

**Risk factors:**

**Do you have?**

\*\* review probable case definition & HCP alert\*\*

**Interventions by/signature:**

**Date:**

\*if dx as probable case and rx for antibiotics provided. Advise to stay home for 5 days or until negative swab result)

Assessed by HCP:

Yes

No

BP Swab collected under outbreak

 **# 2263-2023-00021**

Yes (store in fridge)

No

Rx Prophylaxis/tx as per HCP alert:

Yes

Rx:

No

\*Exclusion recommended:

Yes

No

Cough:

Yes

No

Date of onset:

Sneezing:

Yes

No

Date of onset:

Runny Nose:

Yes

No

Date of onset:

Fever:

Yes

No

Date of onset:

\*\*Cough ending with apnea/vomiting/gagging:

Yes

No

Date of onset:

\*\*Cough whooping (paroxysmal):

Yes

No

Date of onset:

Increased oral secretions:

Yes

No

Date of onset:

Fatigue:

Yes

No

Date of onset:

Nausea:

Yes

No

Date of onset:

Anorexia:

Yes

No

Date of onset:

Vomiting:

Yes

No

Date of onset:

No Symptoms:

Yes

Comments:

Pregnancy

Yes

No

Under the age of 1

Yes

No

Household contact to case

Yes

No

Unimmunized (pertussis)

Yes

No

Immunization NOT up to date

Provide date of last immunization:

Yes

No

Apply Patient Demographic Label AND fax to Timiskaming Health Unit **705-647-5779**

Exposure:

Date of assessment:

**PERTUSSIS ASSESSMENT TOOL**