***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 Unknown  Comments: | |
| 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 Feeding  Ileus Proton Pump Inhibitors H2 Antagonists  PMH of CDI GI Surgery: (type) GI Procedure: (type)  Maintenance Abx Admission to ICU prior to onset  Multiple 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 Container  Yes 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 No  Location: | |
| 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 cuff  IV Pole Glucometer BP Machine  Other: | |
| Which of the following equipment are assigned to the CDI patient’s room:  Thermometer Stethoscope Pulse Ox BP cuff  IV Pole Glucometer BP Machine  Other: | |
| **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 | | |
| 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: | | | | | | |