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| **MONTHLY INFECTION CONTROL LOG (LINE LIST)** | | | | | | | | | | | | | | | | | | |
| **Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reported to QA/CQI or Other Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total # of Infections:\_\_\_\_\_\_\_\_\_\_\_\_ # HAI’s:\_\_\_\_\_\_\_\_\_\_\_\_ # Prophylactic ABX TX:\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period:\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
| **Types of Infection: UTI w/cath:\_\_\_\_\_\_\_\_\_ UTI no cath:\_\_\_\_\_\_\_\_\_ URI:\_\_\_\_\_\_\_\_\_ LRI:\_\_\_\_\_\_\_\_\_ Surgical Wound:\_\_\_\_\_\_\_\_\_ Pressure Ulcer:\_\_\_\_\_\_\_\_\_ Stasis Ulcer:\_\_\_\_\_\_\_\_\_**  **Scabies:\_\_\_\_\_\_\_\_\_ Shingles:\_\_\_\_\_\_\_\_\_ Other skin:\_\_\_\_\_\_\_\_\_ Eye:\_\_\_\_\_\_\_\_\_ GI:\_\_\_\_\_\_\_\_\_ Sepsis:\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_**  **# New cases infected with antibiotic resistant organisms:\_\_\_\_\_\_\_\_\_**  **# New cases colonized (not infected) with antibiotic resistant organisms:\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
| **Resident Name** | **Admit Date** | **Room #** | **Unit** | **INFECTION** | | | **CULTURE** | | | **ANTIBIOTIC** | | **Infection Definition Met? (Y/N)** | **Resident for ≥48 hours? (Y/N)** | **CLASSIFICATION** | | | **Date Resolved** | **Isolated? (Type)** |
| **Type** | **Body Site (catheter?)** | **Date of Onset** | **Date Taken** | **Organism(s)** | **Antibiotic Resistant (Y/N)** | **Type** | **Start Date** | **Not Infected** | **Community** | **HAI’s** |
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