Resident Line listing for G.I. Illness

Date: ______________________________ **LTC Home:** ____

	Symptoms (✓ if experiencing)											Isolation				Duration of illness	Lab Results/Specimens (Positive / Negative)					Staff Initials and date
	# in 24 hours																					
	Vomiting	Diarrhea	Nausea	Vomiting	Cramps	Diarrhea	Fever ____°C	Extreme Fatigue	Other (specify)	Onset Date	2^{nd} Onset Date	Date Isolated	Date off isolation	Location of Hospitalization	Date of death		Date Collected	Culture (C&S) Results	O&P Results	Viral Results	Organism	
Demographics If no label, please include: Full Name: HSN: DOB: Physician: Gender: Room #:																						
	Update and Comments (Initial and date each note)																					
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Don't Wait... ISOLATE!

Saskatchewan Health Authority