Patient ID: ___________________

Specimen ID: ___________________

– CLOSTRIDIUM DIFFICILE INFECTION (CDI) EMERGING INFECTIONS PROGRAM CASE REPORT FORM –

Patient's Name: ______________________ (Last, First, M.I.) Phone No.: ( ) ______-______

Address: ______________________ (Number, Street, Apt. No.) Chart Number: ______________

______________ (City) ______ (State) ______ (Zip Code) Hospital: ______________

U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
ATLANTA, GA 30333

– Patient identifier information is NOT transmitted to CDC –

CLOSTRIDIUM DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

1. STATE: (Residence of Patient) ☐☐

2. COUNTY: (Residence of Patient) ______________

3. STATE I.D.: ☐☐☐☐☐☐☐☐☐

4a. LAB/HOSPITAL WHERE TOXIN ASSAY PERFORMED: ______________

4b. PROVIDER ID WHERE PATIENT TREATED: ______________

5. DATE OF BIRTH: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

6. AGE: ☐☐☐

7a. SEX:
1 ☐ Male
2 ☐ Female

7b. ETHNIC ORIGIN:
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino
7 ☐ Unknown

7c. RACE: (*Check all that apply*)
1 ☐ American Indian or Alaska Native
1 ☐ Asian
1 ☐ Black or African American
1 ☐ Native Hawaiian or Other Pacific Islander
1 ☐ White
1 ☐ Unknown

8a. DATE OF INCIDENT STOOL COLLECTION POSITIVE FOR *C. diff*: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

8b. Location of stool collection: (*Check one*)
1 ☐ Hospital Inpatient
2 ☐ Long Term Acute Care Hospital
3 ☐ Emergency Room
4 ☐ Long Term Care/Skilled Nursing Facility
5 ☐ Outpatient
7 ☐ Unknown
6 ☐ Other (specify): ______________

9. Was patient hospitalized at the time of, or within 7 days after, stool collection?
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of Admission: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

10. Where was the patient a resident prior to stool collection: (*Check one*)
1 ☐ Hospital Inpatient
2 ☐ Long Term Acute Care Hospital
3 ☐ Home
4 ☐ Long Term Care/ Skilled Nursing Facility
5 ☐ Homeless
6 ☐ Incarcerated
7 ☐ Unknown
8 ☐ Other (specify): ______________

11. Was stool collected ≥ 4 days after hospital admission?
1 ☐ Yes (HCFO) 2 ☐ No

11a. If no, was stool collected at LTCF/SNF/LTAC or was the patient admitted from LTCF/SNF or another acute care setting?
1 ☐ Yes (HCFO) 2 ☐ No (**CO - complete CRF)**

11b. If HCFO, was this case selected for full CRF based on sampling frame (1:10)?
1 ☐ Yes **(Complete CRF)** 2 ☐ No **(STOP data abstraction here!)**

12. Was patient admitted due to CDI: (is CDI listed in the medical record as the reason for admission?)
1 ☐ Yes 2 ☐ No 3 ☐ Not Admitted 7 ☐ Unknown

13. Were other enteric pathogens isolated from stool at the same date incident *C. diff* + stool was collected?
1 ☐ *Campylobacter*
2 ☐ *Salmonella*
3 ☐ Shiga Toxin-Producing *E. coli*
4 ☐ *Shigella*
5 ☐ None
6 ☐ No other pathogens tested
7 ☐ Unknown
8 ☐ Other (specify): ______________

14. Exclusion criteria for CA-CDI: (*Check all that apply*) ☐ None ☐ Unknown
1 ☐ Hospitalized (overnight) at any time in the 12 weeks prior to stool collection date.
If yes, Date of most recent discharge: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐ ☐ Unknown
1 ☐ Residence in LTCF/SNF at any time in the 12 weeks prior to stool collection date

CO cases: not eligible for health interview if either box is checked.
HCFO and Prisoners: not eligible for health interview

15. Exposures to healthcare:

a. Chronic Hemodialysis prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

b. Surgical procedure in the 12 weeks prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

c. ER visits in the 12 weeks prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

16. Patient outcome: 7 ☐ Unknown
1 ☐ Survived
Date of Discharge: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐
2 ☐ Died
Date of Death: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

If survived, patient was discharged to:
1 ☐ Hospital Inpatient
2 ☐ Long Term Acute Care Hospital
3 ☐ Home
4 ☐ Long Term Care/ Skilled Nursing Facility
5 ☐ Other (specify): ______________
7 ☐ Unknown

17a. Colectomy (related to CDI):

1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of Procedure

Mo. | Day | Year

17b. ICU Admission (after stool collection date):

1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of ICU Admission

Mo. | Day | Year ☐ Unknown

17c. Any additional positive stool test for *C. diff* ≥ 2 and ≤ 8 weeks after the last *C. diff* + stool specimen?

1 ☐ Yes 2 ☐ No

If YES, Date of first recurrent specimen

Mo. | Day | Year

18. RADIOGRAPHIC FINDINGS (within 5 days before or after initial *C. diff* + stool)

1 ☐ Toxic megacolon 3 ☐ Neither 7 ☐ Information not available
2 ☐ Ileus 4 ☐ 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 ☐ Yes 2 ☐ No 7 ☐ Information not available

20. CLINICAL FINDINGS: (within 1 day before or after initial *C. diff* + stool)

a. Diarrhea:
1 ☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)
2 ☐ Diarrhea documented, but unable to determine if it is by definition
3 ☐ No Diarrhea documented
7 ☐ Information not available

b. White blood cell count ≤ 1,000/*μl*:
1 ☐ Yes 2 ☐ No 7 ☐ Information not available

c. White blood cell count ≥ 15,000/*μl*:
1 ☐ Yes 2 ☐ No 7 ☐ Information not available

21. UNDERLYING CONDITIONS: (*Check all that apply*) If none or no chart available, check appropriate box 1 ☐ None 1 ☐ Unknown

1 ☐ AIDS or CD4 count<200
1 ☐ Chronic Liver Disease
1 ☐ Chronic Pulmonary Disease
1 ☐ Chronic Renal Insufficiency
1 ☐ Congestive Heart Failure
1 ☐ Connective Tissue Disease
1 ☐ CVA/Stroke
1 ☐ Dementia
1 ☐ Diabetes
1 ☐ Diverticular Disease
1 ☐ Hemiplegia/Paraplegia
1 ☐ HIV
1 ☐ Inflammatory Bowel Disease
1 ☐ Myocardial Infarct
1 ☐ Peripheral Vascular Disease
1 ☐ Peptic Ulcer Disease
1 ☐ Solid Tumor (non metastatic)
1 ☐ Hematologic Malignancy
1 ☐ Metastatic Solid Tumor

22. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?

1 ☐ Yes 2 ☐ No 3 ☐ Not Admitted 7 ☐ Unknown

If YES, what was the POA code assigned to it?

1 ☐ Y, Yes 3 ☐ U, Unknown 5 ☐ Missing
2 ☐ N, No 4 ☐ W, Clinically Undetermined 6 ☐ Not Applicable

23. At time of initial *C. diff* + stool, patient was:

1 ☐ Pregnant 2 ☐ Post-partum 3 ☐ Neither 7 ☐ Unknown

Delivery Date: Mo. | Day | Year

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 ☐ Yes 2 ☐ No 7 ☐ Unknown

b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine) 1 ☐ Yes 2 ☐ No 7 ☐ Unknown

c. Immunosuppressive therapy (*Check all that apply*) 1 ☐ None 1 ☐ Unknown
1 ☐ Steroids 1 ☐ Chemotherapy 1 ☐ Other agents (specify):______________

d. Antimicrobial therapy (*Check all that apply*) 1 ☐ None 1 ☐ Unknown 1 ☐ Yes, name unknown

1 ☐ Amikacin
1 ☐ Azithromycin
1 ☐ Amp/sulb
1 ☐ Amoxicillin/Clavulanic Acid
1 ☐ Cefaclor
1 ☐ Cefazolin
1 ☐ Ceftazidime
1 ☐ Ceftriaxone
1 ☐ Cefotaxime
1 ☐ Cefepime
1 ☐ Cefuroxime
1 ☐ Cefprozil
1 ☐ Cephalexin
1 ☐ Ceftizoxime
1 ☐ Ciprofloxacin
1 ☐ Clarithromycin
1 ☐ Clindamycin
1 ☐ Daptomycin
1 ☐ Gentamicin
1 ☐ Imipenem
1 ☐ Levofloxacin
1 ☐ Linezolid
1 ☐ Meropenem
1 ☐ Metronidazole
1 ☐ Moxifloxacin
1 ☐ Ofloxacin
1 ☐ Piperacillin-Tazobactam
1 ☐ Tetracycline
1 ☐ Ticarcillin/Cavulanic Acid
1 ☐ Other (specify): ______________
1 ☐ Tigecycline
1 ☐ Tobramycin
1 ☐ Trimethoprim -Sulfamethoxazole
1 ☐ Vancomycin

– SURVEILLANCE OFFICE USE ONLY –

25. CRF status:
1 ☐ Complete 3 ☐ Edited & Correct
2 ☐ Incomplete 4 ☐ Chart unavailable after 3 requests

26. Previous unique CDI episode: (>8 weeks prior to this episode)
1 ☐ Yes 2 ☐ No
If yes, Previous STATEID:

27. Initials of S.O: ______

29. Identified through audit
1 ☐ Yes 2 ☐ No

28. COMMENTS: ____