

SBAR for Suspected *Clostridioides difficile* Infection (CDI)

Resident Name	DOB	Unit/Wing, Room	Completed by:																								
S	<p><u>Situation:</u> I am reaching out to you regarding the resident above having a suspected CDI</p>																										
B	<p><u>Background:</u> PMH (especially existing gastrointestinal diseases, etc.): _____</p> <p>Antibiotics within the last 90 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Drug name: _____ Duration: _____</p> <p>Irritable bowel disease? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, new or worsening? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Laxative within the last 72hrs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Receiving proton-pump inhibitor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>History of CDI? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of last episode: _____</p> <p>Advance directives? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify: _____</p> <p>Medication allergies: _____</p>																										
A	<p><u>Assessment:</u> Vital Signs: BP: ____/____ mmHg HR: ____ beats/min RR: ____ breaths/min Temp: ____°F/ ____°C</p> <p>Criteria to initiate antibiotics are met if BOTH of the following scenarios are selected:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea (≥3 watery stools above baseline within 24hr period) <input type="checkbox"/> Presence of toxic megacolon on abdominal radiograph </td> <td style="width: 10%; text-align: center; vertical-align: middle; font-weight: bold; font-size: 1.2em;">AND</td> <td style="width: 40%; border: none; vertical-align: top;"> <input type="checkbox"/> One of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Positive <i>C. difficile</i> test result (Result: _____) <input type="checkbox"/> Pseudomembranous colitis present on endoscopic or histopathological examination </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Common Test Results:</th> <th style="width: 40%;">Interpretation</th> <th style="width: 30%;">Likelihood of Infection:</th> </tr> </thead> <tbody> <tr> <td>GDH (-) / Toxin (-)</td> <td>No <i>C. difficile</i> present; no toxin present</td> <td>Unlikely CDI</td> </tr> <tr> <td>GDH (+) / Toxin (+)</td> <td><i>C. difficile</i> present; toxin present</td> <td>Likely CDI</td> </tr> <tr> <td>GDH (+) / Toxin (-) / PCR (-)</td> <td><i>C. difficile</i> present, no toxin present, no toxin gene present</td> <td>Likely colonization, rule out alternatives</td> </tr> <tr> <td>GDH (+) / Toxin (-) / PCR (+)</td> <td><i>C. difficile</i> present, no toxin present, toxin gene present</td> <td>Possible colonization, rule out alternatives</td> </tr> <tr> <td>GDH (-) / Toxin (+) / PCR (-)</td> <td>No <i>C. difficile</i> present, toxin present, no toxin gene present</td> <td>Likely testing error, repeat test if able</td> </tr> <tr> <td>GDH (-) / Toxin (+) / PCR (+)</td> <td>No <i>C. difficile</i> present, toxin present, toxin gene present</td> <td>Possible testing error, repeat test if able</td> </tr> </tbody> </table> <p>Due to the rapid degradation of <i>C. difficile</i> 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.</p>			<input type="checkbox"/> At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea (≥3 watery stools above baseline within 24hr period) <input type="checkbox"/> Presence of toxic megacolon on abdominal radiograph 	AND	<input type="checkbox"/> One of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Positive <i>C. difficile</i> test result (Result: _____) <input type="checkbox"/> Pseudomembranous colitis present on endoscopic or histopathological examination 	Common Test Results:	Interpretation	Likelihood of Infection:	GDH (-) / Toxin (-)	No <i>C. difficile</i> present; no toxin present	Unlikely CDI	GDH (+) / Toxin (+)	<i>C. difficile</i> present; toxin present	Likely CDI	GDH (+) / Toxin (-) / PCR (-)	<i>C. difficile</i> present, no toxin present, no toxin gene present	Likely colonization, rule out alternatives	GDH (+) / Toxin (-) / PCR (+)	<i>C. difficile</i> present, no toxin present, toxin gene present	Possible colonization, rule out alternatives	GDH (-) / Toxin (+) / PCR (-)	No <i>C. difficile</i> present, toxin present, no toxin gene present	Likely testing error, repeat test if able	GDH (-) / Toxin (+) / PCR (+)	No <i>C. difficile</i> present, toxin present, toxin gene present	Possible testing error, repeat test if able
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R	<p><u>Recommendation(s):</u> The above resident:</p> <p><input type="checkbox"/> Does meet criteria to initiate antimicrobial therapy for a CDI at this time: See Physician/Prescriber Response section below.</p> <p><input type="checkbox"/> 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.</p>																										
<p>Nurse Signature: _____ Date/Time: _____</p> <p><input type="checkbox"/> Faxed or <input type="checkbox"/> Called to: _____ Date/Time: _____</p> <p>Family/POA Notified (name): _____ Date/Time: _____</p>																											

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: _____

Physician/Prescriber Signature:	Date/Time:
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Please return fax to: (____)____--_____

Document to be filed under Physician/Prescriber Order or Progress Note