|  |
| --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |