**INFECTION SURVEILLANCE — SKIN INFECTION**

**Resident Name** __________________________________________________ **Medical Rec. #** ____________________

**Unit** __________________________________________________ **Room #** ____________________

**Date Infection Was Noted** ____________________ **Admission Date** ____________________

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**SKIN INFECTION (CHECK BOXES ONLY AFTER CRITERIA HAVE BEEN MET)**

<table>
<thead>
<tr>
<th>Infection/Site</th>
<th>Criteria</th>
<th>Conditions &amp; Comments</th>
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| **Cellulitis, Soft Tissue, Wound** | MUST HAVE at least 1 of the following:  
- pus at wound, skin, or soft tissue site  
- 4 or more of the following:  
  - fever >100°F taken at any site  
  - worsening mental/functional status  
  - heat at site  
  - redness at site  
  - swelling at site  
  - tenderness or pain at site  
  - serous drainage from site  
  - pathogen isolated from culture of tissue or drainage from affected site | NOTE: The present of pus, by itself, meets the criteria for infection. Without the presence of pus at least 4 of the other signs and symptoms must be present. This category includes infected pressure sores, stasis ulcers, etc. |

| **Fungal Skin Infection** | MUST HAVE BOTH:  
- a maculopapular rash, and  
- either physician diagnosis or lab confirmation | Maculopapular rash: reddened area with both flat and elevated lesions. |

| **Herpes Simplex** | MUST HAVE BOTH:  
- a vesicular rash, and  
- either physician diagnosis or lab confirmation | Vesicular rash: rash consisting of small blisters. |

| **Herpes Zoster (Shingles)** | MUST HAVE BOTH:  
- a vesicular rash, and  
- either physician diagnosis or lab confirmation | Vesicular rash: rash consisting of small blisters (blisters become large, with surrounding red area, in herpes zoster). |

| **Scabies** | MUST HAVE BOTH:  
- a maculopapular rash, and/or itching rash, and  
- either physician diagnosis or lab confirmation | Care must be taken to assure that a rash is not allergic or secondary to skin irritation. Lab diagnosis consists of microscopic examination of skin scrapings. |

**Antibiotics Ordered:**  
- **Yes**  
- **No**

**List Antibiotics Ordered:**

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

Signature of person preparing this form: ____________________________________________________________________________