CASE LOG OF RESIDENTS WITH ACUTE GASTROINTESTINAL ILLNESS

Patient Identification			Patient Location			Illness Description												Laboratory Test Date and Results				Antiemetic	Antibiotic	Illness Outcomes			
Name	Age	Sex (M / F)	Building	Unit	Room #, Bed Designation	Date of Onset of Illness	Time of Onset of Illness	Highest Temperature	Vomiting (Y / N)	Projectile Vomiting (Y / N)	Nausea (Y / N)	Diarrhea (Y / N)	Diarrhea Watery (Y / N)	Diarrhea Bloody (Y / N)	Abdominal Cramps (Y / N)	Chills (Y / N)	Date Illness Stopped	Stool PCR for NLV	Stool Bacteria; Culture	Stool O&P	Other	Date Started / Date Ended	Date Started / Date Ended	TX for Dehydration (Y / N)	Hospitalized (Y / N)	Days Hospitalized	Died (Y / N) If yes, date