

Angles of Mercy Home Health LLC.

Patient/Employee Infection Control Report

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Foley: \_\_\_yes \_\_\_no      Wound: \_\_\_yes \_\_\_no

Is this Infection: \_\_\_New \_\_\_Chronic

Blood work drawn? \_\_\_yes \_\_\_no

Results: \_\_\_\_\_

Cultures Taken? \_\_\_yes \_\_\_no      If yes Date: \_\_\_\_\_ By whom?: \_\_\_\_\_

Results of sensitivity: \_\_\_\_\_

Source of Infection: \_\_\_\_\_

Antibiotics Given: \_\_\_\_\_

Prescribing M.D.: \_\_\_\_\_

Additional information and follow-up reports: \_\_\_\_\_

\_\_\_\_\_  
Submitted by: Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature:

\_\_\_\_\_  
Date