

Your **VANCOMYCIN RESISTANT**  
 Hospital's **ENTEROCOCCUS (VRE)**  
 Logo **TRACKING FORM**  
 Here

PATIENT IDENTIFICATION

**This Patient was identified as being colonized or infected with VRE**

DATE:	SITE:	SIGNATURE / TITLE:
DATE:	SITE:	SIGNATURE / TITLE:
DATE:	SITE:	SIGNATURE / TITLE:

Please alert the long term care facility who send patients who have VRE on admission to Xxxxxxx Hospital. (Any culture that is positive before 72 hours of admission or by history). The following long term care institution \_\_\_\_\_ [name of institution] was called on \_\_\_\_\_ [date] by \_\_\_\_\_ [name of personnel] to make sure it is known that the patient was admitted from the facility with VRE and will be returning to them. *(This allows the facility to address their own issues in a timely manner.)*

**History of Present VRE**

DATE:	SITE:
DATE:	SITE:
DATE:	SITE:
DATE:	SITE:

ID consult recommended on or before Day 10 of hospitalization involving any long term care VRE patient. \* If Vancomycin is ordered, please refer to the VANCOMYCIN RESTRICTION POLICY.

**Rectal Swab Culture Results**

DATE:	RESULTS:
DATE:	RESULTS:
DATE:	RESULTS:
DATE:	RESULTS:

Three (3) successive Negative Rectal Screens for VRE were documented on \_\_\_\_\_. Therefore:

**Contact Isolation for VRE was discontinued on \_\_\_\_\_.**

**Patient will remain in a Private Room.**

**WHITE** = Permanent Part of Chart

**YELLOW** = Forward to Case Management