LINE LISTING OF RESIDENT MDROs – Type:_____

Month_____ Year_____

	Symptoms/ Date	Cultures: Date/Site/ Results	Treatment	Other actions (if needed)	Does not meet infection criteria	HAI	CAI
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑
Room / **Unit** **Name** **Admission date** **Type of Infection** **If UTI, catheter present? ❑Yes ❑No**					❑	❑	❑

HAI = healthcare associated infection CAI = community acquired infection