

**Resident Infection Risk Assessment**  
 Revised 5/2/2017

Resident Sticker  
 Last Name   
 First Name   
 DOB

**Please complete the following assessment on admission, with MDS schedule, and with any significant change in resident condition**

Enter Score 0=NO 1=YES

If any of the following are present (Automatic high risk 11)

*Current Active Infection, Currently on Ventilator, Active Dialysis Patient, Current Immune System Compromise due to one of the following: HIV infection, splenectomy, chemotherapy (PO or IV), chronic steroid use (does not include topical)*

Enter Score 0=NO 1=YES

<i>History of Infection/antibiotic use during the last 6 months</i>	<input type="text"/>
<i>History of hospitalization during the last 6 months</i>	<input type="text"/>
<i>History of colonization/past infection with MDRO (MRSA, ESBL, CRE, VRE, C-diff)</i>	<input type="text"/>
<i>History of communicable disease (TB, Herpes, Shingles)</i>	<input type="text"/>
<i>Dependent for personal care</i>	<input type="text"/>
<i>Significant, Unplanned wt. Loss (5%) in 3 months</i>	<input type="text"/>
<i>PEG tube/J tube</i>	<input type="text"/>
<i>Surgical implant in past 3 months (i.e. ORIF, total...)</i>	<input type="text"/>
<i>Swallowing issues/Aspiration Risk</i>	<input type="text"/>
<i>Diagnosis of Diabetes</i>	<input type="text"/>
<i>Diagnosis of Urinary Retention</i>	<input type="text"/>
<i>Diagnosis of Neuropathy</i>	<input type="text"/>
<i>Diagnosis of peripheral vascular disease/CHF</i>	<input type="text"/>
<i>Diagnosis of COPD/Emphysema</i>	<input type="text"/>
<i>Open Wounds</i>	<input type="text"/>
<i>Oxygen/Nebulizer Use</i>	<input type="text"/>
<i>Vascular Access (PICC, Port, Peripheral IV)</i>	<input type="text"/>
<i>Urinary Catheter</i>	<input type="text"/>
<i>Tracheostomy</i>	<input type="text"/>
<i>Refuses Influenza or Pneumococcal vaccine</i>	<input type="text"/>

**TOTAL SCORE (MAXIMUM 31)**

Low Risk (L) = 0-4 **Risk Level**

Moderate Risk (M) = 5-9    Signature

High Risk (H) = ≥10    Date/time of assessment

**INFECTION PREVENTION RECOMMENDATIONS**