

**INFECTION CONTROL REVIEW**  
**HOSPITAL**

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Level of Care: \_\_\_\_\_ Rev. Date: \_\_\_\_\_  
Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Level of Care: \_\_\_\_\_ Rev. Date: \_\_\_\_\_  
Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Level of Care: \_\_\_\_\_ Rev. Date: \_\_\_\_\_

Admission Diagnosis: \_\_\_\_\_

Previous hospitalization within last six months? Yes \_\_\_\_\_ No \_\_\_\_\_

Location & Reason? \_\_\_\_\_

1. Was the patient admitted with an infection? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown: \_\_\_\_\_

2. Did patient evaluation indicate an infection? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Did an infection develop after admission? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Type of Infection: Post Operative Wound \_\_\_\_\_ Urinary Tract \_\_\_\_\_  
Skin/Subcutaneous \_\_\_\_\_ Respiratory \_\_\_\_\_ Septicemia \_\_\_\_\_  
Other \_\_\_\_\_ Unknown Origin \_\_\_\_\_

5. Was the infection cultured? Yes \_\_\_\_\_ No \_\_\_\_\_

Sputum \_\_\_\_\_ (date \_\_\_\_\_) Skin \_\_\_\_\_ (date \_\_\_\_\_) Wound \_\_\_\_\_ (date \_\_\_\_\_)

Stool \_\_\_\_\_ (date \_\_\_\_\_) Urine \_\_\_\_\_ (date \_\_\_\_\_) Throat \_\_\_\_\_ (date \_\_\_\_\_)

Blood \_\_\_\_\_ (date \_\_\_\_\_).

6. Organism cultured \_\_\_\_\_

7. Sensitivity Done? Yes \_\_\_\_\_ No \_\_\_\_\_

Sensitivity compatible to current antibiotic therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, attending physician notified. Date & Time \_\_\_\_\_. Initials \_\_\_\_\_

8. Antibiotics used: Route Dose Date Started Date Stopped # of Doses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

9. Isolation or Special Precautions initiated: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

**Circle Reason for Review of Case:**

10. WBC > 11,000

Fever > 101F

Culture Ordered

Clinical Diagnosis of Infection

Antibiotics Given

Drainage, Pus or Inflammation

Persistent Diarrhea

Cough

Positive Chest X-ray

Dysuria

Pyuria > 10 WBC/hpf

Other \_\_\_\_\_

11. Procedures performed during current hospitalization and dates (esp. urinary tract catheterization and duration, IV catheters and duration, and surgical procedures):  
\_\_\_\_\_  
\_\_\_\_\_

12. Evaluation: Nosocomial Infection: Acute \_\_\_\_\_ Skilled \_\_\_\_\_ P. Pay \_\_\_\_\_

Community Acquired: Acute \_\_\_\_\_ Skilled \_\_\_\_\_ P. Pay \_\_\_\_\_

No New Infection: Acute \_\_\_\_\_ Skilled \_\_\_\_\_ P. Pay \_\_\_\_\_

No Infection: Acute \_\_\_\_\_ Skilled \_\_\_\_\_ P. Pay \_\_\_\_\_

Infection Not Documented \_\_\_\_\_ Prophylactic \_\_\_\_\_

Diagnostic or supportive Studies Not Done \_\_\_\_\_

Comments \_\_\_\_\_

Final Review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Pathologist: \_\_\_\_\_

Original: 8/01

Reviewed: 2/28/02