Newfoundland Labrador

CDI Surveillance Form

1	Patient unique number	
2	Chart # (if applicable)	
3	a) Type of Care (Acute, LTC, Other)	
	b) Facility (Name)	
4	Patient Care Unit in Facility	
5	Type of patient care unit	☐ Surgical Unit ☐ Critical Care Unit ☐ Medical Unit ☐ Obstetrical Unit ☐ Combined (med/surg) Unit ☐ Other; specify ______________________________
6	Date of Birth	_____/_____/_____ DD MMM YYYY Month = (ie., May)
7	Date of Admission	_____/_____/_____ DD MMM YYYY
8	Reason for Admission	
9	Date of Discharge	_____/_____/_____ DD MMM YYYY
10	Sex	☐ Male ☐ Female
11	Date of current positive lab test?	_____/_____/_____ DD MMM YYYY
12	Why was the specimen collected?	☐ clinical signs and symptoms ☐ other ____________________________________
13	Has the patient ever had CDI before?	☐ No ☐ Yes, less than 2 months ago ☐ Yes, more than 2 months ago ☐ Unknown
14	Where was the CDI acquired? (Check one answer only)	☐ Same as treatment facility (#3b) – nosocomial If not acquired in the same facility as #3b ☐ Another Acute Care (AC) in region _________________ ☐ Another LTC in region ____________________________ ☐ An exposure outside the region _____________________ ☐ Healthcare associated ☐ Community-associated ☐ Unknown
15	Did patient require ICU admission for this episode?	☐ No ☐ Yes, admitted to ICU for complications of CDI
16	Treatment for CDI	☐ Metronidazole — ☐ x 1 ☐ x 2 ☐ Vancomycin — ☐ x 1 ☐ x 2 ☐ No antibiotic — ☐ Other
17	Patient disposition at 30 days after diagnosis	☐ Alive, in hospital due to CDI ☐ Alive, in hospital for another reasons ☐ Alive, in a LTC facility ☐ Discharged from hospital prior to 30 days ☐ Deceased ☐ Unknown ☐ Other___________________

Newfoundland Labrador

Clostridium difficile infection surveillance form data dictionary

1. Patient unique reference number

2. Chart number for those facilities that use a chart number as a patient identifier

3. a) Type of care – Placement of the patient at the time of the positive culture; identify if it was acute care, long term care, or other. Other = living in the community or living in a personal care home at the time of the positive culture.
   b) Facility – If applicable, identify the name of the acute care facility or the long term care facility where patient resided when the positive culture was identified. The facilities can be identified from the drop down tab.

4. Name of patient care unit in the facility in Question 3 eg., , H4N, 3B.

5. If the patient was in a facility when laboratory confirmation was known, indicate the type of service provided on that Unit: medical, surgical, and critical care units. The ICP should use best judgment to determine to which unit the transmission is associated.

6. Date of Birth: Please enter Day (##), Month (eg., May) and Year (2008) in this order.

7. Date of Admission: Enter Day (##), Month (eg., May) and Year (2008) in this order.

8. Reason for Admission: why is the person in the facility?

9. Date of Discharge: Enter Day (##), Month (eg., May) and Year (2008) in this order.
   Not applicable – for example, if the person is a resident of LTC

10. Sex: Check male or female gender as appropriate

11. What was the date of this patient's newly identified CDI culture? Enter day (##), Month (eg., May), and Year (2007) in this order, from the most recent diagnosed episode of CDI.

12. Identify the reason for the CDI testing.

13. Assess if the person has had previous testing for CDI and determine if this is a recurrence of CDI or a reinfection.

14. Where was the CDI acquired? - Use the definitions to guide making this decision.

    - *Same as treatment facility* – This applies to CDIs which have been acquired in the treatment facility identified in #3b. If the CDI has not been acquired in the treatment facility identified in #3b choose an option in the **type of care box**:
        - Acute Care
        - Long Term Care
        - Other
    - In **the facility box –** choose either the acute care of long term care facility or choose one of the following options: outside your health region, healthcare associated, community-associated, or personal care home,

15. Outcome: Did the patient require an ICU admission due to CDI?

16. What antibiotics were prescribed for CDI? How many courses of the antibiotic were required to treat the person? X1 = one course of antibiotic; X2 = two courses of antibiotic; Other – indicate the type of antibiotic used and if one, two or more courses were required

17. Disposition: At 30 days post CDI diagnosis, where was the person?

18. Comments - for personal use not for entry into the database.