

**DUNDY COUNTY HOSPITAL  
INFECTION REVIEW**

Pt Name: \_\_\_\_\_ Hospital #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
 Admission Date \_\_\_\_\_ Dismissal Date: \_\_\_\_\_ Provider: \_\_\_\_\_  
 Admission Diagnoses: \_\_\_\_\_  
 Final Diagnoses: \_\_\_\_\_

Reason for Review (Check at least one) – Check first line if condition was present at time of admission:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WBC over 11,000            | <input type="checkbox"/> Fever over 101 Degrees      | <input type="checkbox"/> Cough               |
| <input type="checkbox"/> Culture Ordered            | <input type="checkbox"/> Diarrhea (Over 4 stools)    | <input type="checkbox"/> Dysuria             |
| <input type="checkbox"/> Clinical Diagnosis of Inf. | <input type="checkbox"/> Antibiotics Given           | <input type="checkbox"/> Pyuria 10/WBC/HPF   |
| <input type="checkbox"/> Positive Chest X-ray       | <input type="checkbox"/> Drainage, Pus, Inflammation | <input type="checkbox"/> Left Shift in diff. |
| <input type="checkbox"/> Other                      |  |  |

Procedures performed during current hospitalization and dates (esp. Urinary tract catheterization and duration, IV catheters and duration, and surgical procedures):

Procedure	Insertion	Removal	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Culture site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organisms: \_\_\_\_\_  
 Gram Stain: \_\_\_\_\_  
 WBC: \_\_\_\_\_ Xray: \_\_\_\_\_

Antibiotic – Dose – Route	Date Started	Date Stopped
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Yes  No : Nosocomial Infection
- Yes  No : Community Acquired Infection.
- Yes  No : Infection Documented.
- Yes  No : Prophylactic Antibiotic Usage.
- Yes  No : Antibiotic Reaction.
- Yes  No : Multi-drug approach.
- Yes  No : Culture results show growth.
- Yes  No : Antibiotics changed after sensitivity results.
- Yes  No : Antibiotic appropriate according to positive culture and sensitivity.
- Yes  No : Provider notified of organism not sensitive according to culture & sensitivity.

Provider notified \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

SIGNATURE INFECTION CONTROL NURSE/TECH: \_\_\_\_\_

PHYSICIAN REVIEWER COMMENTS: \_\_\_\_\_

SIGNATURE OF REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Dundy County Hospital Infection Control Committee Monthly Report

Month: October

Date of Review: \_\_\_\_\_

Hospital Acquired: 0

Community Acquired: 0

No Infection Documented: 0

# Cases reviewed for infection where no culture was taken: 0

# Calls made for post-op follow-up: \_\_\_\_\_ # Infections identified: \_\_\_\_\_

	<b>This Month</b>	<b>Last Month</b>
Number of cultures Reviewed:	<u>0</u>	_____
Cultures by Service:		
Medicine	<u>0</u>	_____
Obstetrics/GYN	<u>0</u>	_____
Pediatrics	<u>0</u>	_____
Surgery	<u>0</u>	_____
Organisms:		
Candida albicans	<u>0</u>	_____
Citrobacter freundii	<u>0</u>	_____
Diphtheroids	<u>0</u>	_____
Enterobacter aerogenes	<u>0</u>	_____
Enterococcus faecalis	<u>0</u>	_____
Escherichia coli	<u>0</u>	_____
Haemophilus influenza	<u>0</u>	_____
Hemolytic Streptococci	<u>0</u>	_____
Klebsiella oxytoca	<u>0</u>	_____
Klebsiella pneumoniae	<u>0</u>	_____
Lactobacillus	<u>0</u>	_____
Micrococcus	<u>0</u>	_____
Mixed Flora	<u>0</u>	_____
MRSA	<u>0</u>	_____
No Growth	<u>0</u>	_____
Normal Flora	<u>0</u>	_____
Proteus mirabilis	<u>0</u>	_____
Proteus vulgaris	<u>0</u>	_____
Pseudomonas aeruginosa	<u>0</u>	_____
Staphylococcus aureus	<u>0</u>	_____
Staphylococcus epidermidis	<u>0</u>	_____
Streptococcus agalactiae	<u>0</u>	_____
Streptococcus pneumonia	<u>0</u>	_____
Yeast	<u>0</u>	_____
Other:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

