C. diff (Clostridioides difficile) Outbreak Line List for Acute Care Facilities																								
Facility Nam	ne:		Fa	acility Co	ntact Name	:	-	Phon			,													-
Patient Name	Date of Birth	Age			e Date admitted to	Admission Diagnosis	Admitted from	Date of onset of		Date of last episode of diarrhea		Date contact precautions started	Environmental cleaning/disinfection performed daily with EPA-approved product (Y/N)		Stool Testing	ol Testing Results		are Facility luring Last 3 onths		Proton pump inhibitors (PPI)	NG tube or entral	Markasian	Surgical procedures	Underlying
														Date T Well	Type of test/ result	Date		Facility Name	Antibiotics during previous 3 Month (Y/N)	or H2 blockers (Y/N)		ventilation (Y/N)	since hospital admission? (Y/N)	Conditions (specify)
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