Line List for MDRO Outbreaks in Acute Care Facilities

Facility Name: _____ **County:**_____

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

Demographics									Clinical Information								Laboratory				Outcome			Antibiotics Sensitivity Test										Comments
Name	Date of Birth	Sex	Unit/Floor/Room number	Roommate(Y/N)	Date Admitted to the Facility	Reason for Admission	Admitted from	Previous healthcare facilities in the last 3 months?	Time Between Admission and Diagnosis in Days	Contact Isolation Prior to Culture? (Y/N)	Contact isolatoin after culture? (Y/N)	Wound (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)	Discharged to											

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