Clostridium Difficle Outbreak Line List in a Long-Term Care Facility





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					Roommate	Date of (Most Recent)		Date of	Diarrhea	Date of Last Episode of		Stool Testing Results		Healthcare Facility Stay(s) during Last 3 Months		Antibiotics Treatment during Last 3 Months		
	Date of				(Y/N) if Y	Admission to	Admitted	Onset of	Frequency	Diarrhea	Severity	Type of						Condition
Patient Name	Birth	Age	Sex	Room #	How many?	The Facility	From	Diarrhea	Per Day		Complications		Date	Date	Facility Name	Name	date	(specify)
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