Line List for MDRO Outbreaks in Long-Term Care Facilities

Facility Name: _____ **County:**_____ **Outbreak Number:** _____

Contact Person Name _____ **Contact Phone #**_____

Demographics								Clinical Information						Laboratory				Outcome		Antibiotics Sensitivity Test										
Name	Date of Birth	Sex	Unit/Floor/Room Number	Roommate(Y/N)	Date Admitted to the Facility Prior to Culture	Admitted from	Previous healthcare facilities in the last 3 months?	Contact Isolation Prior to Culture? (Y/N)	Contact isolatoin after culture? (Y/N)	Indwelling Devices (Please List)	Mechanical Ventilation /Trachestomy	Open Wounds	Medical History	Date of Culture	Reason for Culture	Site of Culture	Culture Results	Hospitalized (Y/N)	Died (Y/N)											Comments

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BUREAU FOR PUBLIC HEALTH