



**Infectious Disease Epidemiology Section
Office of Public Health**



EMERGENCY DEPARTMENT SURVEILLANCE

Please fax this form daily by 10:00 am to 504-568-8290

*For questions, please call the Infectious Disease Epidemiology Section at 504-568-8313
(1-800-256-2748)*

We know you will be very busy at this time and we appreciate your help and cooperation.

Part 1: Facility Information

Name of Hospital: _____

Person filling out form: _____

Phone Number: _____

Part 2: Reporting Period

START					2	0	1	1			AM	PM
END					2	0	1	1			AM	PM
	Month		Day		Year				Hour			

Part 3: Aggregate Visit Information

Total number of ED visits:		Total number of Infectious Disease Visits:	
Number sent home:		Number sent home:	
Number admitted:		Number admitted:	
Number transferred:		Number transferred:	
Number died:		Number died:	

Total number of Injury visits:	
Number sent home:	
Number admitted:	
Number transferred:	
Number died:	
Number work related:	

Please provide detailed visit information on page 2

Facility Name: _____

Shelter

ED

SHELTER ONLY

Phone: _____

Current Shelter Census: _____

FAX: _____

Point of Contact: _____

E-Mail: _____

24 hour period from _____ AM to _____ PM

Number of patients treated in past 24 hour period: _____

Number of deaths within the past 24 hour period: _____

Count each person receiving medical attention only once, according to most severe symptom (chief complaint):

Symptom category	Total # patients evaluated or treated at shelter or visits to ER	# Patients referred to another facility for care	Admitted (ED ONLY)	Died
Infectious/Chronic Disease				
Febrile Illness				
Gastrointestinal Illness				
Acute Respiratory Infection: (Cough, runny nose, sinusitis, bronchitis)				
Dermatologic: Skin infection, scabies				
Wound infection				
Conjunctivitis (pink eye)				
Diabetes Mellitus				
Asthma/COPD				
High blood pressure and other cardiovascular disease				
Other <i>Please specify:</i>				
Mental Health / Psychological Problems				
Any pre-existing psychiatric disorder (major depression, anxiety, depression, bipolar disorder, schizophrenia)				
New psychiatric disorder (post traumatic stress disorder, disorientation, dementia, confusion, out of control behavior, threats to self or others, loss of touch with reality)				
Drug / alcohol substance abuse or withdrawal				
Suicidal thoughts or ideation				
Violent behavior/threatening violence				
Injury / Chronic Disease / Other				
Motor vehicle Collision				
Drowning, submersion				
Fall				
Dog bite, animal bite, arthropod bite, stings				
Heat related injury (not dehydration)				
Lightning, electrical current				
Burn				
Chain saw injuries				
CO poisoning				
Other poisoning				
Cut, stab, pierce				

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