


DATE & TIME of COLLECTION	DATE:	TIME:	Hospital Day:
<div style="text-align: center;">  <p><b>BEFORE SENDING STOOL SPECIMEN</b></p> </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Bedside Nurse:</b> Ensure criteria met</li> <li><input type="checkbox"/> <b>Bedside Nurse:</b> Present to CNC, Manager, Director or Nursing Supervisor</li> <li><input type="checkbox"/> <b>Nursing Leader:</b> Validate and Sign before sending to lab</li> <li><input type="checkbox"/> <b>Lab:</b> Validate and Sign before processing</li> </ul>	<p>If Hospital Day 1, 2 or 3 (Day 1 is day of admission) send specimen for C. DIFF testing.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm</b> patient has been placed on “CONTACT PLUS” precautions.</li> <li><input type="checkbox"/> <b>Place</b> specimen cup in biohazard specimen bag for transport to lab.</li> </ul> <p><b>For C.diff testing &gt; Hospital Day 3:</b> please check each item prior to sending specimen.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm</b> ANOTHER symptom is present:             <ol style="list-style-type: none"> <li>1. Temp (&gt;100.4°)</li> <li>2. WBC &gt; 12</li> <li>3. Abdominal pain OR Cramping</li> </ol> </li> <li><input type="checkbox"/> <b>Confirm</b> stool specimen is liquid and assumes shape of the container. See Bristol score 6-7.</li> <li><input type="checkbox"/> <b>Confirm</b> patient has had &gt; 3 loose stools in the last 24 hours.</li> <li><input checked="" type="checkbox"/> <b>Confirm</b> patient has not received anything in the last 72 hours to promote diarrhea (Lactulose, Colace, Senna, Dulcolax, Kayexalate, Golytely, Mag Citrate, Metoclopramide, Oral Contrast, Tube Feedings). <b>If so, order must be escalated and approved prior to testing.</b></li> <li><input type="checkbox"/> <b>Confirm</b> C.diff test is not a repeat within the last 7 days (test of cure).</li> </ul>		
<h2>Signatures</h2>	<p>Submitted by (NAME AND 3-4 ID): _____</p> <p>Nurse Leader Name: _____</p> <p style="background-color: yellow;"><b>This form must be signed by the primary RN and Nurse Leader to confirm criteria are met</b></p>		
<p><b>This Form Must be Signed by: Primary Nurse, Nurse Leader, and Laboratory Processor</b></p>	<p><b>If the C.DIFF testing criteria is not met</b> and the ordering provider still requests the test to be run, <b>ESCALATE TO PHYSICIAN ADVISOR (Dr. Vaziri) FOR CLINICAL APPROVAL prior to sending.</b></p> <p>* If unable to contact physician advisor escalate to Nursing Manager / Nursing Director or Infection Prevention. Specimens may be held until the next morning for follow up when necessary.</p>		
<h2>Lab</h2>	<p><b>Date Received:</b></p>	<p><b>Time:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm stool specimen is liquid and assumes the shape of the container. See Bristol score 6-7.</b></li> </ul> <p><b>Specimen Received by:</b> _____</p>