

Your
Hospital's
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CLOSTRIDIUM DIFFICILE TRACKING FORM

PATIENT IDENTIFICATION

This patient has been identified as possibly being infected with CLOSTRIDIUM DIFFICILE, and was placed in Contact Isolation on _____ [date].

CLOSTRIDIUM DIFFICILE Toxin A Testing

DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:
DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:
DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:
DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:
DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:

CLOSTRIDIUM DIFFICILE Toxin B Testing **

DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:
DATE:	RESULTS:	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	SIGNATURE / TITLE:

** Order ONLY if Clostridium Difficile Toxin A is "Negative" -and- Symptoms Remain.

Additional Comments or Consults *

DATE:	COMMENTS / CONSULTS:	SIGNATURE / TITLE:
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* Please refer to VANCOMYCIN RESTRICTION POLICY if Vancomycin is ordered.

One (1) Negative test on _____ or Symptoms resolved on _____. Therefore:

Contact Isolation for C. Difficile was discontinued on _____.

Patient will remain in a Private Room.

WHITE = Permanent Part of Chart

YELLOW = Forward to Case Management