

Case investigation tool

Clostridium difficile infection
and multi-resistant organisms

Patient details:

Patient Name:

Date of Birth:

UR Number:

Admission date:

Ward/unit and bed number at onset of symptoms:

Has the patient been hospitalised within the last 3 months:

Yes, date:

No

Does the patient come from a long term care facility?

Yes, name of facility:

No

Date/Time of isolation:

Date of discharge or death (If applicable):

Pathology details:

Date of positive specimen:

Lab Number:

Organisms isolated:

Contacts:

Name	UR number	Current location	Pathology	Diarrhoea? (CDI only)

***Clostridium difficile* only:**

Date and time of symptom onset:

Date symptoms resolved:

Ribotype (if available):

Details of antimicrobial treatment at time of onset:

Details of antimicrobial treatment for CDI:

Details of any antimicrobial treatment in the month prior to symptom onset:

Exposure Classification:

- Health Care Associated- Health Care Facility Onset
- Health care Associated- Community Onset
- Community Associated

Outcome

- Recovered without an adverse event
- Admitted to ICU due to CDI
- Colectomy due to CDI
- Death due to CDI
- Other: Specify:

Additional comments: