Health and Social Services
Continuing Care

CRP SS	❐	109 Copper Road	❐
CRP A/B	❐	Home Care	❐
CRP C/D	❐	Macaulay Lodge	❐
CRP E/F	❐	TC #2	❐
CRP H/K	❐	TC #3	❐
McDonald Lodge	❐	TC #4	❐

Resident Label
or
Client name: ______________
YHIP: ______________
DOB: ______________

INFECTION CONTROL REPORT *(PLEASE PRINT LEGIBLY)*

Date symptoms noted: ______________

Relevant Medical Hx: ______________

Antibiotic Hx: ______________
(in the past 3 months — name, dosage, length of tx)

Systemic:
- ❐ Fever (>38) documented
- ❐ Fever self-reported
- ❐ New hypothermia
- ❐ Worsening in mental or functional status from baseline
- ❐ Fatigue, arthralgia, myalgia (r/t infectious event)
- ❐ Drop in systolic BP 30mmHG from baseline
- ❐ Dizziness
- ❐ Headache
- ❐ Abdominal pain

Respiratory Tract Infection (RTI):
- ❐ Dry cough (new onset)
- ❐ Productive cough (new onset)
- ❐ Shortness of breath (new onset)
- ❐ Hemoptysis
- ❐ Chest pain
- ❐ Abnormal CXR
- ❐ Change in sputum

Gastroenteritis:
- ❐ 2 or more episodes of diarrhea in 24 hr — above normal for Res
- ❐ 2 or more episodes of vomiting in 24 hr period
- ❐ 1 each of vomiting and diarrhea in 24 hr period
- ❐ Bloody diarrhea

Other:

Urinary Tract Infection (UTI):
- ❐ Indwelling Catheter
  Type: ______________
  Insertion Date: ______________
- ❐ No indwelling catheter
- ❐ Urgency
- ❐ Frequency
- ❐ Suprapubic/flank pain
- ❐ Gross heamaturia
- ❐ New/worse incontinence
- ❐ Costovertebral angle tenderness

Skin infection:
Location: ______________
- ❐ Wound/Cellulitis/Soft Tissue
- ❐ Surgical Wound
- ❐ Rash
  Description: ______________
- ❐ Tenderness
- ❐ Heat
- ❐ Itchy
- ❐ Pain
- ❐ Redness
- ❐ Drainage
  Description: ______________

Eye/Ear/Nose/Mouth:
- ❐ Unilateral/bilateral eye discharge
  Describe: ______________
- ❐ Unilateral/bilateral conjunctiva redness
- ❐ Eyelid redness/swelling
- ❐ Tender/swollen cervical lymph nodes
- ❐ Tonsillar swelling or exudate
- ❐ Sore throat
- ❐ Nasal obstruction/discharge
- ❐ Ear discharge
- ❐ Facial pain/pressure/fullness

INFECTION CONTROL REPORT

Laboratory Data:

Specimen Collected: ❐ Yes ❐ No

Date Specimen Collected: ____________________

Type:

- ❐ Nasopharyngeal swab
- ❐ C&S Swab
- ❐ Urine Culture
- ❐ Urinalysis or urine dipstick
- ❐ Feces
- ❐ Vomitus
- ❐ Sputum
- ❐ Blood Culture
- ❐ CBC

Specimen Results: ____________________

Organism(s): ____________________

____

Antibiotic Resistance: ____________________

Diagnosis: ____________________

Treatment: ❐ Yes ❐ No

Name of Antibiotic: ____________________

Dosage: ____________________

Route: ____________________

Length of Time: ____________________

Other Treatments:

Immunization Status, date given:

Pneumovax: ____________________

Pertussis: ____________________

Influenza: ____________________

Placed on Precautions: ❐ Yes ❐ No

Type of Precautions:

- ❐ Contact
- ❐ Droplet
- ❐ Airborne
- ❐ Room confinement
- ❐ Dedicated equipment
- ❐ Signage
- ❐ Enhanced cleaning

Date Started: ____________________

If an outbreak *(i.e., 2 or more Residents affected)* is suspected contact Quality Risk and Clinical Practice Manager asap.

Follow-up required:

Date form initiated: ____________________

Signature: ____________________

Fax to 867-393-6953, asap

Attn: Quality, Risk, & Clinical Practice Manager

Program Manager
Signature: ____________________

Date: ____________________

Date form completed: ____________________

Signature: ____________________

Mail original when all information is compiled to: H-109