ACORN

Hospital Acquired Infection Point Prevalence Survey
Ward Case Record Form (F06)

Hospital Details	
Hospital code (country code – hospital ID)	|___|___|–|___|___|___|
Survey date	
Date of survey (dd-mmm-yyyy)	|___|___|–|___|___|___|–|___|___|___|___|
Ward details	
Ward type	☐ Adult medical ☐ Paediatric medical ☐ Neonatal medical ☐ Adult surgical ☐ Paediatric surgical ☐ Neonatal surgical ☐ Adult ICU ☐ Paediatric ICU ☐ Neonatal ICU ☐ Obstetrics / Gynaecology ☐ Haematology / Oncology ☐ Emergency department
Ward name	|___|___|___|___|___|___|___|___|___|___|___|___|
Mixed ward	☐ Yes* ☐ No ☐ Unknown *patients from multiple services / specialties housed on the ward
Total number of beds	|___|___|___|
Total number of patients	|___|___|___| (resident in a bed at 8am on the day of the survey)
Number of medical patients	|___|___|___|
Number of surgical patients	|___|___|___|
Number of ICU patients	|___|___|___|

Completed by: _____

Completion date: _____