



Resident Transfer Form

Gastroenteritis Alert

This resident is transferring from a facility where **gastroenteritis** has been detected.

Date of transfer: _____

Resident's name: _____

Date of birth: _____

Resident transferring from: _____

Resident transferring to: _____

- 1) This resident has / has had gastroenteritis go to Box 1
 2) This resident has not had gastroenteritis go to Box 2

BOX 1

This resident has (or has had) gastroenteritis

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

Signs & Symptoms	Tick	Signs & Symptoms	Tick	Signs & Symptoms	Tick
Nausea		Diarrhoea		Abdominal pain	
Vomiting		Bloody diarrhoea		Muscle & 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 on management of room contacts.

BOX 2

This resident has no signs or symptoms of gastroenteritis

Action: observe the resident over the next 48 hours for the following symptoms within a 24 hour period:

- at least 2 episodes of diarrhoea &/or vomiting.

If any of these symptoms occur, **isolate** the resident in a single room and **IMMEDIATELY** contact your Infection Control Nurse during office hours (or Nurse Manager after hours) for advice on management of room contacts.