

**National Taiwan University Hospital
Infections Case record form**

Bed _____ Chart _____ Case No. _____ Dept _____

Name _____ Sex _____ Age _____ Diag _____

Admission Y M D Transfer In Y M D Transfer Out Y M D Discharge Y M D Status _____

Infection site				Antibiotics				OPERATION			
Card Number	Y	M	D	Site1	Site2	TOIP	NNIS	day	Y	M	D
_____	_____	_____	_____	_____	_____	_____	_____	time	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	re-op	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	operator	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	mode	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	class	_____	ASA	_____
_____	_____	_____	_____	_____	_____	_____	_____	RISK	_____	_____	_____

SIGNS & SYMPTOM

I. General

- Asymptom
- Inflammation
- fever
- WBC < 4,000/mm³
- WBC > 12000/mm³
- pus
- Dr. diag

II. Urinary

- burning
- supra pub pain
- hematuria
- dysuria
- urgency
- freq
- WBC > 10HPF

III. Resp

- New onset of purulent sputum (≥ 25 PMN, ≤ 10 Epi)
- Change in character of sputum, or ↑ respiratory secretions, or ↑ suctioning requirements
- new onset or worsening cough or dyspnea, apnea, or tachypnea
- rales or crackles/rhonchi
- Worsening gas exchange (e.g., O₂ desats [e.g., PaO₂/FiO₂ < 240], ↑ O₂ req, or ↑ ventilation demand)
- CxR infiltration/Consolidation
- Chest Pain

Predisposing factors

- | | |
|---|------------------------------------|
| <input type="checkbox"/> DM | <input type="checkbox"/> Perm cath |
| <input type="checkbox"/> Bile | <input type="checkbox"/> Organ Tx |
| <input type="checkbox"/> Ca | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> WBC < 1000 | <input type="checkbox"/> SWI |
| <input type="checkbox"/> P/D <input type="checkbox"/> H/D | <input type="checkbox"/> UTI |
| <input type="checkbox"/> IV | <input type="checkbox"/> RTI |
| <input type="checkbox"/> D/L | <input type="checkbox"/> GII |
| <input type="checkbox"/> Port-A | <input type="checkbox"/> Skin |
| <input type="checkbox"/> PICC | <input type="checkbox"/> Ascites |
| | <input type="checkbox"/> discharge |
| | <input type="checkbox"/> urine |
| | <input type="checkbox"/> sputum |

TREATMENT

I. Urinary

- 101 foley _____
- 102 Catheter prn _____
- 103 ICP _____
- 104 cont bdr irrig _____
- 105 cystofix _____
- 107 ileal conduit _____
- 108 cystoscope _____
- 109 PCN _____
- 110 D-J _____
- 111 CICP _____
- 112 CMG _____
- 113 TWT _____

II. Surgery

- 201 implant _____
- 202 drain _____

III. Respiratory

- 301 chest tube _____
- 302 endo tube _____
- 303 respirator _____

IV. Blood

- 401 Catheter _____
- 402 CVP _____
- 403 Hickman _____
- 404 TPN _____
- 405 Arterial L _____
- 408 Blood trans _____
- 409 swan ganze _____
- 410 Port-A _____
- 411 Double lumen _____
- 412 Um. catheter _____
- 413 CT contrast _____
- 414 Angio _____
- 415 Endoscopy _____
- 416 Endoscopy biopsy _____
- 417 PTC _____

418 PTCD

- 419 ERCP _____
- 420 ENBD _____
- 421 IABP _____
- 422 Cardiac cath _____
- 423 BMT _____
- 424 Port-A Right Angle Needle _____
- 425 Temporary pacemaker _____
- 426 Permanent pacemaker _____
- 427 ECMO _____
- 428 Perm cath _____
- Others _____

V. Therapy

- 501 anti-ca C/T _____
- 502 H/D _____
- 503 P/D _____
- 504 R/T _____
- 508 CVVH _____

VI. Other

- 601 CAPD _____

SIGN _____
DATE _____

