



Infection Report Form

Patient Name: _____ **SOC:** _____ **MR#:** _____

- Infection noted at SOC visit
 Infection occurred during episode of care
 Unknown

Diagnosis: _____ Physician: _____

Hospital admission date: _____ Hospital discharge date: _____

Surgery (type): _____ Date: _____

Procedure(s) (type): _____ Date: _____

Staff assigned to patient: _____

Relevant clinical data: _____

Signs and Symptoms

(Please check and complete all applicable information)

Temperature over 100.4°F or 38°C orally:

- Date: _____
 Date: _____
 Date: _____
 Date: _____

Soft Tissue (IV line sites, decubitus ulcers, surgical wound sites, etc.):

- Edema
 Heat
 Drainage: serous purulent
 Necrosis
 Tenderness/pain
 Induration
 Redness
 Separation/dehiscence
 Other: _____

Urinary:

- Catheter type: _____
 Catheter size: _____
Date of insertion: _____
 Frequency: _____
 Foul Odor
 Suprapubic tenderness
 Dysuria
 Cloudy urine/pyuria
 Other: _____

Diarrhea:

- Liquid stool X 12 hours
 Abdominal pain/tenderness
 Purulent stools

Respiratory:

- Productive cough
 Purulent Sputum
 Sore throat
 Hoarseness
 Other: _____
 Lung sounds (describe): _____

Other:

- Jaundice
 Rash
 Tenderness
 Chills
 Discharge
 Swelling

Notification

Supervisor Notified: Name: _____ Date: _____ Time: _____ AM/PM

Physician Notified: Name: _____ Date: _____ Time: _____ AM/PM

Tests Ordered

Labs: _____ Date Ordered: _____

Collection Date: _____ Source: _____

Results: Positive Negative Comments: _____

Radiographic Studies: _____ Date Ordered: _____

Results : _____

Patient Status/Disposition:

Admitted to hospital - Date admitted: _____ Name of Hospital: _____

Reason for Admission: _____

Treatment at home continued Other: _____

Nurse Signature: _____ **Date:** _____