

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		

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