Infection Control Tracking Tools

Month/Year_____

Date	Resident Name	Room #	Infection Site or Signs/Symptoms	Admitted With..	Nosocomial	Type of Lab Results Obtained	Date Lab Results Obtained	Primary Microbe Identified	Treatment Therapy	Date Resolved

qio.qsource.org

This material was prepared by Qsource, a/an Network of Quality Improvement and Innovation Contractors under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 23.QIO.CLIN6.08.068

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource.