

PATIENT/EMPLOYEE INFECTION REPORT

Patient Infection Employee Infection

Patient _____
 Employee Name _____
 Admission Date _____ Date of Infection DX _____
 Primary Diagnosis _____

SUSPECTED SITE OF INFECTION and S&S:

UTI with catheter or UTI with out catheter: Cloudiness odor increased sediment hematuria
 Respiratory: wheezing/coughing SOB Pale, sweaty skin fast heart rate Chest tightness
 Wound or Decubitus : redness swelling drainage odor
 IV site: redness pain Swelling drainage fever SOB
 Other _____
 S&S : _____

Recurrent chronic infection : IV Respiratory Wound UTI with catheter UTI with out catheter
 Other _____

CULTURE: Date Ordered: _____ Source: _____ Findings: _____
 NA

X-RAY: Ordered Type/Findings: _____

LAB:

ANTIBIOTIC:
 Date Started: _____ Route: _____ Dosage: _____ Frequency: _____

OTHER TREATMENT:

ADDITIONAL COMMENTS:

NURSE'S SIGNATURE: _____ **DATE:** _____

For Office Use:
Other caregivers involved: _____

Summary/Comments: _____

Signature: _____ **Date:** _____