

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



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

Name of Facility: _____

Date: _____

Facility Contact: _____

Phone Number: _____ Fax #: _____

Please line list each resident or staff member once only.

Case Last Name	Case First Name	Gender (Male or Female)	Date of Birth (year/month/day)	Follow-up Date/Time (year/month/day)	Purpose (1)	Admission Date (year/month/day)	Discharge Date (year/month/day)	Facility Name (Progression Recovery Location (2))	Facility Type (3)	Classification (4)	Progression (Clinical) (5)	ICU (Y/N/DK)	Antiviral Drugs (Y/N/DK)	Oxygen Saturation	Temperature	Oxygen (Y/N/DK)	NOTES	PHU Representative

For an electronic copy, contact Renfrew County and District Health Unit.

1) Purpose C = Convalescing D = Diagnostics I = Isolation T = Treatment	(2) Facility Name - Recovery Progression Location Enter facility name or DK = Don't know	(3) Facility Type Hosp = Hospital LTC = Long-term care Home = person is at home DK = Don't know	(4) Classification C= Confirmed P = Probable PUI = Person Under Investigation DNM = Does Not Meet case definition	5) Progression – Clinical II = Improving (Intubated) CC = Case Closed. Completed home isolation after discharged from hospital or no longer being followed S = Stable W = Worsening D = Deceased I = Improving SI = Stable (Intubated) WI = Worsening (Intubated) DC = Discharged EX = Extubated
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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, 7 International Dr. Pembroke, ON K8A 6W5, 613-602-5963 or 1-800-267-1097.