

**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:

<b>Consultant:</b>				<b>Transferring facility – hospital, ward, care home, other</b>			
<b>GP:</b>				<b>Tel no</b>			
<b>Current Location:</b>				<b>Is the IC Nurse /Ambulance aware of transfer?</b>		<b>Yes</b>	<b>No</b>
<b>Does the patient have any wounds?</b>		<b>Yes</b>		<b>No</b>		<b>Is this patient an infection risk?</b> Please tick most appropriate box and give confirmed or suspected organism	
Describe site and condition:							
<b>Is there an indwelling catheter?</b>		<b>Yes</b>		<b>No</b>		<b>Confirmed risk - Organism</b>	
If Yes – refer to District Nursing Service.				<b>Confirmed risk - Organism</b>			
<b>Are there other indwelling devices?</b>		<b>Yes</b>		<b>No</b>		<b>Confirmed risk - Organism</b>	
Describe:				<b>No known risk, Patient exposed to others with infection e.g. D&amp;V</b>		<b>Yes</b>	<b>No</b>
<b>Are there any infestations i.e. headlice, scabies?</b>		<b>Yes</b>		<b>No</b>		<b>If patient has diarrhoeal illness, please indicate bowel history for last week (based on Bristol stool form scale)</b>	
If Yes – describe last treatment type							
<b>Known HIV positive</b>							
<b>Known Hep B positive</b>							
<b>Known Hep C positive</b>				<b>Is the diarrhoea thought to be of an infectious nature?</b>		<b>Yes</b>	<b>No</b>

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

<b>Specimen:</b>				
<b>Date:</b>				
<b>Result:</b>				

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 6: Appendix 3

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