# *Clostridium difficile* Infection (CDI) Case Review Tool

A.  Data collection for *Clostridium difficile* case

| Patient | |
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| Medical record number | |
| Reason for admission | |
| Timeline of key events | Admission date: _____<br><br>Onset date of diarrhea: _____<br><br>Date of documented diarrhea: _____<br><br>Date of documented diarrhea: _____<br><br>Date of documented diarrhea: _____<br><br>Date of documented diarrhea: _____<br><br>Date *C. difficile* test ordered: _____<br><br>Date *C. difficile* test performed: _____<br><br>Date test result received: _____<br><br>Date specimen collected: _____<br><br>Date isolation precautions started: _____<br><br>Date isolation precautions discontinued: _____<br><br>Date environmental services staff was notified: _____<br><br>Date diarrhea resolved: _____ |
| Patient's location/room number(s) and occupancy dates | Location/room: _____  Date(s): _____<br><br>Location/room: _____  Date(s): _____<br><br>Location/room: _____  Date(s): _____<br><br>Location/room: _____  Date(s): _____<br><br>Location/room: _____  Date(s): _____<br><br>Location/room: _____  Date(s): _____ |

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| Patient risk assessment | ☐ Antibiotics in the 3 months prior to admission<br>☐ Age ≥ 65 years<br>☐ Contact with a healthcare facility in the past 60 days (e.g., acute care, long-term care facility, outpatient procedure, dentist, etc)<br>☐ Underlying therapies/conditions such as: inflammatory bowel disease, solid organ transplant, stem cell transplant, chronic kidney disease/end-stage renal disease, cancer chemotherapy/immunosuppressive medication, gastrointestinal surgery (or manipulation of the gastrointestinal tract – including tube feeding)<br>☐ Acid-suppressing medications (e.g., histamine-2 blockers and proton pump inhibitors) prior to admission<br>☐ History of *C. difficile* infection |
| Early detection and appropriate testing for *C. difficile* | ☐ Documentation of ≥3 unformed stools within 24 hours (above baseline)<br>☐ No laxatives, stool softeners, bowel prep, or lactulose in previous 48 hours<br>☐ Unexplained diarrheal symptoms (i.e., symptoms not clearly attributable to underlying therapies/conditions that may have explained diarrheal symptoms (inflammatory bowel disease, tube feeding, chemotherapy, bowel or gastrointestinal surgery, etc)<br>☐ Other gastrointestinal illnesses were ruled out, when appropriate<br>☐ Specimen not tested in previous 7 days for that patient (i.e., retesting patient)<br>☐ Elevated white blood cell (WBC) count<br>☐ Fever (temperature ≥ 38 degrees Celsius)<br>☐ Abdominal pain |
| Isolation precautions | ☐ Patient placed in a private room (or cohorted appropriately)<br>☐ Isolation precautions were continued for at least 48 hours after diarrhea resolved<br>☐ A flag/alert was placed on patient's record (per facility policy)<br>☐ Equipment was dedicated when possible (i.e. blood pressure cuffs, thermometers) |
| Hand hygiene | ☐ Hand hygiene protocol was followed for a patient with CDI (per facility policy) |
| Environmental cleaning/ disinfection practices | ☐ Environmental services staff was notified of CDI patient room requiring enhanced cleaning and disinfection<br>☐ Chlorine-containing or other sporicidal product/technology was used for daily and terminal environmental disinfection for CDI patient room and patient care equipment (per facility policy) |
| Assessment of *C. difficile* transmission | ☐ History of *C. difficile*-positive patients on the unit/area where this patient was located (include any units/areas of the hospital where this patient was located). Assessment of various time periods:<br>  o ≥ 1 *C. difficile*-positive patient located on the same unit/area as this patient during the patient's hospital stay<br>  o ≥ 1 *C. difficile*-positive patient located on the same unit/area as this patient in the 7 days prior<br>  o ≥ 1 *C. difficile*-positive patient located on the same unit/area as this patient in the one month prior<br>☐ *C. difficile*-positive patient in the same room prior to this patient (include any rooms where this patient was located) |

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| | ☐ For suspected transmission, a line list was reviewed to investigate *C. difficile* cases related in time and location over a defined period (e.g., one month, six months, etc). |
| Antibiotic use | ☐ Antibiotics that were administered (during hospitalization) prior to onset of CDI symptoms were appropriately prescribed<br> o Consider indication, timing, dose, and administration route |
| Management of CDI patient | ☐ After receiving *C. difficile* test results, CDI treatment was started promptly, following published guidelines/facility policy |

B. Summary of findings

| Question | Response | Explanation | How can this be improved? |
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| Was *C. difficile* detected early (i.e., within 3 days) in the patient's admission? | ☐ Yes<br>☐ No | | |
| Were the facility's *C. difficile* testing criteria followed appropriately? | ☐ Yes<br>☐ No | | |
| Was stooling documentation available in the patient's record? | ☐ Yes<br>☐ No | | |
| Were stool characteristics (e.g., unformed, soft, liquid, takes the shape of the container, Bristol stool chart types) documented? | ☐ Yes<br>☐ No | | |
| Was the *C. difficile* test performed within 24 hours of the test order? | ☐ Yes<br>☐ No | | |
| If formed stool was submitted for *C. difficile* testing, did the lab reject the specimen? | ☐ Yes<br>☐ No<br>☐ N/A | | |
| Were the results of the *C. difficile* test communicated promptly? | ☐ Yes<br>☐ No | | |
| Were isolation precautions initiated appropriately? | ☐ Yes<br>☐ No | | |
| Were appropriate hand hygiene protocols followed? | ☐ Yes<br>☐ No | | |
| Was personal protective equipment used appropriately? | ☐ Yes<br>☐ No | | |
| Were environmental cleaning/disinfection practices followed appropriately? | ☐ Yes<br>☐ No | | |

| Was there evidence of *C. difficile* transmission in the facility? | ☐ Yes<br>☐ No | | |
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| Was there evidence to support that antibiotics administered prior to onset of CDI symptoms were appropriately prescribed? | ☐ Yes<br>☐ No | | |
| Based on the test date and the admit date, was this case hospital-onset (i.e., test date on or after day 4 of admission [admit date=day 1] or community-onset? | ☐ HO-CDI<br>☐ CO-CDI | | |
| After your assessment, do you believe this infection was potentially preventable? | ☐ Yes<br>☐ No | | |

Notes:

If defects are identified, consider using AHRQ's Learning from Defects tool to gain a deeper understanding and to reduce the probability that a future patient will experience a defect.