

**INFECTION REPORT**

*(Instructions on back)*

TO: \_\_\_\_\_

Admitting Diagnosis \_\_\_\_\_

REFERRED TO: Dr. \_\_\_\_\_

Admission Date \_\_\_\_\_

Nursing Unit \_\_\_\_\_ Bed \_\_\_\_\_

Employee \_\_\_\_\_

**SURVEILLANCE INFORMATION**

A. PATIENT OBSERVATIONS

B. LABORATORY FINDINGS

C. OTHER COMMENTS

**TO BE COMPLETED BY ATTENDING PHYSICIAN**

1. DOES (DID) PATIENT HAVE AN INFECTION? YES  NO       2. DID INFECTION DEVELOP AFTER ADMISSION? YES  NO

A. TYPE OF INFECTION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> EYE           | <input type="checkbox"/> CUTANEOUS           | <input type="checkbox"/> OTHER ( <i>Specify</i> ) |
| <input type="checkbox"/> ENDOMETRITIS  | <input type="checkbox"/> BLOOD               |   |
| <input type="checkbox"/> RESPIRATORY   | <input type="checkbox"/> GASTROINTESTINAL    |   |
| <input type="checkbox"/> URINARY TRACT | <input type="checkbox"/> POSTOPERATIVE WOUND |   |

B. POSTOPERATIVE WOUND (*ONLY*)  
CLASS SURGERY

CLASS I       CLASS II       CLASS III       CLASS IV

*(SEE REVERSE SIDE)*

C. IF CATHETER-URINARY TRACT INFECTION:

2. DATES AND RESULTS OF PREVIOUS URINE CULTURES

1. DATES CATHETER INSERTED

D. PREDOMINANT ORGANISM(S)

E. REMARKS

PATIENT IDENTIFICATION

*Physician's signature*

*Date*

**PLEASE RETURN WITHIN 3 DAYS TO  
Infection Control Officer**

## Instructions - Infection Report

**Purpose:** To provide a systematic method to report infections for inpatients and employees.

**Procedures:**

1. Forms may be initiated by any member of the staff who is delegated to complete forms.
2. Form is to be completed on the following:
  - a. Inpatients/employees with clinical signs of infection
  - b. Inpatients/employees with microbiological findings
3. Complete patient information utilizing addressograph.
4. Complete admitting diagnosis, admission date, doctors' name and service, unit and room number. Unit may refer to where employee is assigned.
5. Complete surveillance data:
  - a. Patient observations may include significant clinical observations, surgery performed, delivery date, and other laboratory findings.
  - b. Laboratory findings to include date, site, and culture findings.
  - c. Other comments may include antibiotics ordered, referral for contacts, discharge date, type of isolation used, etc.
6. If reporting infection was not present on admission, send to attending physician for completion of lower half of form. He/She will complete all appropriate sections and sign.
7. All forms are to be forwarded to surveillance officer who will review, collect data, and refer nosocomial infections to the chairman of the infection control committee.

## OPERATIVE WOUND CLASSIFICATION

**Class I: Clean wounds** - Non-traumatic, uninfected operative wounds which do not enter the respiratory, alimentary, or genitourinary tracts nor the oropharyngeal cavities.

**Class II: Clean-contaminated wounds** - Operative wounds in which the respiratory, alimentary, or genitourinary tract is entered without unusual contamination.

**Class III: Contaminated wounds** - Open, fresh traumatic wounds, operations with a major break in sterile technique, and incisions encountering acute, nonpurulent inflammation.

**Class IV: Dirty and infected wounds** - Old traumatic wounds and those involving clinical infection or perforated viscera.