Public Health Ontario | Santé publique Ontario

PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

Enterovirus D68 (EV-D68) Patient Clinical Summary Form (adapted from CDC)

Please complete this Clinical Summary Form for all patients for whom specimens are being submitted to Public Health Ontario Laboratories (PHOL) for enterovirus/EV-D68 testing.

Please submit this form to PHOL together with the collected specimens or fax to 416-596-1799.

The PHOL General Test Requisition Form must also be completed (one per specimen submitted).

Demographic Information

Date: mm/dd/yyyy Name of person filling in form: _____

Phone: _____ Email: _____

Hospital/Health Care Facility/Clinic Name: _____

Patient Name: _____ Date of Birth: mm/dd/yyyy

HIN: _____ Date of Specimen Collection: mm/dd/yyyy

Patient Setting: ☐ ICU ☐ Ward ☐ ER Not Admitted ☐ Institution ☐ Physician's Office

☐ Other *(describe)*: _____

Facility/Community Information

Has your Health Care Facility documented an increase in cases of community acquired acute respiratory illness (ARI) compared to expected for this time of year?	☐ Yes	☐ No	☐ Unknown
Was the specimen collected as part of an outbreak/cluster of patients with similar symptoms? If yes, provide outbreak number if available:	☐ Yes	☐ No	
Is this a case of nosocomially acquired infection (*occurring 72 hours or longer after admission)*	☐ Yes	☐ No	

Clinical Features

Respiratory symptoms/clinical findings (*mark all that apply*):

Date of onset for respiratory symptoms: mm/dd/yyyy ☐ Fever (≥37.8°C) – Highest recorded temperature: °C

☐ Chills ☐ Cough ☐ Wheezing ☐ Sore throat ☐ Runny nose ☐ Shortness of breath/Difficulty breathing

☐ Tachypnea ☐ Retractions ☐ Cyanosis ☐ Vomiting ☐ Diarrhea ☐ Rash ☐ Lethargy ☐ Pneumonia

Please indicate if there are any other unusual or notable findings regarding this case

_____

[1] *Please note that Acute Flaccid Paralysis (AFP) is a reportable event in Ontario for those < 15 years of age. Please complete the following form and report AFP to your local health unit:*
http://www.publichealthontario.ca/en/eRepository/PHO_AFP_Case_Report_Form.doc

480 University Avenue, Suite 300, Toronto, ON M5G 1V2 OFFICE 647 260 7100 FAX 647 260 7600 www.publichealthontario.ca
480, avenue University, Toronto, ON M5G 1V2 BUREAU 647 260 7100 TÉLÉCOPIEUR 647 260 7600 www.publichealthontario.ca

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

Neurological symptoms (m*ark all that apply*):

Date of onset for neurological symptoms: mm/dd/yyyy ☐ Meningitis / Encephalitis ☐ Limb weakness/paralysis

☐ Areflexia ☐ Seizure ☐Altered mental status ☐Cranial nerve dysfunction

☐ Other *(describe)*:

Relevant Medical History

Does the patient have any comorbid conditions? (*mark all that apply*): ☐ None ☐ Unknown

☐ Asthma ☐ Reactive airway disease ☐ Bronchopulmonary dysplasia ☐ Cardiac disease ☐ Immunocompromised

☐ Prematurity, if yes gestational age: _____ ☐ Other *(describe)*: _____

Investigations

Was a chest radiograph (CXR) done? ☐ Yes ☐ No ☐ Unknown

If Yes, pneumonia on CXR? ☐ Yes ☐ No

Other CXR abnormalities? ☐ Yes ☐ No *Describe*: _____

Was a chest CT done? ☐ Yes ☐ No ☐ Unknown

If Yes, what abnormality was found on CT scan? *(Describe)*: _____

Treatment-related Information

Is/was the patient:

Hypoxic (sat <93%) on room air? ☐ Yes ☐ No ☐ Unknown

Treated with supplemental oxygen? ☐ Yes ☐ No ☐ Unknown

Treated with bronchodilators? ☐ Yes ☐ No ☐ Unknown

Treated with antibiotics? ☐ Yes ☐ No ☐ Unknown

Outcome

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown If Yes, admission date: mm/dd/yyyy

If hospitalized, Was the patient admitted to the Intensive Care Unit (ICU)? ☐ Yes ☐ No ☐ Unknown

Was the patient placed on non-invasive ventilation (BiPAP/CPAP)? ☐ Yes ☐ No ☐ Unknown

Was the patient intubated? ☐ Yes ☐ No ☐ Unknown

Was the patient placed on ECMO? ☐ Yes ☐ No ☐ Unknown

Is the patient discharged? ☐ Yes ☐ No ☐ Unknown If Yes, discharge date: mm/dd/yyyy

Did the patient die? ☐ Yes ☐ No ☐ Unknown If Yes, date of death: mm/dd/yyyy