



135007

### EMERGENCY CENTER POSITIVE CULTURE REPORTS

Patient Identification

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Date of Culture: \_\_\_\_\_ Culture Source: \_\_\_\_\_  
 Run Date: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
 Organisms Identified: \_\_\_\_\_  
 Antibiotic treatment patient currently on prior to arrival: \_\_\_\_\_  
 Initial Drug Treatment (*prescribed in EC*): \_\_\_\_\_  
 Antibiotics (*prescribed in EC*): \_\_\_\_\_

**NOTE: All patients with positive STD reports are to be notified**

RN Reviewing (*initiated*): \_\_\_\_\_ (*completed*): \_\_\_\_\_

Initial Treatment Adequate:  Yes  No Additional Treatment Ordered:  Yes  No  
 Call patient and determine if responding to treatment. If they are, inform of possible relapse risk but no change in treatment will be required. If not responding to treatment, where would they like a prescription call to? Instruct to return if symptoms get worse.

Orders: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Physician Signature Date Time*

Private MD Notified:  Yes  No Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 (MD)  
 Person receiving report: \_\_\_\_\_ Date: \_\_\_\_\_  
 Private MD to follow-up:  Yes  No Fax only: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Comments (*time patient contacted, where Rx called, etc.*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
*Signature/Title Time*

Unable to contact within 24 hours. Registered letter sent on: \_\_\_\_\_  
*(date)*

By: \_\_\_\_\_  
*Signature/Title Time*