Record of Infectious Outbreak: Upper Respiratory Tract Infections – Patient information

Unit: Tel:	Date IPCN informed:	Date closed:	Date opened:

E-mail completed form to IPC Team – [redacted]

(To mark boxes double click and click on checked)

	Patient name and NHS number	Admission date	Date of onset of symptoms	Date of last symptoms	Bay/ room No.	Admission diagnosis and/or relevant past medical history. Comments	Date/time viral swab sent	Flu	Para Influenza	Other
1							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
2							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
3							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
4							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
5							Date: Time: Positive ☐ Negative ☐	☐	☐	☐

Patient name and NHS number		Admission date	Date of onset of symptoms	Date of last symptoms	Bay/ room	Admission diagnosis and/or relevant past medical history. Comments	Date/time stool specimen sent	Flu	Para Influenza	Other
6							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
7							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
8							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
9							Date: Time: Positive ☐ Negative ☐	☐	☐	☐
10							Date: Time: Positive ☐ Negative ☐	☐	☐	☐