

ICPG1: SECTION 3 - INFECTION PREVENTION & CONTROL IN CLINICAL PRACTICE
Appendix 1 (March 2021)

Infection risk (on admission/transfer) form

(On Admission - TO BE COMPLETED WITHIN TWO HOURS OF ADMISSION) (on Transfer – Original to accompany patient to receiving facility / Ward)

Time of Admission:

Consultant:				Transferring facility – hospital, ward, care home, other			
GP:				Tel no			
Current Location:				Is the IC Nurse /Ambulance aware of transfer?	Yes	No	
Does the patient have any wounds?	Yes		No	Is this patient an infection risk?	Yes	No	
				Confirmed organism?			
Describe site and condition:							
Is there an indwelling catheter?	Yes		No	Covid Risk Assessment completed? High risk / Low risk?	Yes	No	
If Yes – refer to District Nursing Service.				Covid swab	Yes	No	
Are there other indwelling devices?	Yes		No	Date of last swab and result?			
Describe:				No known risk, Patient exposed to others with infection e.g. D&V	Yes	No	
Are there any infestations i.e. head lice, scabies?	Yes		No	If patient has diarrhoeal illness, please indicate bowel history for last week (based on Bristol stool form scale)			
If Yes – describe last treatment type							
Known HIV positive							
Known Hep B positive							
Known Hep C positive				Is the diarrhoea thought to be of an infectious nature?	Yes	No	

Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, Clostridium difficile, multi-resistant Acinetobacter SPP) and treatment information, including antimicrobial therapy

Specimen:				
Date:				
Result:				

ICPG1: SECTION 3 - INFECTION PREVENTION & CONTROL IN CLINICAL PRACTICE
Appendix 1 (March 2021)

Treatment Information				
Other Information				
			Yes	No
Is the patient aware of their diagnosis/risk of infection				
Does the patient require isolation				
Does the patient require MRSA Screening on admission				
If no, please state the reason why:				
Swabs sent				

Infection Control Procedure Section 3: Appendix 1

To report any existing infection risks on admission, or for further advice, please contact the Infection Control Nurse

SAMPLE - DO NOT USE