INFECTION LOG CUMULATIVE REPORT

Year _____ **Q = Quarterly**

		JAN	FEB	MAR	Q	APR	MAY	JUN	Q	JUL	AUG	SEP	Q	OCT	NOV	DEC	Q
1.	Source of Infections																
	UTI with Catheter																
	UTI without Catheter																
	URT																
	Flu																
	Pneumonia																
	Bronchitis																
	Wound																
	Unidentified																
	Vaginal																
	Fracture																
2.	Total Infections																
3.	Duration of Infection																
	1-6 days																
	7 days																
	8-14 days																
	>14 days <30 days																
	30+ days																
	2 mos to 1 year																
4.	Medication/Treatment																
	Prescribed																
5.	Length of Hospital Stay																
	None																
	23 hours																
	1-7 days																
	8-14 days																
	>15 days<30 days																
	30+ days																
6.	Special Conditions																
	Open wounds																
	Catheters																
	Restraints																
	Incontinent																
	Bedfast																