



Gastroenteritis outbreak in a residential care facility – **Gastroenteritis Alert**

Resident transfer form

Date of transfer: _____

Resident's name: _____

Date of birth: _____

Resident transferring from: _____

Resident transferring to: _____

This resident is transferring from a facility currently managing a **gastroenteritis outbreak**.

Specimens collected in this outbreak have been positive for _____

OR

There are no positive specimen results.

Tick either Box 1 (and complete details) or Box 2

Box 1

This resident has (or has had) gastroenteritis

Since _____ am/pm on _____ (date) and has had the following symptoms:

| Signs and symptoms | Tick | Signs and symptoms | Tick | Signs and symptoms | Tick |
|--------------------|------|--------------------|------|-----------------------|------|
| Nausea | | Diarrhoea | | Abdominal pain | |
| Vomiting | | Bloody diarrhoea | | Muscle and joint pain | |
| Fever | | Dehydration | | Headache | |

Last episode of: vomiting diarrhoea was at _____ am/pm on _____ (date)

Please isolate this resident IMMEDIATELY in a single room under contact precautions and consult your Infection Control Nurse (or Nurse Manager after hours) for advice.

Box 2

This resident has had no signs or symptoms of gastroenteritis

Action Observe the resident over the next 48 hours for symptoms of gastroenteritis.

If any symptoms occur, it is recommended that the resident is **isolated** in a single room on contact precautions and your Infection Control Nurse contacted **IMMEDIATELY** during office hours (or Nurse Manager after hours) for advice on management of room contacts in accordance with your facility's infection control guidelines/policies.