

Respiratory Daily Infection Signs and Symptoms Surveillance Form - LINE LIST

Facility:				Start a new page each month, on each unit. ICSA - pick up previous month and retain for record retention
Unit:	Month:			

Legend: C19=COVID-19; IA=Influenza A; IB=Influenza B; RH=Rhinovirus; RE=Rhinovirus-enterovirus; RSV=RSV; PI=Parainfluenza; CO=Coronavirus (not COVID); OT=Other; NEG=Negative

NOR=Normal; PNE=Pneumonia; N-INF=New infiltrate; CONS=Consolidation

Patient Information			Respiratory														Other																
Resident Name	PHIN	Room #	Date symptoms started (dd-mmm-yy)	Date Precautions initiated (dd-mmm-yy)	Leukocytosis >11 x 10 ⁹ leukocytes/L	Acute functional decline*	Acute change in mental status from baseline*	X-ray done	X-Ray had pneumonia, new infiltrate or consolidation	Fever*	Runny nose/sneezing	Shortness of breath	Stuffy nose or congestion	Sore throat	Hoarseness	New or increased cough	Increased sputum production	Chest pain	New lung exam abnormalities	O2 sat <94% on RA or >3% change	Resp rate ≥25 breaths/min	Chills	Headache or eye pain	Malaise or exhaustion	Loss of appetite	Joint pain (arthralgia)	Myalgias/body aches	Date specimen submitted to lab (dd-mmm-yy)	Laboratory result organism (see legend)	Date Additional Precautions resolved (dd-mmm-yy)	Death / Hospitalized / Recovered	Nurse completing assessment (initials)	
Mickey Mouse	111000111	25	03-Jan-24	04-Jan-24	X											X	X	X					X		AB							DD	

Example: 03-May-2024

*See back page for constitutional criteria. This will provide the information you need to see if they meet the symptom criteria

Anyone wanting to add data after the first data entry can do so by using their initials

Nurse doing the first data entry to place initials here

*** CONSTITUTIONAL CRITERIA**

FEVER	<p>ONE of the following criteria MUST be met:</p> <ol style="list-style-type: none"> 1. Single temperature more than 37.8°C 2. Repeated oral temperatures of more than 37.2°C or rectal temperatures more than 37.5°C 3. Single temperature more than 1.1°C increase over baseline of non-illness temperature collected from any site <p><i>There is insufficient evidence to indicate a specific time frame for evaluating repeated temperatures using fever criterion 2. It is suggested repeated temperatures be collected within no more than 48 hours of each other</i></p>		
LEUKOCY-TOSIS	>11 x 10 ⁹ leukocytes/L		
ACUTE CHANGE in MENTAL STATUS from BASELINE USING the CONFUSION ASSESSMENT METHOD	<p>ALL FOUR criteria must be present:</p> <ol style="list-style-type: none"> 1. Evidence of acute change in mental status 2. Fluctuating course: behaviour fluctuating (e.g., coming and going, or changing in severity during the assessment) 3. Inattention: difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted) 4. EITHER A OR B: <ol style="list-style-type: none"> A. Disorganized thinking B. Altered level of consciousness: level of consciousness is described as different from baseline (e.g., hyper-alert, sleepy, drowsy, difficult to arouse, non- responsive) 		
ACUTE FUNCTIONAL DECLINE	<p>A new three-point increase in total Activities of Daily Living (ADL) score (range 0-28) from baseline, based on the following seven ADL items, each scored from 0 (independent) to 4 (total dependence)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Bed mobility 3. Dressing 5. Toilet use 7. Eating </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 2. Transfer 4. Locomotion within LTC home 6. Personal hygiene </td> </tr> </table>	<ol style="list-style-type: none"> 1. Bed mobility 3. Dressing 5. Toilet use 7. Eating 	<ol style="list-style-type: none"> 2. Transfer 4. Locomotion within LTC home 6. Personal hygiene
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INSTRUCTIONS for USE

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| <ol style="list-style-type: none"> 1 Add all residents with respiratory symptoms to this line list. 2 No white out to be used on line list. 3 If error made, strike out and use a new line. 4 Exclude cases with existing or chronic respiratory conditions who are at baseline. 5 Start a new line list sheet for each new month. 6 Retain hard copy for record retention. 7 Ensure notification to ICSA/ICP continues by facility identified process. | <ol style="list-style-type: none"> 8 For questions or concerns, contact facility ICSA. 9 Print on double sided legal paper requesting the printer to flip pages on the short side. 10 First nurse to make assessment, put initials at end of row; Additional symptoms can be added on the same row later using new nurses' initials in the appropriate column. |
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