Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur
BAGONG PILIPINAS

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NOSOCOMIAL INFECTION REPORT FORM

Patient Name: _____ Hospital Record No.: _____
Age: _____ Sex: _____ Date and Time Admitted: _____ Ward: _____
Admitting Physician: _____
Initial Diagnosis: _____
_____

Site of Infection: ( ) Blood ( ) Respiratory ( ) CNS
( ) Post-Partum Infection ( ) GUT ( ) SSI
( ) Skin-Soft Tissue
( ) Catheter Related:
( ) Urinary Catheter ( ) IV Catheter ( ) CVP ( ) AV Shunt: Site_____
( ) Others: _____

Date of Initial Detection of Nosocomial Infection: _____
Initial Signs and Symptoms: _____
Risk Factors Identified: ( ) Malnutrition ( ) Immunocompromised ( ) DM
( ) CVA ( ) Others: _____

Previous antibiotics Used Prior to Onset of Nosocomial Infection:

Name of Antibiotic(s)	Dosage and Frequency	Duration of Treatment

Initial Laboratory Data:
CBC: Hgb: _____ WBC: _____ Segmenters: _____
Urinalysis: Pus Cells: _____ RBC: _____ Yeast: _____
Chest X-ray:_____
Others: _____
Gram Stain/Culture and Sensitivity Test Result:

Date	Specimen	Gram Stain	Isolate/Pathogen	Sensitivity Pattern	
				Sensitive to:	Resistant to:

Date and Time of Discharge: _____ Discharge Condition: ( ) Improved ( ) Died ( ) HAMA
If Patient Died: Nosocomial Infection is: ( ) Primary Cause ( ) Contributory ( ) Not Related ( ) Unknown

Date Reported: _____ Reported by: _____
(Signature over Printed Name)

Note: This form may vary as the unit undergoes transition to online platform