

## MONTHLY INFECTION CONTROL LOG (LINE LIST)

Unit: \_\_\_\_\_ Month/Year: \_\_\_\_\_ Date Reported to QA/CQI or Other Committee: \_\_\_\_\_  
 Total # of Infections: \_\_\_\_\_ # HAI's: \_\_\_\_\_ # Prophylactic ABX TX: \_\_\_\_\_ Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Types of Infection: UTI w/cath: \_\_\_\_\_ UTI no cath: \_\_\_\_\_ URI: \_\_\_\_\_ LRI: \_\_\_\_\_ Surgical Wound: \_\_\_\_\_ Pressure Ulcer: \_\_\_\_\_ Stasis Ulcer: \_\_\_\_\_  
 Scabies: \_\_\_\_\_ Shingles: \_\_\_\_\_ Other skin: \_\_\_\_\_ Eye: \_\_\_\_\_ GI: \_\_\_\_\_ Sepsis: \_\_\_\_\_ Other: \_\_\_\_\_  
 # New cases infected with antibiotic resistant organisms: \_\_\_\_\_  
 # New cases colonized (not infected) with antibiotic resistant organisms: \_\_\_\_\_

Resident Name	Admit Date	Room #	Unit	INFECTION			CULTURE			ANTIBIOTIC		Infection Definition Met? (Y/N)	Resident for ≥48 hours? (Y/N)	CLASSIFICATION			Date Resolved	Isolated? (Type)
				Type	Body Site (catheter?)	Date of Onset	Date Taken	Organism(s)	Antibiotic Resistant (Y/N)	Type	Start Date			Not Infected	Community	HAI's		

