Gastroenteritis Case Log

Multnomah County Health Department

County: _____ **Facility:** _____

Outbreak #: _____ **Setting of Exposure:** _____

	IDENTIFIERS					ONSET		SIGNS & SYMPTOMS												OUTCOME				
List all hospital patients, preschoolers, students, residents and staff with any gastrointestinal illness	Date of Birth	Sex	Patient, preschooler, resident, staff or student	room number	Job duty code (staff only)	First vomiting or diarrhea	time	nausea	vomiting	diarrhea	3+ loose stools in 24 hours	fever (only if documented)	cramps	bloody diarrhea	duration of V or D	# of days work missed	lab specimens collected	seen by MD	sent to ER	hospitalized overnight	died			
Name	mm/dd/yy	F or M	Codes Below		Codes Below	Date (m/d)	00:00 am pm	Check all that apply							hours	days	Check all that apply							
							Totals																	

Setting of exposure
- Nursing Home
- Day Care
- School
- Hospital
- Other

Use these codes for patient type
- H   hospital patient
- P   preschooler
- R   resident
- S   staff
- Stu student

Use these job codes for staff duties
- A   administrative/clerical
- F   food service
- H   housekeeping
- M   maintenance
- O   other
- P   patient care
- T   teacher/teacher's assistant
- W   washroom/laundry

For daycare and school outbreaks do NOT delegate data collection to non-public health staff