## Resident Infection Report Form

| Name: ____________________________ | Date of Infection: ________________ |
| Patient/Room #: __________________ | Age: _________  Sex: ____________ |

### Infection Site

Complete one form for each infection site.

(choose one box below to indicate site)

- [ ] UTI (with catheter)
- [ ] UTI (without catheter)
- [ ] Respiratory tract
- [ ] Recurrent lung aspiration
- [ ] Viral hepatitis
- [ ] Skin/soft tissue/wound
- [ ] Bloodstream (septicemia)
- [ ] Fever
- [ ] Gastrointestinal tract

Onset Date: ________________

**For Urinary Tract Infections ONLY**

(choose one)

- [ ] Asymptomatic bacteriuria: + urine culture, with no physical symptoms.
- [ ] Suspected UTI: + culture with fewer than 3 physical symptoms.
- [ ] Confirmed UTI: 3 or more symptoms, with or without + culture, with no urinary catheter OR catheter present, 2 or more symptoms, with or without + culture.

### Case Finding Method

(check all that apply)

- [ ] Physician assessment
- [ ] Antibiotic ordered
- [ ] Positive culture
- [ ] Chest x-ray
- [ ] Physician diagnosis

Date: ______________________

Source: ____________________

Attach copy of final results report.

### Culture

- [ ] Date: ______________________
- [ ] Source: ____________________

### Antibiotics Ordered

List drug/dose/duration:

Date antibiotic initiated: ________________

Date antibiotic completed: ________________

Comments/outcome:

Report completed by: ____________________ Date: ________________