***Clostridium difficile* Infection Investigation Tool**

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| **CDI Investigation Infection Prevention Section** |
| CDI event date: / /  | Date of diarrhea onset: / /  |
| Admission Date: / /  | Discharge Date: / /  |
| Patient Name:  | Medical Record Number:  |
| Unit at time of event: | Room Number:  |
| Sex: Female Male Unknown/Other | Age: years old |
| Did the Patient Expire: Yes No Unknown | If patient expired, was it possibly due to CDI: Yes No UnknownComments: |
| Did the patient arrive through the ED/ES: Yes No Unknown | Specimen collection date: / /  |
| Specimen order date: / /  | Isolation Initiation date: / /  |
| Initial Positive Specimen Collected:* Current Admission
* Previous Admission
* Community
 | Did the patient have any healthcare encounters (inpatient or outpatient) within the previous 6 months? Yes No Unknown |
| Presence of unique condition placing patient at risk for CDI: > than 65 years old Nsg Home Resident Enteral FeedingIleus Proton Pump Inhibitors H2 AntagonistsPMH of CDI GI Surgery: (type) GI Procedure: (type) Maintenance Abx Admission to ICU prior to onsetMultiple Co-Morbidities (two or more chronic conditions that collectively have adverse effect on health status) Prolong Hospital Stay (defined by hospital) Other:  |
| Type of incident per NHSN: * Initial with no previous PMH
* Initial as > 56 days since last CDI event
* Recurrent as > 14 days but < 56 days
 | Category of Event: * Community-Onset (outpatient location or < 3 days of admission)
* Community-Onset Healthcare Associated (d/c within 4 weeks prior)
* Healthcare Facility Onset (tested > 3 days after admission)
 |
| Was the room previously occupied by another CDI patient in the last 3 months:Yes No Unknown | Was the room previously occupied by another CDI patient in the last 6 months:Yes No Unknown |
| **CDI Investigation Infection Prevention Section Continued** |
| **Tracking of Patient Movement** |
| **Admission Date and Time** | **Discharge or Transfer Date and Time** | **Unit** | **Room** |
| / /Time: | / /Time: |  |  |
| / /Time: | / /Time: |  |  |
| / /Time: | / /Time: |  |  |
| / /Time: | / /Time: |  |  |
| / /Time: | / /Time: |  |  |
| Comments, Concerns, or Suggestions: |
| What was the unit’s hand hygiene compliance % in the previous month/quarter:  |
| **Include a copy of the Infection Prevention Information with each unit/department form.**  |

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| **CDI Investigation Pharmacy Section****This investigation is meant to identify processes problems, not blame individuals.** |
| **PMH of Antibiotics within 6 months**  | **Inpatient DOT** | **Outpatient DOT** |
| Ciprofloxacin |  |  |
| Levofloxacin |  |  |
| Cefepime |  |  |
| Ceftazidime or Rocephin |  |  |
| Clindamycin |  |  |
| Ampicillin |  |  |
| Oral Vancomycin |  |  |
| Other felt to be important: |  |  |
| Other felt to be important: |  |  |
| **Treatment of CDI** |
| **Action or Antibiotics** | **Days of Therapy** |
| Stopped offending antibiotic: (name) |  |
| Metronidazole |  |
| Vancomycin |  |
| Fidaxomicin |  |
| Other: (name) |  |
| **Probiotics** | **Dosing** | **Start Date** | **End Date** |
|  |  | / / | / / |
|  |  | / / | / / |
| Do you have concerns about the previous antibiotic orders or prescriptions?Yes No Unknown |
| Do you have concerns about the previous PPI orders or prescriptions?Yes No Unknown |
| Other noteworthy information or process concerns:       |
| **Recommendations by Pharmacy Staff:** |
| Potential reason for infection or spread:       |
| Staff recommendations to prevent a similar event:       |

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| **CDI Investigation Lab Section****This investigation is meant to identify processes problems, not blame individuals.** |
| Previous C-diff testing within 12 months  | Test Location | Type of Test Ran | Negative Result | Positive Result | B1/NAP1/027 Positive |
| / / |  |  |  |  |  |
| / / |  |  |  |  |  |
| / / |  |  |  |  |  |
| / / |  |  |  |  |  |
| / / |  |  |  |  |  |
| CDI testing within previous 7 days:Yes No |
| Recent Sample Conformed to Shape of ContainerYes No No but provider wanted it ran regardless Unknown |
| Do you preform lab audits to verify testing only is ran only if conforms to shape of container? Yes No Unknown |
| Other noteworthy information or process concerns: |
| **Recommendations by Lab Staff:** |
| Potential reason for infection or spread:       |
| Staff recommendations to prevent a similar event:       |

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| **CDI Investigation Nursing Section****This investigation is meant to identify processes problems, not blame individuals.** |
| Patient’s Typical/Baseline Stool:Frequency:Characteristics: | First Documented Loose Stool: Time: Date: |
| Did the patient have > 3 loose stools within 24 period of time prior to specimen being sent: Yes No  | Date of Isolation initiation: |
| Date of Isolation order: |
| Where the loose stools difference from the patient’s baseline stooling frequency and characteristics Yes No  |
| **Signs and Symptoms** |
| **The 48 Hours Prior to Loose Stools** | **At the Time of Loose Stooling** |
| Was the patient given stool softener:  Yes No  | Did the patient have a fever (>100.4 degrees F): Yes No  |
| Was the patient given laxatives: Yes No  | Was the WBC elevated (>10 per microliter): Yes No  |
| Was the patient given an enema: Yes No  | Was the patient experiencing abdominal pain: Yes No  |
| Was the patient given a bowel prep: Yes No  | Did the patient have a diagnosis of inflammatory bowel disease: Yes No  |
| Was the patient given lactulose: Yes No  | Was the collected sample conform to the shape of the container: Yes No  |
| Was the patient receiving tube feedings: Yes No  | Was this case deemed pseudomembranous colitis by the provider: Yes No  |
| Was the patient given IV contrast: Yes No  | Did diarrhea resolve between time test ordered and sample collected:  Yes No  |
| CDI testing within previous 7 days:Yes No | Notes on why tested:  |
| **Hand Hygiene** |
| Was there documentation that the patient was taught when and how to clean their hands: Yes No NA  | Was there documentation that visitors were taught when and how to clean their hands: Yes No  |

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| **Nursing Staff Interview Questions Continued** |
| Are you aware of any gaps or barriers that prevent hand hygiene compliance per policy? |
| If the patient is dependent on assistance to clean their hands, how are you providing this need? |
| Do staff clean hands prior to entry? Yes No→ |
| Was soap always was available:Yes No Unknown  | Was paper towels always available:Yes No Unknown |
| Do all staff wash with soap and water before leaving room? Yes No→ |
| **Equipment** |
| How do you ensure that shared equipment is cleaned and disinfected prior to leaving the patient’s room? |
| How do you have access to disinfectant to clean and disinfect the equipment in the room? Yes No Unknown |
| Which disinfectant do you use? |
| What is the contact or wet time of the disinfectant? |
| Was the patient’s stool contained within the toilet, commode, bedpan, chux, rectal tube etc.? Yes No  |
| Was a bathroom shared at any time during their stay? Yes No  |
| Did the patient have a roommate with diarrhea? Yes No NA Unknown |
| Was the surface which supplies were held during after bed bath or pericares (e.g., over bed table) cleaned and disinfected? Yes No  |
| Was the bedpan stored in a specific location? Yes NoLocation: |
| Is the bedside commode cleaned daily when in use? NA Yes No Unknown |
| What is cleaned/disinfected by nursing staff (beyond when visibly soiled)?  |
| Which of the following equipment is shared between patients:Thermometer Stethoscope Pulse Ox BP cuffIV Pole Glucometer BP MachineOther: |
| Which of the following equipment are assigned to the CDI patient’s room:Thermometer Stethoscope Pulse Ox BP cuffIV Pole Glucometer BP MachineOther: |
| **Nursing Staff Interview Questions Continued** |
| **Isolation Precautions** |
| Was correct isolation signage posted? Yes No Unknown  |
| Was isolation documented in EMR? Yes No Unknown  |
| Are gloves always available? Yes No Unknown  |
| Are gowns always available? Yes No Unknown  |
| Does staff apply gloves at time of entry? Yes No Unknown  |
| Does staff apply gowns at time of entry? Yes No Unknown  |
| Do all staff remove PPE prior to exit? Yes No Unknown  |
| **Patient Taken Outside of Their Room** |
| How do you communicate the isolation to the receiving unit or department?       |
| How is the patient prepared for the transportation?       |
| How is the patient transported?       |
| Other noteworthy information or process concerns:       |
| **Recommendations by Nursing Staff:** |
| Potential reason for infection or spread:       |
| Staff recommendations to prevent a similar event:       |

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| **CDI Investigation Environment Services or Housekeeping****This investigation is meant to identify processes problems, not blame individuals.** |
| Was staff trained to clean CDI rooms: Yes No Unknown  | Is a staff competency in place: Yes No Unknown |
| **Item** | **Daily Clean** | **Solution** | **Solution Pre-made** | **Solution Diluted** | **Diluted by Who** |
| Over bed table |  |  |  |  |  |
| Door knobs |  |  |  |  |  |
| Chair arms |  |  |  |  |  |
| Toilet handle |  |  |  |  |  |
| IV Pole and Pump |  |  |  |  |  |
| Computer |  |  |  |  |  |
| Bedside Commode |  |  |  |  |  |
| Bedpan Holder |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Which disinfectant effective against CDI do you use? | What is the contact or wet time of the CDI disinfectant? |
| What is the process at time of discharge to turn over the room (e.g., privacy curtains, UV light) | Are hand hygiene supplies (e.g. soap, towels) checked daily and replenished if needed?Yes No Unknown |
| Do all staff clean hands before applying PPE:Yes No Unknown | Do all staff apply gloves prior to entry:Yes No Unknown |
| Do all staff apply gowns prior to entry:Yes No Unknown | Do staff wear PPE in the hall:Yes No Unknown |
| Was the room free from visible feces prior to your cleaning:Yes No Unknown | Was the room cluttered? Yes → No |
| Do all staff wash hands with soap and water before leaving room? Yes No→ |
| **CDI Investigation Environment Services or Housekeeping Continued** |
| Was the room validated as cleaned during the patient’s stay:* None
* Visible Inspection
* ATP bioluminescence
* Florescent marker
* UV light
* Other
 | Does this type of Isolation Require Additional Steps (circle all that apply):* None – same product regardless of the type of isolation
* Cleaning with CDI product followed by standard disinfectant
* Standard cleaning followed by CDI product
* CDI product for all cleaning and disinfection in the room
* Remove waterless hand sanitizer
* Exchange privacy curtain
* Other
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| Other noteworthy information or process concerns: |
| **Recommendations by Environmental Service or Housekeeping Staff:** |
| Potential reason for infection or spread:       |
| Staff recommendations to prevent a similar event:       |