

Appendix 1

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:	
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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? Please tick most appropriate box and give confirmed or suspected organism				
Describe site and condition:									
Is there an indwelling catheter?	Yes		No		Confirmed risk - Organism				
If Yes – refer to Continence Nurse					Confirmed risk - Organism				
Are there other indwelling devices?	Yes		No		Confirmed risk - Organism				
Describe:					No known risk, Patient exposed to others with infection e.g. D&V	Yes		No	
Are there any infestations i.e. headlice, 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	

INFECTION CONTROL PROCEDURE: SECTION 8 – INFESTATIONS

Form 1.6 (Part 2 of 2)

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:				
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				

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