แบบเฝ้าระวังการติดเชื้อในโรงพยาบาล

ชื่อ...........................สกุล......................อายุ............ปี HN…………………

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| หัตถการ | | [ ] ใส่สายสวน ................... [ ] มีแผล..... | | | |
|  | | [ ] ผ่าตัด..................... | | | |
| วัน/เดือน/ปี(admit) | | ............../........................./.................... | | | |
| Hospital day | 2º BSI | RIT | Infection window period | Infection window period |  | |
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คำอธิบาย

DOE ; วันแรกที่มีอาการและอาการแสดงของการติดเชื้อ RIT; ช่วงเวลาของการนับการติดเชื้อครั้งใหม่