

Texas Tech University Health Sciences Center El Paso

Post-Op/Hospital Discharge/Post-Clinic Procedure
Healthcare Associated Infection Communication Form

(Patient Name)

On: _____
(Date)

Recently a patient at:	_____
_____ Hospital	_____
_____ TTP El Paso	_____
_____ Other Clinic	_____
	(Doctor's Office or Nursing Home)

Developed:

_____ Post-op/procedure wound infection: _____
_____ Endometritis (Type of surgery/procedure)
_____ Other: _____

Culture(s): _____

Treatment: _____

Was patient re-admitted? _____ Yes If yes, date: _____
_____ No

Patient Medical Record Number: _____ Physician's Name: _____

Does infection meet CDC Definitions for Healthcare Associated Infections? _____ Yes _____ No
If yes, list the criteria met: 1.

Comment:

(Signature of Person Reporting Infection) (Date)

Thank you for providing this information to Infection Control. All information will remain confidential and is only used to track sources of and calculate infection rates.

Should you have any questions, please call your Infection Control Nurse or designee.

The above Healthcare Associated Infection has been reported to:

(Signature of Person Reporting Infection) (Date)

*Note: More information regarding Healthcare-Associated Infections is available at www.cdc.gov/hai/