# *C. difficile* Multidisciplinary Case Review Form

## **Date of diagnosis (positive test):** Click here to enter a date.

## **Date of admission:** Click here to enter a date.

## **Location of testing:**

## **Location 3 days prior to testing:**

1. ***Testing***
   1. Did the patient have a previous positive *C. difficile* test in the EHR?

Yes

No

* + 1. If yes, date of positive test: Click here to enter a date.
  1. Did the patient have 3 or more unexpected or unexplained liquid or unformed stools in 24 h prior to stool collection?
     1. If yes, date of symptom onset: Click here to enter a date.
     2. If no, investigate why the sample was ordered/collected?

Yes

No

* 1. Did the patient have any of the following criteria (in the absence of clinically significant diarrhea):

Abdominal cramps

Fever

Leukocytosis

Ileus suspected to be possible *C. difficile*

* 1. Was testing delayed (i.e., > 3 days after admission) for a patient with community onset symptoms?

Yes

No

* 1. Was the patient receiving any of the following in the 48 prior to diarrhea onset/sample collection:

Laxative

Stool softener

Lactulose

Oral contrast

Tube feeds

1. ***Risk Factors***
   1. Was the patient receiving antibiotics in the month prior to *C. difficile* test?

Yes

No

* + 1. If yes, specify antibiotic(s) received:
  1. Was the antibiotic considered necessary (i.e., patient has ongoing suspected or confirmed bacterial infection)?

Yes

No

* 1. Was the infection for which the patient received an antibiotic UTI?

Yes

No

* + 1. If yes, was this a case of UTI or asymptomatic bacteriuria?

Yes

No

* 1. Was the antibiotic given considered appropriate (class, spectrum, duration)?

Yes

No

* 1. For patients receiving piperacillin-tazobactam, carbapanem, or cefepime, could a narrower spectrum antibiotic have been used?

Yes

No

* 1. For patients receiving fluoroquinolones, ceftriaxone, or clindamycin, could the patient have been prescribed a lower CDI risk antibiotic?

Yes

No

* 1. Was the patient receiving a PPI for at least 3 days in the month prior to CDI diagnosis?

Yes

No

* + 1. Was the PPI necessary?

Yes

No

1. ***Environmental Cleaning***
   1. Was there a patient with *C. difficile* (hospital or community onset) housed in any of the rooms occupied by this case patient in the 30 days prior to the case patient CDI diagnosis?

Yes

No

* + 1. If yes, was that room terminally cleaned with a sporicidal disinfectant or UV light?

Yes

No

* 1. Was there a daily clean of the current case patient with a sporicidal agent or measure? (Estimate proportion of days of stay)

Yes

No

1. ***Infection Control***
   1. Was the patient appropriately placed in single room at onset of symptoms?

Yes

No

* 1. Was the patient placed on contact precautions at the onset of symptoms?

Yes

No

1. ***Conclusions:***

This is a true case of healthcare associated CDI

This patient had identified risk factors for CDI

This patient had no identified risk factors for CDI

This patient tested + for *C. difficile*, however did not meet the criteria for stool testing so it is possible this patient is colonized and not infected

This patient had a history of testing positive for *C. difficile* therefore this recent test may be reflective of a history of *C. difficile* rather than a new infection

The time from ‘test ordered’ to ‘specimen submitted’ exceeded 24 hours

This was a community-onset case with delayed diagnosis

Environmental cleaning practices need to be reassessed

Infection control practices need to be reassessed

Antibiotic prescribing practices need to be reassessed

Recognition of asymptomatic bacteriuria vs UTI

OTHER (describe)