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| 17a. Colectomy (related to CDI): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown If YES, Date of Procedure Mo. Day Year <input type="text"/> <input type="text"/> <input type="text"/> | 17b. ICU Admission (after stool collection date): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown If YES, Date of ICU Admission Mo. Day Year <input type="checkbox"/> Unknown <input type="text"/> <input type="text"/> <input type="text"/> | 17c. Any additional positive stool test for C. diff ≥ 2 and ≤ 8 weeks after the last C. diff + stool specimen? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, Date of first recurrent specimen Mo. Day Year <input type="text"/> <input type="text"/> <input type="text"/> |
| 18. RADIOGRAPHIC FINDINGS (within 5 days before or after initial C. diff + stool) 1 <input type="checkbox"/> Toxic megacolon 3 <input type="checkbox"/> Neither 7 <input type="checkbox"/> Information not available 2 <input type="checkbox"/> Ileus 4 <input type="checkbox"/> Both | | 19. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report (within 5 days before or after initial C. diff + stool) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Information not available |
| 20. CLINICAL FINDINGS: (within 1 day before or after initial C. diff + stool) a. Diarrhea: 1 <input type="checkbox"/> Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day) 2 <input type="checkbox"/> Diarrhea documented, but unable to determine if it is by definition 3 <input type="checkbox"/> No Diarrhea documented 7 <input type="checkbox"/> Information not available b. White blood cell count ≤ 1,000/μl: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Information not available c. White blood cell count ≥ 15,000/μl: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Information not available | | |
| 21. UNDERLYING CONDITIONS: (Check all that apply) If none or no chart available, check appropriate box 1 <input type="checkbox"/> None 1 <input type="checkbox"/> Unknown 1 <input type="checkbox"/> AIDS or CD4 count < 200 1 <input type="checkbox"/> Connective Tissue Disease 1 <input type="checkbox"/> Hemiplegia/Paraplegia 1 <input type="checkbox"/> Peptic Ulcer Disease 1 <input type="checkbox"/> Chronic Liver Disease 1 <input type="checkbox"/> CVA/Stroke 1 <input type="checkbox"/> HIV 1 <input type="checkbox"/> Solid Tumor (non metastatic) 1 <input type="checkbox"/> Chronic Pulmonary Disease 1 <input type="checkbox"/> Dementia 1 <input type="checkbox"/> Inflammatory Bowel Disease 1 <input type="checkbox"/> Hematologic Malignancy 1 <input type="checkbox"/> Chronic Renal Insufficiency 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Myocardial Infarct 1 <input type="checkbox"/> Metastatic Solid Tumor 1 <input type="checkbox"/> Congestive Heart Failure 1 <input type="checkbox"/> Diverticular Disease 1 <input type="checkbox"/> Peripheral Vascular Disease | | |
| 22. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not Admitted 7 <input type="checkbox"/> Unknown If YES, what was the POA code assigned to it? 1 <input type="checkbox"/> Y, Yes 3 <input type="checkbox"/> U, Unknown 5 <input type="checkbox"/> Missing 2 <input type="checkbox"/> N, No 4 <input type="checkbox"/> W, Clinically Undetermined 6 <input type="checkbox"/> Not Applicable | 23. At time of initial C. diff + stool, patient was: 1 <input type="checkbox"/> Pregnant 2 <input type="checkbox"/> Post-partum 3 <input type="checkbox"/> Neither 7 <input type="checkbox"/> Unknown Delivery Date: Mo. Day Year <input type="text"/> <input type="text"/> <input type="text"/> | |
| 24. MEDICATIONS TAKEN 14 DAYS PRIOR TO INITIAL STOOL COLLECTION DATE (including current hospital stay if collection date > admission date): (If none or no chart available, check appropriate box) a. Proton pump inhibitor (e.g. Omeprazol, lansoprazol, Pantoprazole, Rabeprazole) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown b. H₂ Blockers (e.g. Famotidine, Ranitidine, Cimetidine) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown c. Immunosuppressive therapy (Check all that apply) 1 <input type="checkbox"/> None 1 <input type="checkbox"/> Unknown 1 <input type="checkbox"/> Steroids 1 <input type="checkbox"/> Chemotherapy 1 <input type="checkbox"/> Other agents (specify): _____ d. Antimicrobial therapy (Check all that apply) 1 <input type="checkbox"/> None 1 <input type="checkbox"/> Unknown 1 <input type="checkbox"/> Yes, name unknown 1 <input type="checkbox"/> Amikacin 1 <input type="checkbox"/> Cefazolin 1 <input type="checkbox"/> Cefuroxime 1 <input type="checkbox"/> Clarithromycin 1 <input type="checkbox"/> Levofloxacin 1 <input type="checkbox"/> Ofloxacin 1 <input type="checkbox"/> Tigecycline 1 <input type="checkbox"/> Azithromycin 1 <input type="checkbox"/> Ceftazidime 1 <input type="checkbox"/> Cefprozil 1 <input type="checkbox"/> Clindamycin 1 <input type="checkbox"/> Linezolid 1 <input type="checkbox"/> Piperacillin-Tazobactam 1 <input type="checkbox"/> Tobramycin 1 <input type="checkbox"/> Amp/sulb 1 <input type="checkbox"/> Ceftriaxone 1 <input type="checkbox"/> Cephalexin 1 <input type="checkbox"/> Daptomycin 1 <input type="checkbox"/> Meropenem 1 <input type="checkbox"/> Tetracycline 1 <input type="checkbox"/> Trimethoprim-Sulfamethoxazole 1 <input type="checkbox"/> Amoxicillin/Clavulanic Acid 1 <input type="checkbox"/> Cefotaxime 1 <input type="checkbox"/> Ceftizoxime 1 <input type="checkbox"/> Gentamicin 1 <input type="checkbox"/> Metronidazole 1 <input type="checkbox"/> Ticarcillin/Cavulanic Acid 1 <input type="checkbox"/> Vancomycin 1 <input type="checkbox"/> Cefactor 1 <input type="checkbox"/> Cefepime 1 <input type="checkbox"/> Ciprofloxacin 1 <input type="checkbox"/> Imipenem 1 <input type="checkbox"/> Moxifloxacin 1 <input type="checkbox"/> Other (specify): _____ | | |

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| 25. CRF status: 1 <input type="checkbox"/> Complete 3 <input type="checkbox"/> Edited & Correct 2 <input type="checkbox"/> Incomplete 4 <input type="checkbox"/> Chart unavailable after 3 requests | 26. Previous unique CDI episode: (>8 weeks prior to this episode) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If yes, Previous STATEID: <input type="text"/> | 27. Initials of S.O: _____ | 29. Identified through audit 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 28. COMMENTS: _____ _____ _____ | | | |