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:_____

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

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