



HEALTHCARE ASSOCIATED INFECTION SURVEILLANCE FORM ACUTE CARE

Client: _____

 DOB (dd/mmm/yyyy): _____
 MRN / MHSC: _____
 PHIN #: _____
 Addressograph/Place Label Here

Admission Date: _____
 Admission Diagnosis: _____
 Infection Onset Date: _____

TYPE OF INFECTION

Catheter-Associated Urinary Tract Infection
 Clostridioides difficile Infection

ADDITIONAL PRECAUTIONS

Required: No Yes - Contact Precautions

If YES, date implemented: _____

LABORATORY DATA

Specimen(s) Taken: No Yes (attach results)

TREATMENT

Antibiotic(s): No Yes

Original copy of form – place on patient record
 Copy of form – forwarded to site ICP

***Clostridioides difficile* Infection**
*** CONTACT PRECAUTIONS REQUIRED***

***Clostridioides difficile* Infection (CDI)**
 A client is identified as having CDI if at least **ONE** of the following criteria is met:

- The client has diarrhea* or fever, abdominal pain and/or ileus **AND** a laboratory confirmation of a positive toxin assay or positive polymerase chain reaction (PCR) for *C. difficile* (without reasonable evidence of another cause of diarrhea).
- The client has a diagnosis of pseudomembranes on sigmoidoscopy or colonoscopy (or after colectomy) or histological/pathological diagnosis of CDI.
- The client is diagnosed with toxic megacolon (in adult clients only).

*** Diarrhea is defined as one of the following:**

- a) 6 or more watery/unformed stools in a 36-hour period
- b) 3 or more watery/unformed stools in a 24-hour period and this is new or unusual for the client (in adult clients only)

**Catheter Associated
Urinary Tract Infection (CAUTI)**

Must meet **criteria 1, 2, and 3:**

- 1) Client had an indwelling urinary catheter that had been in place for more than 2 consecutive days in an inpatient location on the date of symptom onset **AND** was either:
 - Present for any portion of the calendar day on the date of symptom onset, **OR**
 - Removed the day before the date of symptom onset
- 2) Client has at least **ONE** of the following signs or symptoms:
 - Fever (greater than 38.0°C)
 - Suprapubic tenderness*
 - Costovertebral angle pain or tenderness*
 - Urinary urgency ^
 - Urinary frequency ^
 - Dysuria ^
- 3) Client has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of greater than or equal to 10⁵ cfu/L.

*With no other recognized cause
 ^ These symptoms cannot be used when catheter is in place. An indwelling urinary catheter in place could cause client complaints of “frequency”, “urgency” or “dysuria”.