Resident Linelisting for Respiratory Illness

Date: ______________________________ **LTC Home:** ____

	Room #	Influenza Vaccine		Symptoms (✓ off) New or Worsening										Tamiflu				Lab Results				Patient Outcomes					Staff Initials & Date
																						Isolation					
		Y or N	Date	Fever ____ °C	Cough	Runny Nose	Sore Throat	Headache	Muscle ache	Joint Pain	Extreme fatigue	Other	**Onset Date**	Given Y or N	Treatment or prophylaxis	Start Date	Stop Date	Date	Type of	Result (enter as DFA)	Organism	Y or N	Date	Hospital	Died Y or N	DOD	
Case override ☐ **Demographics** If no label, please provide: Full Name HSN: DOB: Physician: Gender																											
	Update & Comments (initial and date each entry)																										
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Don't Wait... ISOLATE!

Saskatchewan Health Authority