

SIDE EFFECT TRACKING FORM

This form is for optional tracking of decolonization side effects and is for **INTERNAL USE ONLY**. For clinical decisions related to possible decolonization side effects, please contact the treating physician.

Please provide contact information below:

Name of individual Clinical Staff completing this form: _____

Section I: General Information

Date of First Symptom Onset: ____/____/____ Date Symptom Resolved: ____/____/____

Please fill out one form per decolonization side effect.

Resident Gender: M F Non-Binary

Please choose the option that best describes side effect:

Section II: Iodophor (Povidone-Iodine) Related Side Effects

*Please provide a brief description of the nasal iodophor related side effect.
(Leave this section blank if event was not due to nasal iodophor)*

Section III: Skin Related Side Effects

Please indicate the CHG product that was used:

Liquid CHG (4%) CHG 2% Cloths

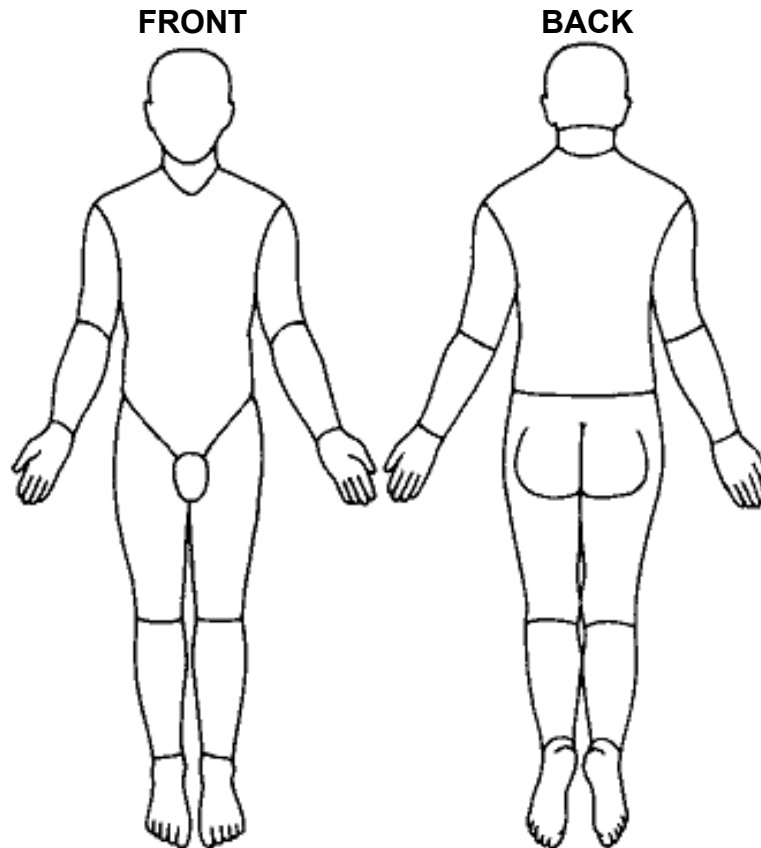
Corrective Action Taken (Check all that apply):

Product Discontinued Topical cream/lotion applied None
 Oral/IV Benadryl given Oral/IV steroids given Other (*specify below*)

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Please shade the parts of the body, to scale.

ONLY INDICATE RASHES BELIEVED TO BE RELATED TO A DECOLONIZATION PRODUCT:



Erythema (Redness)

- None
- Mild (spotty or diffuse)
- Moderate, uniform redness
- Intense redness

Scaling

- None
- Mild, "dry skin" scale
- Moderate scaling
- Desquamation/sloughing

Blistering

- None
- Papules only
- Localized blisters
- Extensive blisters or bullae

Is the face involved? Yes No

In your opinion, how certain are you that this side effect is related to a decolonization product?

- Definitely related
- Possibly related
- Unlikely to be related

Is it possible that another medication/product could have produced this reaction?

- Yes No

Have any other drug(s) been discontinued?

- Yes No

If yes, please specify: