

Texas Tech University Health Sciences Center

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

(Patient Name)
On: (Date)

Recently a patient at:
Hospital
TTUHSC Clinic
Other
(Doctor's Office or Nursing Home)

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

Culture(s):

Treatment:

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

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:

Large empty box for comments.

(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/