**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)*

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

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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

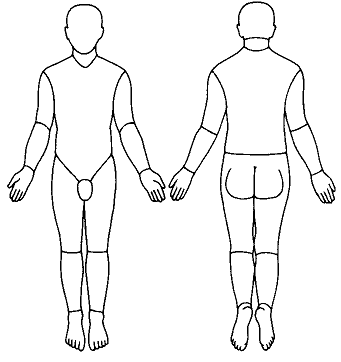
Oral/IV Benadryl given  Oral/IV steroids given  Other (*specify below*)

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

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

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

**FRONT BACK**

****

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_