

C. DIFF SPECIMEN TOOL

NURSING: 1. Fill out form BEFORE sending specimen (Consult with Charge Nurse with questions)
2. Count Hospital Day (Admission day is Day #1; Day #2 starts after Midnight, etc.)

Admission date: _____ Today date: _____ **Hospital Day (HD) #:** _____

****Infection Prevention review required for patients on day 3 of admission or later****

LAB: 1. Microbiology will not run the specimen without this form.

2. Microbiology will save this form for Infection Prevention in Microbiology

3. Microbiology cancels any CDIFF orders not collected within 24hrs of order entry.

CRITERIA		
Is the patient currently dx'd with and/or being tx'd for C. DIFF?	Y	N
Is this a 'test of cure' for a previous positive test this admission?	Y	N
Has the patient been tested for C. diff within the past 7 days?	Y	N
Has patient had a C. diff diagnosis within 3 months?	Y	N
Has it been longer than 24 hrs since the order was created?	Y	N
IF ALL QUESTIONS ABOVE ARE "NO", THEN PROCEED TO NEXT SECTION		

CRITERIA		
Does the patient currently have diarrhea?	Y	N
Has the patient had more than 2 stools in 12 hrs or more than 3 in the last 24 hrs?	Y	N
Has there been a significant increase/change in stool frequency/symptoms?	Y	N
Is the stool loose, liquid, or watery?	Y	N
IS patient <u>OFF ALL AGENTS</u> that promote diarrhea: lactulose, stool softener, bowel prep, enema, suppositories, laxatives, chemotherapy, or tube feedings?	Y	N
The patient has not taken any medications or had a procedure / treatment which may induce diarrhea in the last 48 hrs?	Y	N
Does the patient have any accompanying sx of CDIFF? T>100.4F, ↑WBC, ABD PAIN	Y	N
Have other possible causes been ruled out?	Y	N
IF ALL QUESTIONS ABOVE ARE "YES", THEN PROCEED TO COMPLETE FORM & SEND TO LAB		

<p>If criteria was not met but provider still wants to test for C. diff., ordering provider will need to consult with pathologist.</p> <p>Pathologist Approval: _____</p>	<p>PATIENT IDENTIFIER STICKER</p>
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RN Name:	RN Signature:	Phone:
Charge RN Name:	Charge RN Signature:	Phone:

SEND FORM in OUTSIDE POCKET of biohazard specimen bag WITH EVERY SPECIMEN
NOT PART OF THE PATIENT MEDICAL RECORD

URINE CULTURE TICKET TO TEST

NURSING AND LAB CHECKLIST



• NURSING INSTRUCTIONS PRIOR TO URINE CULTURE COLLECTION

1. Please review the form.
2. Complete and fill out both front and back of form. Following the prompts, circle "yes" or "no" as indicated.
3. Form must be sent to lab with urine culture specimens, placing form in **outside pocket** of biohazard bag.
4. **DO NOT** send urine specimen in cup via vacuum tube station to prevent spillage.

• LAB INSTRUCTIONS ONCE URINE CULTURES AND TICKET TO TEST CHECKLIST ARRIVES TO LAB:

1. Ensure that the CNC/Relief/Manager section is signed before specimen is run
2. Please make sure staff sends both grey top and yellow top tubes with urine to the lab – vacutainers only

1. Has the patient been in the hospital as an inpatient for more than two (2) calendar days? This Checklist does not apply to Emergency Department	NO → No need to proceed with checklist, collect urine cultures, lab to run urine cultures, NO NEED FOR LAB TO CONTACT UNIT LEADER	YES → proceed to next question
Day 1 is the day of admission to in an <u>inpatient</u> location, 1 day = calendar day (NOT to be read as 24 hours) (Ex. 11:59 pm on 23 December is considered one calendar day. Please contact unit manager for clarification or questions regarding calendar days.)		
2. Does the patient currently have an INDWELLING urine catheter that has been in place for more than two (2) consecutive days? -----OR----- Has the patient had a foley catheter that was removed yesterday or today, that was in place for more than two (2) consecutive days? (Date catheter was inserted _____)	NO → No need to proceed with checklist, collect urine cultures, lab to run urine cultures, NO NEED FOR LAB TO CONTACT UNIT LEADER	YES → proceed to question #3 below
Day 1 is the day of IUC insertion, 1 day = calendar day (NOT to be read as 24 hours) (Ex. 11:59 pm on 23 December is considered one calendar day. Please contact unit manager for clarification or questions regarding calendar days.)		
3. Is there a suspicion for clinical UTI? Patient has a fever > 101 F (38.3°C) or suspicion of sepsis and one (1) or more of the following symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Urgency, Frequency, Dysuria * <input type="checkbox"/> Suprapubic, costovertebral angle (CVA), flank pain or tenderness <input type="checkbox"/> No other cause for symptoms 	YES (suspicion for clinical UTI) ***Before proceeding, verify that order is entered as UA with reflex to micro and/or culture rather than stand-alone culture.	NO (no suspicion for clinical UTI, or there is another explanation for symptoms), or NOT SURE
*An IUC in place could cause patient complaints of "frequency" "urgency" or "dysuria".	If IUC in place >48h, obtain order to exchange before collecting specimen. If placed by Urology, contact them for guidance. Send specimen if IUC in place <48h.	Contact Physician for a discussion prior to collecting the specimen.

Date: Time:	<div data-bbox="870 216 1382 394" style="border: 1px solid black; padding: 10px; text-align: center;"> Patient Label </div>
Print Names: _____ RN _____ CNC/Relief/ Manager	

- **NURSING INSTRUCTIONS PRIOR TO URINE CULTURE COLLECTION:**

1. Please review the form. Complete and fill out both front and back of form as previously instructed in front page.
2. ***Before collecting the urine sample*** from an indwelling catheter, if it has been in place for greater than 2 days, you must discontinue the OLD catheter and insert a new one. This will prevent false-positive resulting due to biofilm. If indwelling urinary catheter was placed by urology, contact them for guidance. Send specimen to the lab.
3. Submit this form to your nurse manager or CNC
4. Signed form must be sent to lab with urine sample, placing form in **outside pocket** of biohazard bag.
5. Cross-check that the physician used the UA with reflex to micro/culture. If a urine culture w-colony count order is placed, speak with physician about modifying the order

If the patient is under hospice or comfort care; or nearing end of life and hospice or comfort care is being discussed, speak to the physician about discontinuing the urine culture order. The culture result will not likely impact the patient's care.

BLOOD CULTURE TICKET TO TEST NURSING AND LAB CHECKLIST

• **NURSING INSTRUCTIONS PRIOR TO BLOOD CULTURE COLLECTION:**

1. Complete and fill out both front and back of form
2. Please review the form and follow the prompts, circle "yes" or "no" as indicated.
3. Form must be sent to lab with blood culture specimens. Send form in outside pocket of biohazard bag.
4. If lab/phlebotomist is collecting blood cultures, provide this ticket to test checklist to phlebotomist during time of blood culture collection

• **LAB INSTRUCTIONS ONCE BLOOD CULTURES AND TICKET TO TEST CHECKLIST ARRIVES TO LAB:**

1. Review below checklist questions 3,4,and 5; if the right column highlighted in grey of questions 3, 4, and 5 is circled, contact the CMO/CNO prior to running blood cultures as instructed on checklist. Hold blood cultures in lab and do not run/process until confirmation to do so is provided by CMO/CNO. CMO/CNO consultation with ordering MD/provider may need to occur.
2. Only initiate contact to the CMO/CNO between the hours of 7:00AM and 7:00PM. If outside of these hours, hold blood cultures in lab and do not run until contact with CMO/CNO occurs during next 7:00AM to 7:00PM window. Hold blood cultures in lab and do not run/process until confirmation to do so is provided by CMO/CNO.

1. Has the patient been in the hospital as an inpatient for more than two (2) calendar days? This Checklist does not apply to Emergency Department	NO → No need to proceed with checklist, collect blood cultures, lab to run blood cultures, NO NEED FOR LAB TO CONTACT CMO/CNO	YES → proceed to next question
Day 1 is the day of admission to in an <u>inpatient</u> location, 1 day = calendar day (NOT to be read as 24 hours) (Ex. 11:59 pm on 23 December is considered one calendar day. Please contact unit manager for clarification or questions regarding calendar days.)		
2. Does the patient currently have a central venous catheter (CVC) (including a PICC line, dialysis catheter, or a port) that has been in place for more than two (2) consecutive days? -----OR----- Has the patient had a CVC that was removed yesterday or today, that was in place for more than two (2) consecutive days?	NO → No need to proceed with checklist, collect blood cultures, lab to run blood cultures, NO NEED FOR LAB TO CONTACT CMO/CNO	YES → proceed to question #3 below
3. Does the patient fulfill sepsis criteria? (2 signs and symptoms required) <input type="checkbox"/> Fever: > 101F (38.3°C) measured twice <input type="checkbox"/> Leukocytosis: > 12,000 WBC <input type="checkbox"/> Neutropenia: < 4,000 WBC <input type="checkbox"/> Hypotension: SPB <90 mmHG or MAP <65 mmHg <input type="checkbox"/> Heart rate > 90 BPM	YES (2 signs and symptoms required) → proceed to question #4 below	NO → <u>lab to contact CMO/CNO. Await confirmation from CMO/CNO prior to running blood cultures.</u>
4. Is the patient under hospice or comfort care, or is the patient nearing the end of life and hospice or comfort care is being discussed?	NO → proceed to question #5 below	YES → <u>lab to contact CMO/CNO. Await confirmation from CMO/CNO prior to running blood cultures.</u>
5. Have other possible sources been cultured within the 3 days before today?	NO → attain a physician order to culture those sites as well including any open wounds, sputum, or trach cultures, and urine if no Foley present.	Yes → proceed to question #6 below

* **Do not collect blood for blood cultures from central lines.** If a central line blood draw must occur for blood culture collection, discuss necessity with ordering provider and obtain order (per policy)

6. Does the patient have a known source of infection that is currently being treated? (for example, a known UTI or a decubitus ulcer)	NO → Lab to run blood cultures, NO NEED FOR LAB TO CONTACT CMO/CNO)	YES → lab to contact CMO/CNO. <u>Await confirmation from CMO/CNO prior to running blood cultures.</u>
DATE: Time:	<div style="border: 1px solid black; padding: 10px; width: 100%;">Patient Label</div>	
Print Names: _____ RN _____ Charge RN		

- **NURSING INSTRUCTIONS PRIOR TO BLOOD CULTURE COLLECTION:**
 1. Please review the form and follow the prompts, circle “yes” or “no” as indicated.
 2. Form must be sent to lab with blood culture specimens. Send form in outside pocket of biohazard bag.
 3. If lab/phlebotomist is collecting blood cultures, provide this ticket to test checklist to phlebotomist during time of blood culture collection
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 2. Only initiate contact to the CMO/CNO between the hours of 7:00AM and 7:00PM. If outside of these hours, hold blood cultures in lab and do not run until contact with CMO/CNO occurs during next 7:00AM to 7:00PM window. Hold blood cultures in lab and do not run/process until confirmation to do so is provided by CMO/CNO.