Daily Infection Signs and Symptoms Tracking Form

Unit:	**Month:**

Staff Initials and Shift that Assessment was Completed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Signs and Symptoms Tracking																															
				Respiratory								Urinary								Skin				GI							
Date	Resident Name	Room No.	Temp.	Runny nose/sneezing	Stuffy nose or congestion	Sore throat	New or worsening cough	Increased Sputum production	Myalgia, body aches	Chills	Chest pain	Increase in frequency	Acute dysuria/acute pain	Hematuria	Increase urinary incontinence	Acute costovert pain/tenderness	Suprapubic pain	Increased urgency	Indwelling catheter	Wound/tissue drainage	Pus at wound site	Rash/lesion	Redness or swelling at site	Nausea	≥3 liquid/watery stools in 24hrs	≥2 vomiting episodes in 24hrs	Abdominal pain	Specimen submitted to lab	Infection resolved	Other

Daily Infection Signs and Symptoms Tracking Form Continued

Signs and Symptoms Tracking																															
				Respiratory								Urinary								Skin				GI							
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