Metro North Hospital & Health Service

OTHER INFECTION SURVEILLANCE DATA FORM

Service / Site: ..........................................................

Date:__/__/______ Admission date:__/__/______ and Doctor: ____________________________________________________________

Definition

Does the patient exhibit any of the following:

- □ Fever >38°C/ Chills
- □ Sweating
- □ Discharge/ ooze/ pus
- □ Pain at site
- □ Redness
- □ Swelling

Site of infection and comments:

Pathology tests  □ Specimen not sent

Specimen date:______/______/_______ Pathology used: □ QML □ S&N □ Path QLD – AUSLAB
Result (Organism) if known:

Invasive device type: Insertion date:______/______/_______

Possible cause  Outline “Possible cause” in detail

- □ Patient Health/Nutritional status
- □ Practice issues
- □ Policy/Procedure breaches
- □ Equipment/Environment
- □ Other

Interventions

Antibiotic ordered: □ Yes □ No Type:

Other interventions:

Strategies to prevent re-infection:

Date identified:______/______/_______ 7 day post review date:______/______/_______

- □ Resolving □ Hospitalisation □ Caused death □ Persisting □ Contributed to death
- □ Death due to other cause

Comments:

Name: __________________________ Signature: __________________________

Designation: __________________________ Date: __________________________

Original to chart, send a copy to INFECTION CONTROL once outcome is completed – CISS-InfectionMgt@health.qld.gov.au