附件

医院疑似食源性疾病就诊信息报告表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本**  **情况** | 就餐地点 | | | |  | | | | | | | |
| 共同就餐人数 | | | |  | | | | | | | |
| 发病时间 | | | |  | | | | | | | |
| 到医院就诊人数  （年龄、性别情况，  少数民族或外籍人员需注明） | | | |  | | | | | | | |
| 接受  治疗人数 |  | | 门诊治疗人数 | | | | |  | | | |
| 留院输液观察人数 | | | | |  | | | |
| 住院治疗人数 | | | | |  | | | |
| 重症病例数 | |  | | | 死亡病例数 | | | |  | | |
| 可疑餐次 |  | | | | | | | | | | |
| 可疑食品 |  | | | | | | | | | | |
| 其它 |  | | | | | | | | | | |
| **主要症状及体征** | 1. 恶心、 2. 呕吐 |  | | 2.发热 |  | | 3.腹痛 | |  | | 4.腹泻 |  |
| 5.头昏、  头痛 |  | | 6.紫绀 |  | | 7.其它 | |  | |  |  |
| **实验室**  **检测结果** | 血样 |  | | | | | | | | | | |
| 粪便 |  | | | | | | | | | | |
| 其它 |  | | | | | | | | | | |
| **样品保留情况** | 呕吐物 | 1.有 | |  | | | 2.无 | | | |  | |
| 粪便 | 1.有 | |  | | | 2.无 | | | |  | |
| 其它 |  | | | | | | | | | | |
| **初步**  **临床**  **诊断** |  | | | | | | | | | | | |
| **治疗**  **及转归** |  | | | | | | | | | | | |
| **报告**  **单位** |  | | | | **联系人** | | |  | | | | |
| **报告**  **时间** |  | | | | **联系**  **电话** | | |  | | | | |
| **备注：**需进一步说明的事项 | |  | | | | | | | | | | |