

INFECTION SURVEILLANCE – SYSTEMIC INFECTION

RESIDENT NAME _____ MEDICAL REC. # _____

UNIT _____ ROOM # _____

DATE INFECTION WAS NOTED _____ ADMISSION DATE _____

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

INFECTION/SITE	CRITERIA	CONDITIONS & COMMENTS
<input type="checkbox"/> Primary Bloodstream Infection	MUST HAVE at least 1 of the following: <input type="checkbox"/> 2 or more blood cultures positive with the same organism <input type="checkbox"/> diagnosis by physician of bloodstream infection (bacteremia)	More detailed criteria for bloodstream infections are not given for the following reasons: (1) resident will in all likelihood be in hospital for diagnosis, and (2) reports of laboratory work and resident's condition when in the hospital are frequently unavailable to long-term care facilities.
<input type="checkbox"/> Unexpected Febrile Episode	<input type="checkbox"/> MUST HAVE documentation in medical record of fever of >100°F on 2 or more occasions at least 12 hours apart in any 3-day period, with no known infectious or noninfectious cause	

Antibiotics Ordered: Yes No

List Antibiotics Ordered:

Signature of person preparing this form: _____