Form approved OMB No. 0920-0978

DEPARTMENT OF HEALTH & HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333

EIP CDI Surveillance: CDI Case Treatment Questionnaire

	CDC
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State ID:	ella Connection on Callingtian Dates	, ,	Patient ID:		
incident <i>C.aijjid</i>	cile 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 <u>>7 days</u> 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 Vancomycia	1 (V)						
Route: PO Rectal Unknown	Route: PO Rectal Unknown	Route: PO Rectal Unknown	Route: PO Rectal Unknown				
Start Date:/ N/A	Start Date:// N/A	Start Date:/	Start Date:/ N/A				
Stop Date:/	Stop Date:/ _	Stop Date:/	Stop Date:/				
Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg				
Other Unknown	Other Unkno	wn Other Unknown	Other Unknown				
Frequency: ☐ Once a Day ☐ BID ☐ TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID				
QID Other Dunknown	QID Other Unkn	own QID Other Unknown	QID Other Unknown				
Taper: ☐YES ☐ NO	Taper: YES NO	Taper: ☐YES ☐NO	Taper: ☐YES ☐ NO				
METRONIDAZOLE (Flagyl)			,				
Route: ☐ PO ☐ IV ☐ Unknown	Route: PO IV Unknown	Route: PO IV Unknown	Route: PO IV Unknown				
Start Date:/	Start Date:/ N/A	Start Date:/	Start Date:/				
Stop Date:/	Stop Date:/	Stop Date:/	Stop Date:/				
Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg	Dosage: ☐ 125mg ☐ 250mg ☐ 500mg				
Other Unknown	Other Unknown	wn Other Unknown	Other Unknown				
Frequency: ☐ Once a Day ☐ BID ☐ TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID				
QID Other Unknown	QID Other Unkn	own QID Other Unknown	QID Other Unknown				
Taper: ☐YES ☐ NO	Taper: YES NO	Taper: ☐YES ☐NO	Taper: ☐YES ☐ NO				
FIDAXOMICIN (Dificid) - PO		•					
Start Date:/	Start Date:/ N/A	Start Date:/ N/A	Start Date:/				
Stop Date:/	Stop Date:/ N/A	Stop Date:/ N/A	Stop Date:/ N/A				
Dosage: 200mg	Dosage: 200mg	Dosage: 200mg	Dosage: 200mg				
Other Unknown	Other Unkn	wn Other Unknown	Other Unknown				
Frequency: ☐ Once a Day ☐ BID ☐ TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID				
QID Other Unknown	QID Other Unkn	own QID Other Dunknown	QID Other Unknown				

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).

State ID: Patient I	D: Specimen Col	lection Date:/	
PROBIOTICS		STOOL TRANSPLANT	
☐ YES ☐ NO If yes, specify:		☐ YES ☐ NO	
		Start Date:/ N/A	Stop Date:/
RIFAXIMIN (Xifaxan) – PO			
Start Date:/ N/A	Start Date:/ N/A	Start Date:/	Start Date:/ N/A
Stop Date:/ N/A	Stop Date:/	Stop Date:/ N/A	Stop Date:/
Dosage: 400mg	Dosage: 400mg	Dosage: 400mg	Dosage: 400mg
Other Unknown	Other Unknown	Other Unknown	Other Unknown
Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID
QID Other Unknown	QID Other Unknown	QID Other Unknown	QID Other Unknown
NITAZOXANIDE (Alinia, Annita) – PO			
Start Date:/ N/A	Start Date:/ N/A	Start Date:/ N/A	Start Date:/ N/A
Stop Date:/	Stop Date:/	Stop Date:/	Stop Date:/
Dosage: ☐ 500mg	Dosage: ☐ 500mg	Dosage: 500mg	Dosage: 500mg
Other Unknown	Other Unknown	Other Unknown	Other Unknown
Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID	Frequency: Once a Day BID TID
QID Other Unknown	QID Other Unknown	QID Other Unknown	QID Other Unknown
OTHER			
Specify:		Specify:	
Route: PO Rectal IV IM Unknow	wn	Route: PO Rectal IV IM Unkno	wn
Start Date:/ N/A		Start Date:/ N/A	
Dosage: Unknown		Dosage: Unknown	
Specify:		Specify:	
Route: PO Rectal IV IM Unknow	vn	Route: PO Rectal IV IM Unkno	wn
Start Date: / N/A	Stop Date:/	Start Date:/ N/A	Stop Date:/
Dosage: Unknown		Dosage: Unknown	
Specify:		Specify:	
Route: PO Rectal IV IM Unknow	wn	Route: PO Rectal IV IM Unkno	wn
	Stop Date:/ N/A	Start Date:/ N/A	
Dosage: Unknown	Frequency: Unknown	Dosage: Unknown	
COMMENTS		1	

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