exhibiting symptoms of GI illness in a 24 hour period.

If no patient sticker, please include: Full Name HSN DOB Sex Physician Room # Bed #	<i>Patient Sticker</i>	<i>Patient Sticker</i>	<i>Patient Sticker</i>	<i>Patient Sticker</i>	<i>Patient Sticker</i>
Symptom onset date					
time					
Date isolated/precautions					
Date off isolation/precautions date					
time					
Expired					
SYMPTOMS					
1. Nausea					
2. Abdominal Cramps					
3. Diarrhea					
4. Bloody stool					
5. Fever					
6. Vomiting					
7. Fatigue/Malaise					
8. Antibiotics					
9. Laxatives/Enemas/stool softeners					
10. Known Cause					
SPECIMENS					
Date Collected					
Results					
Lab Confirmed case					
Suspected case					

yes = Y no = X : criteria met OR not met

Fax to Infection Prevention & Control daily @ 0600 hours (RUH 0609, SPH 6142, SCH 7554)