
**Personal Protective Equipment
for Safe Patient Contact and Infection Prevention**

Please check what is needed:



Standard



Gown



Gloves



Surgical
(Droplet mask)



Fit-Tested
N95

POINT OF CONTACT:

Name

Phone Number

Role (Check one)

Social Work Case Manager Nurse Doctor Other:

Place patient label here:

Patient Name: _____

DOB: _____

Date of Admission: _____

Date of Discharge: _____

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Please check:

- Clostridium difficile* infection (CDI)
- Carbapenem - Resistant Enterobacteriaceae (CRE)
- Other MDRO (VRSA, MRSA, ESBL, VRE): _____
- Other communicable disease: _____
- No communicable disease or resistant organisms