

INFECTION SURVEILLANCE – EAR, EYE, NOSE & MOUTH INFECTION

RESIDENT NAME _____ MEDICAL REC. # _____

UNIT _____ ROOM # _____

DATE INFECTION WAS NOTED _____ ADMISSION DATE _____

◆ EAR, EYE, NOSE & MOUTH INFECTION (CHECK BOXES ONLY AFTER CRITERIA HAVE BEEN MET)

INFECTION/SITE	CRITERIA	CONDITIONS & COMMENTS
<input type="checkbox"/> Conjunctivitis	MUST HAVE at least 1 of the following: <input type="checkbox"/> pus from one or both eyes, present for >24 hours <input type="checkbox"/> conjunctival redness, with or without itching or pain, present for at least >24 hours (“pink eye”) <input type="checkbox"/> pathogen isolated from culture of eye drainage	Symptoms must not be due to allergy or trauma to the conjunctiva (mucous membrane covering the eyeball).
<input type="checkbox"/> Ear Infection	MUST HAVE at least 1 of the following: <input type="checkbox"/> diagnosis by physician of ear infection <input type="checkbox"/> drainage from one or both ears (nonpurulent drainage must be accompanied by additional symptoms such as ear pain or redness)	Include infections of external ear (otitis external), middle ear (otitis media), or internal ear (otitis interna, labyrinthitis vestibular neuronitis).
<input type="checkbox"/> Mouth or Perioral Infection (including oral candidiasis)	MUST HAVE at least 1 of the following: <input type="checkbox"/> diagnosis by physician or dentist <input type="checkbox"/> organism isolated from oral material and on appropriate therapy	

Antibiotics Ordered: Yes No

List Antibiotics Ordered:

Signature of person preparing this form: _____