**SBAR for Suspected *Clostridioides difficile* Infection (CDI)**

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| **Resident Name** | **DOB** | **Unit/Wing, Room** | **Completed by:** |
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| **S** | ***Situation:***I am reaching out to you regarding the resident above having a suspected CDI |
| **B** | ***Background:***PMH (especially existing gastrointestinal diseases, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Antibiotics within the last 90 days?Irritable bowel disease?Laxative within the last 72hrs?Receiving proton-pump inhibitor?History of CDI?Advance directives?  | □ YES □ NO If yes, Drug name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ YES □ NO If yes, new or worsening? □ YES □ NO □ YES □ NO □ YES □ NO □ YES □ NO If yes, date of last episode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ YES □ NO If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medication allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **A** | ***Assessment:***Vital Signs: BP: \_\_\_\_\_\_/\_\_\_\_\_\_ mmHg HR: \_\_\_\_\_\_ beats/min RR: \_\_\_\_\_\_ breaths/min Temp: \_\_\_\_\_°F/\_\_\_\_\_°C

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| Criteria to initiate antibiotics are met if **BOTH** of the following scenarios are selected:  |
| □ At least **1** of the following:  □ Diarrhea (≥3 watery stools above baseline within 24hr  period)  □ Presence of toxic megacolon on abdominal radiograph  | **AND** | □ **One** of the following: □ Positive *C. difficile* test result (Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) □ Pseudomembranous colitis present on endoscopic or  histopathological examination  |
| **Common Test Results:** GDH (-) / Toxin (-)GDH (+) / Toxin (+)GDH (+) / Toxin (-) / PCR (-)GDH (+) / Toxin (-) / PCR (+)GDH (-) / Toxin (+) / PCR (-)GDH (-) / Toxin (+) / PCR (+)  | **Interpretation**No *C. difficile* present; no toxin present*C. difficile* present; toxin present*C. difficile* present, no toxin present, no toxin gene present*C. difficile* present, no toxin present, toxin gene presentNo *C. difficile* present, toxin present, no toxin gene presentNo *C. difficile* present, toxin present, toxin gene present | **Likelihood of Infection:**Unlikely CDILikely CDILikely colonization, rule out alternativesPossible colonization, rule out alternativesLikely testing error, repeat test if ablePossible testing error, repeat test if able |
| **Due to the rapid degradation of *C. difficile* toxin, false negative toxin test results may increase in samples that are improperly handled/stored between time of sample collection and time of sample analysis.**  |

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| **R** | ***Recommendation(s):***The above resident:□ **Does meet criteria to initiate antimicrobial therapy for a CDI at this time:** See Physician/Prescriber Response section below.□ **Does NOT meet criteria to initiate antimicrobial therapy for a CDI at this time:** Resident may require more frequent monitoring  and/or physician/prescriber assessment. |
| Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Faxed or □ Called to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family/POA Notified (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Physician/Prescriber Response** |
| □ I have reviewed the resident SBAR above |
| **Please obtain the following (check all that apply):** |
| □ BMP | □ BUN/SCr | □ CBC with differential | □ Stool Culture  |  |
| □ Continue monitoring vital signs and temps; every \_\_\_\_\_\_\_\_\_\_ hours for \_\_\_\_\_\_\_\_\_\_ days□ Encourage continued fluid intake; \_\_\_\_\_\_\_\_\_\_ oz of fluid every \_\_\_\_\_\_\_\_\_\_ hours until symptoms resolve□ Monitor/record fluid intake and output |
| **Please initiate the following selected antibiotic regimen:** |
| ***Clostridioides difficile Infection (Initial)***□ Vancomycin 125mg PO QID x 10 days□ Fidaxomicin 200mg PO BID x 10 days***Clostridioides difficile Infection (Recurrence)***□ Fidaxomicin 200mg PO BID x 10 days □ Vancomycin 125mg PO QID x 10 days, then BID x 7 days, then Daily x 7 days, then every other day x 14 days **Additional Considerations:**□ Discontinue any active laxative and/or stool softener while undergoing CDI treatment□ Discontinue chronic proton-pump inhibitor therapy, or switch to a histamine-2 receptor antagonist (famotidine)□ Avoid using antimotility medications to treat diarrhea if treating for CDI, as using antimotility medications can increase the risk of toxic megacolon□ Avoid using any oral sequestrants (e.g., cholestyramine) while treating CDI, as this can bind the antibiotic, making it ineffective to treat CDI  |
| □ Notify me if symptoms worsen or do not resolve within \_\_\_\_\_\_\_\_\_\_ hours after initiating antibiotics□ Resident to be considered for hospital admission due to severity of disease and/or the need for IV antibiotics□ Resident to be considered for gastroenterology consultant due to multiple recurrences of CDI□ Notify me once culture identification and susceptibilities have resulted. Will adjust antibiotics as needed. |
| Order(s) provided via: □ Fax □ Phone □ In-person □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Physician/Prescriber Signature:**  | **Date/Time:** |
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| **Please return fax to: (\_\_\_\_)\_\_\_\_--\_\_\_\_\_\_** |
| *Document to be filed under Physician/Prescriber Order or Progress Note* |