

Clinical Update Form in Acute Care Settings - Hospitalized COVID-19 Case - Acute Care Facility Use



Please FAX to 613-735-3067
Tel: 613- 602-5963

Name of Facility: _____

Date: _____

Facility Contact: _____

Phone Number: _____ Fax #: _____

Please list each patient admitted to hospital who has tested positive for COVID-19.

Case Last Name	Case First Name	Gender (M/F/Other)	Date of Birth (year/month/day)	Admission Date (year/month/day)	Admission Location (Unit)	Admission Diagnosis	Progression (Clinical) (1)	ICU (Y/N/DK)	Intubated (Y/N/DK)	Oxygen Therapy (Y/N/DK)	Current Condition (Febrile, extubated, new treatments, BiPAP, O2 requirements, palliative, etc.)	Discharge Date (year/month/day)	Discharge Location (2)

<p>1) Progression – Clinical I = Improving S = Stable W = Worsening D = Deceased DC = Discharged IDC = Isolation Discontinued</p>	<p>2) Discharge Location H = Home D = Deceased AC = Transfer to Another Acute Care Facility LTC/RH = Transfer to LTC/RH</p>
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Adapted from Recommendations for, “The Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 2018.”
 Personal Information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment, and reporting purposes.
 Questions about this collection should be addressed to the Renfrew County and District Health Unit, 141 Lake Street, Pembroke, ON K8A 5L8