SIDE EFFECT TRACKING FORM

This form is for optional tracking of decolonization side effects and is for INTERNAL USE ONLY.

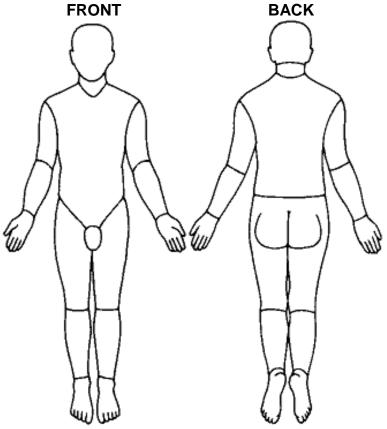
For clinical decisions related to possible decolonization side effects, please contact the treating physician.

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.			
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)			
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 <u>DECOLONIZATION PRODUCT</u>:



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?			
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:			