

ICPG1 SECTION 4 – COMMUNICABLE DISEASES AND OUTBREAK CONTROL
Appendix 10 (October 2020)

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	<input checked="" type="checkbox"/>	No
Does the patient have any wounds?	Yes	<input type="checkbox"/>	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	<input type="checkbox"/>	No	Confirmed risk - Organism			
If Yes – refer to District Nursing Service.				Confirmed risk - Organism			
Are there other indwelling devices?	Yes	<input type="checkbox"/>	No	Confirmed risk - Organism			
Describe:				No known risk, Patient exposed to others with infection e.g. D&V	Yes	<input type="checkbox"/>	No
Are there any infestations i.e. headlice, scabies?	Yes	<input type="checkbox"/>	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	<input type="checkbox"/>	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:				

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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

SAMPLE - DO NOT USE