

EIP CDI Surveillance: CDI Case Treatment Questionnaire



State ID: _____

Patient ID: _____

Incident *C.difficile* Specimen Collection Date: ____/____/____

No Treatment

Unknown Treatment

The objective of this form is to capture the use of the antimicrobial agents listed below for the treatment of an incident *C.difficile* episode (CDI case). For each therapy used, please select the route (when appropriate), enter the start and stop dates (select N/A if date is not available), and select the dosage. If patient is on taper, please select the initial dose of the taper and check taper=YES. **Please note:** The treatment of *C.difficile* usually lasts 10-14 days and it may start +/- 7 days of incident stool collection date.

If >7 days have elapsed between the last dose and the subsequent dose of an antimicrobial therapy, only the first antimicrobial therapy course should be documented.

VANCOMYCIN (Vancocin) (Do NOT Record Vancomycin IV)

Route: <input type="checkbox"/> PO <input type="checkbox"/> Rectal <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> Rectal <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> Rectal <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> Rectal <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO
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METRONIDAZOLE (Flagyl)

Route: <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO	Route: <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Unknown Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Taper: <input type="checkbox"/> YES <input type="checkbox"/> NO
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FIDAXOMICIN (Difcid) - PO

Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 200mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 200mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 200mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Start Date: ____/____/____ <input type="checkbox"/> N/A Stop Date: ____/____/____ <input type="checkbox"/> N/A Dosage: <input type="checkbox"/> 200mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Frequency: <input type="checkbox"/> Once a Day <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).

PROBIOTICS

YES NO If yes, specify: _____

STOOL TRANSPLANT

YES NO

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

RIFAXIMIN (Xifaxan) – PO

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 400mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 400mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 400mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 400mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

NITAZOXANIDE (Alinia, Annita) – PO

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 500mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 500mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 500mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

Start Date: ___/___/___ N/A

Stop Date: ___/___/___ N/A

Dosage: 500mg
 Other _____ Unknown

Frequency: Once a Day BID TID
 QID Other _____ Unknown

OTHER

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

Specify: _____

Route: PO Rectal IV IM Unknown

Start Date: ___/___/___ N/A Stop Date: ___/___/___ N/A

Dosage: _____ Unknown Frequency: _____ Unknown

COMMENTS
