

S26r0 Infection Complication

Ad Hoc Event ID _____

Event Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Specify type of infection (answer only one):
 Bacterial
 Fungal
 Protozoal
 Viral
 Unknown

2. Specify type of infection (answer each item):

2A. Blood culture positive Yes
 No

2B. Bone infection Yes
 No

2C. Catheter (intravenous) Yes
 No

2D. Catheter (intravenous, tunnel infection) Yes
 No

2E. Central nervous system infection Yes
 No

2F. Ear infection Yes
 No

2G. Eye infection Yes
 No

2H. Infection, not otherwise specified (specify site) _____

2I. Oral infection Yes
 No

2J. Skin infection Yes
 No

2K. Pneumonia Yes
 No

2L. Upper respiratory infection Yes
 No

2M. Urinary tract infection Yes
 No

2N. Vaginal infection Yes
 No

2O. Gastrointestinal infection Yes
 No

3. Specify organism, if known: _____

4. Specify number of colony forming units _____

5. At time of infection, was patient on streptococcal prophylaxis (i.e., penicillin)?

- Yes
- No
- Unknown

6. Treatment administered for current infection

6A. Cephalosporin

- Yes
- No

6B. Macrolide

- Yes
- No

6C. Quinolone

- Yes
- No

6D. Aminoglycoside

- Yes
- No

6E. Penicillin or derivative

- Yes
- No

6F. Antifungals

- Yes
- No

6G. Other

- Yes
- No

6G-1. If YES, please indicate:

Staff I.D. #:
