

Clostridium difficile Infection Line List

Patient	Primary Diagnosis / status e.g. long term care or short term rehab	Facility Admission Date	Transferred from hospital (yes/no) If yes, then name of hospital	Date of 1 st positive C diff test	Date of Onset of Diarrhea	Current Room # (Clinical unit)	Previous Room(s) # if applicable (Clinical unit)	Semi-private room (yes/no) If yes, then was there a roommate (name)	Attended physical Therapy in group setting (yes/no) If yes, dates	Antibiotic Therapy in past 30 days (yes/no/unknown)	Contact Precautions Date started /currently in isolation? (yes/no)	Environmental Cleaning/ Disinfection performed daily with Clorox bleach product or other sporicidal agent (yes/no)
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Notes: