**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.***

Patient Gender: M F

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)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**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*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please shade the parts of the body, to scale.***

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

 **FRONT BACK**

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**Erythema (Redness) Scaling Blistering**

[ ]  None [ ]  None [ ]  None

[ ]  Mild (spotty or diffuse) [ ]  Mild, “dry skin” scale [ ]  Papules only

[ ]  Moderate, uniform redness [ ]  Moderate scaling [ ]  Localized blisters

[ ]  Intense redness [ ]  Desquamation/sloughing [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_