

INFECTION SURVEILLANCE – SKIN INFECTION

RESIDENT NAME _____ MEDICAL REC. # _____

UNIT _____ ROOM # _____

DATE INFECTION WAS NOTED _____ ADMISSION DATE _____

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

INFECTION/SITE	CRITERIA	CONDITIONS & COMMENTS
<input type="checkbox"/> Cellulitis, Soft Tissue, Wound Wound Site _____ CULTURE RESULTS:	MUST HAVE at least 1 of the following: <input type="checkbox"/> pus at wound, skin, or soft tissue site <input type="checkbox"/> 4 or more of the following: <input type="checkbox"/> fever >100°F taken at any site <input type="checkbox"/> worsening mental/functional status <input type="checkbox"/> heat at site <input type="checkbox"/> redness at site <input type="checkbox"/> swelling at site <input type="checkbox"/> tenderness or pain at site <input type="checkbox"/> serous drainage from site <input type="checkbox"/> 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.
<input type="checkbox"/> Fungal Skin Infection	MUST HAVE BOTH: <input type="checkbox"/> a maculopapular rash, and <input type="checkbox"/> either physician diagnosis or lab confirmation	Maculopapular rash: reddened area with both flat and elevated lesions.
<input type="checkbox"/> Herpes Simplex	MUST HAVE BOTH: <input type="checkbox"/> a vesicular rash, and <input type="checkbox"/> either physician diagnosis or lab confirmation	Vesicular rash: rash consisting of small blisters.
<input type="checkbox"/> Herpes Zoster (Shingles)	MUST HAVE BOTH: <input type="checkbox"/> a vesicular rash, and <input type="checkbox"/> either physician diagnosis or lab confirmation	Vesicular rash: rash consisting of small blisters (blisters become large, with surrounding red area, in herpes zoster).
<input type="checkbox"/> Scabies	MUST HAVE BOTH: <input type="checkbox"/> a maculopapular rash, and/or itching rash, and <input type="checkbox"/> 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: _____