



Renfrew County and District Health Unit

Outbreak #: _____

Respiratory Outbreak Management for Institutions

Name of Facility: _____

HOSPITALIZATIONS, COMPLICATIONS & DEATHS OF LINE LISTED CASES

Note: Only report the hospital admissions, complications and deaths of cases that were line listed, met the case definition and were related to the outbreak.

Resident Name and Hospital Room Number	DOB	Hospitalizations				Complications			Deaths	
		Date Hospitalized	Name of Hospital	Reason for Hospitalization	Date Discharged	Clinical Pneumonia Y/N	Chest X-Ray Pneumonia Y/N	Specify Other Complications	Date of Death	Cause of Death