# Infection Prevention Line Listing

Unit/Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Resident Name | Room Number | Age | Infection Site | | | | | Symptom/ Date¹ | Positive culture/Date | Organism identified | Diagnostic Test positive/Date² | Antibiotic Therapy Initiated/Date | Symptoms resolved/Date | Outcome³ |
| UTI | Skin | GI | URI | LRI |
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| TOTALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Total number of Residents days for the month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¹Date the first symptom, meeting the definition of the infection, occurred

²Date the first diagnostic test, used to meet the definition of the infection was performed

³Resident outcome (i.e., back to baseline, death, transfer to hospital)