

Infection Prevention: Words of WISDOM (What I Should Do On Monday)

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!

Infection Prevention: Words of WISDOM (What I Should Do On Monday)

May 24, 2022

Collaborating To Support Your Quality Improvement Efforts



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Purpose of Call

- Based on what we know:
 - With the exception of C. diff, HQIC hospital-acquired infections data do not meet the goal of a 2% reduction over the 2019 baseline.
 - While CLABSIs overall have declined 14% since 2015, during the COVID-19 pandemic, they increased by 47% (CDC).
 - There are many new infection preventionists (IPs) in hospitals where other, more experienced IPs have retired.
- An introduction and promotion of the upcoming HAI series.



Karen Holtz, MT (ASCP), MS, CPHQ
Alliant Health Solutions

Upcoming HAI Series - Save the Dates

- CLABSI Jun 23, 2022 1-2 p.m. ET
- MDRO Jul 28, 2022 1-2 p.m. ET
- Sepsis Aug 25, 2022 1-2 p.m. ET
- CAUTI Sep 27, 2022 2-2:30 p.m. ET

Learning Objectives

Learn today:

- Learn actionable insights from experienced IPs.
- Gain a better understanding of surveillance techniques and data reporting.
- Provide up-to-date infection prevention guidelines and resources.

Use tomorrow:

- Write down at least one “words of WISDOM” that you can do on Monday!

Amy Ward RN, CIC – Alliant Health Solutions



If I could share one piece of advice with a new IP, it is to reach out and ask questions! There is a steep learning curve when you enter into infection prevention practice, and I often found myself in a situation where I didn't know what I didn't know.

If you are unsure of what questions to ask, reach out to your peers at other hospitals/facilities, quality improvement organizations or your state HAI contact. They can help you with your situation and point you in the right direction to helpful resources or guidelines.

Contact: Amy.Ward@Allianthealth.org



Joni Phillips, RN, IP

Habersham Medical Center (Ga.)



What I Wish I Knew

- I wish I had known there were many helpful IP nurses nearby. It took me more than a year to reach out to other facility IP nurses rather than relying only on our previous IP nurse.
- I wish I had paid attention sooner to the emails reminding me to book two hours of education weekly. I found so many helpful videos about NHSN reporting.
- I wish I had reviewed foley care with new staff nurses BEFORE having to report our first CAUTI in years. As it turned out, the nurse wasn't aware of a Periwick external female catheter. I explained how its use has kept our urinary tract infections in females to an almost non-existent status.
- I recommend reaching out to other IP nurses in your region. Even if you don't have a question now, I guarantee you will have one in the future and will need input from someone with experience. Get to know your resources.
- I recommend scheduling time to educate yourself in areas of reporting. You will be amazed at what you can learn in two hours. It will help you input the correct information and simplify your work.
- I recommend talking with the staff nurses about CAUTIs and CLABSIs. Some nurses are in the same situation as the new IP nurses, and they don't know what they don't know.

Beth Goodall, BSN, RN, CIC
Director, Epidemiology Department
DCH Health System (Tuscaloosa, Ala.)



- Hospital Compare's most current time period through March 31, 2021, for HAIs is listed as 18-months' worth of data. However, 1Q2020 and 2Q2020 have been suppressed, so it is still just 12-months of data. This will make a difference if you are trying to mirror the data generated in NHSN.
- There are five infection prevention documents to update annually:
 - Program Plan
 - Appraisal
 - Risk Assessment (ICRA)
 - Action Plan in Response to ICRA
 - TB Facility Risk Assessment
- NHSN HAI definition criteria must be applied even if there are concerns about the surveillance definition not matching the clinical picture.

- Ensure data completeness and accuracy by validating the “Big Five” in NHSN:
 - Annual Facility Survey
 - Monthly Reporting Plan
 - Events/Numerators
 - Summary Data/Denominators
 - Alerts
- Changes to data cannot be made after the CMS deadline
- Infection prevention survey/site visit preparedness: Complete the CMS Infection Control Worksheet or The Joint Commission Facility Self-Assessment

Michele Dewell, RN - Meade District Hospital: Artesian Valley Health System (Kan.)



- It is easy to get overwhelmed, but don't panic!
- Become a member and get involved with the APIC.
- Identify resources and reach out to peers from other facilities. I always say, if in doubt call, Nadyne Hagmeier! She is a wealth of information. She does know that I added her name.
- Know your rules and regulations and where to find them.
- Education, Education, Education: Education is extremely important for you and for your health care setting. The more educated you and your staff are about infection prevention and control, the better.
- Infection Prevention and Control is 24/7. Not just 8-4.
- Infection Prevention and Control is involved with EVERY aspect of health care and in EVERY department. Work closely with department managers.
- Contact: mdewell@avhealthsystem.com

Sandra Nester, RN

UNC Rockingham Health (N.C.)



- I became familiar with how NHSN communicates versus other medical professionals. For example, hospital staff view insertion day as “day zero” while NHSAN count in 24-hour blocks. NHSN calculates the insertion date as “day one” and calculates device days with calendar days. NHSN also defines infections differently than other clinical definitions. Explaining why a patient has an HAI can be interesting when using the NHSN definition with those not as familiar.
- I was fortunate to have a mentor who encouraged establishing positive relationships and open communication with staff versus a reprimanding approach. As a result, our staff asks and answers questions openly. Open communication helps develop champions on the units to help monitor for HAIs. It also creates conversations for improved patient care, quality outcomes, and staff openness to share barriers to compliance.

Carolyn Gabel, BSN

Ness County Hospital Dist. #2 (Kan.)



Ness County Hospital

- 1) Use spreadsheets to help you keep track of things like COVID testing and chart reviews....I am phasing into employee health as well. A good spreadsheet that you can print or access on your computer is an invaluable tool when needing to look at certain information.
- 2) Know the importance of good contacts within IP, such as the APIC and our NW Kansas IP group. There are no dumb questions. We ALL had to start somewhere!
- 3) Know that you will not be everyone's "cup of tea." Some people will question you and be upset with you (i.e., masking in hospitals = NOT POPULAR). Don't take this to heart. Just know that this is YOUR JOB, and you are simply doing what needs to be done.
- 4) ORGANIZATION! Get organized in a way that suits you the best.
- 5) DO NOT reinvent the wheel. There is a LOT good information, as well as forms, etc.

Contact: carolyng@nchospital.org

Melanie Burnett, MSN, RN

William Newton Hospital (Kan.)



What I would have given to know, at the beginning of my Infection Control career, just how important networking is. I am at the point now where I have an NHSN guru, a KDHE guru, a CDC guru and an ICRA guru, among others (their numbers are on quick dial).

They teach you in the beginning stages of nursing school that you don't have to know all the answers - but you better know where to find them. Since taking this role, I have found out just how true that is.

The network I built with the help of my professional organization, APIC, is my best friend, my lifesaver. I would recommend to anyone just starting out to build a network. It makes your job bearable and doable. You have your team at your organization, and your network is your team on a bigger/much more grand scale.

Contact info: melanie.burnett@wnmh.org

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Janie Mosqueda, RN, BSN, Director of Infection Control and Employee Health - NMC Health (Kan.)



I have been in infection control for six years. One valuable lesson I learned is that it is essential to involve frontline staff in audits, case reviews and process improvement activities. They have insight into the day-to-day and whether a process is feasible in their department. They are great at problem solving! I now have frontline staff participating on every committee I chair because their input is extremely valuable. I also developed an Infection Control Stewardship Program at NMC Health. This is a group of volunteer nurses who want to receive additional infection control training and serve as a steward in their departments. They help problem-solve, complete audits and bring infection control issues to the table. I realized that improvement is more successful when staff feels heard and involved in the process!



Contact: janie.Mosqueda@mynmchealth.org

Heather Snyder, BSN, RN

Manager of Infection Prevention and Employee Health - Atlantic General Hospital



- **Learn your hospital/health system's trends.** This may require starting fresh. This baseline will be your true north in areas with no national benchmarks.
 - What provides value? For example, are there areas where existing processes can be leveraged or improved (i.e., nurse-driven protocols for discontinuing C. diff collection orders based on clinical presentation)?
 - Where can partnerships be formed to enhance and streamline efforts while upholding outcomes (i.e., Pharmacy, Nursing Practice Councils, Patient Family Advisory Council, Quality Improvement Organizations, Hospital Quality Improvement Contractors (HQICs), etc.)?
- **Start small with surveillance**
 - Understand your required reportable conditions and grow from there.
 - Don't reinvent the wheel. Professional organizations have a lot of great existing resources. Lean on them when building your own best practice.

Heather Snyder, BSN, RN

Manager of Infection Prevention and Employee Health - Atlantic General Hospital



- **What I wish I knew:**

- There are no bad questions. Feel comfortable asking. In addition to inquiries within your department, ask ancillary teams you work closely with. Their perspective may be the key to your gaining understanding.
- Ask for help. IP is a huge role with a steep learning curve. Existing experts are willing to help if you reach out. Join professional organizations early. This action options up a whole new world of resources and connections. Someone else may be looking for the same resources or working on the same initiative. These groups are always willing to collaborate.
- It's okay to make mistakes. View them as opportunities for learning and growth.

Mary Catanzaro, RN, CIC, FAPIC

I PRO HQIC – Pennsylvania, New Jersey and Ohio

- Always include **frontline** staff in your investigations and plans. You will have more buy-in, and they often have suggestions to help move the process forward. They can troubleshoot interventions for feasibility and save you time and effort. They know what's failed before and why.
- Include **all** stakeholders in your meetings. Have **redundancy** (more than one person from a department invited and rotate attendance). Have as **few** meetings as possible and make them count. Ask open-ended questions, assign tasks/responsibilities and end the meeting with a plan in place for the next one. Keep the momentum going.
- Be humble, respectful, willing to work, willing to share and relentless in your passion for preventing infections!

Contact: mcatanzaro@haponline.org



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Key Themes

- Network, reach out to other facility IP nurses, mentors and gurus
- NHSN definitions, reporting and the Big Five
- Education (staff and yourself), professional organizations have resources
- Get frontline staff involved in audits, case reviews and PI activities
- Excel spreadsheets, get organized
- Know your hospital's data (baseline, trend, target goal), present to other committees
- Get involved with APIC, state associations

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NHSN Resources on Alliant Website

- NHSN Survival Guide - [https://quality.allianthealth.org/wp-content/uploads/2022/01/NHSN Survival Guide 508-2022-V2.pdf](https://quality.allianthealth.org/wp-content/uploads/2022/01/NHSN_Survival_Guide_508-2022-V2.pdf)
- NHSN Training Checklist divided into Patient Safety Components
<https://quality.allianthealth.org/wp-content/uploads/2022/03/New-IP-NHSN-Training-Checklist.pdf>
- ★ Bite-sized learnings (Recorded by Amy Ward, Alliant IP Specialist)
<https://youtube.com/playlist?list=PLXWmxni-xNHs0dEiJufMv9WzCPc4qe41l>

NHSN Resources on CDC Website

- NHSN education and training resources are available here: <https://www.cdc.gov/nhsn/training/enrollment-setup/index.html>
- <https://www.cdc.gov/nhsn/training/roadmap/psc-roadmap.html>
- NHSN annual survey and creating monthly reporting plans [Annual Surveys, Locations & Monthly Reporting | PSC | NHSN | CDC](#)

Resources on AHRQ Website

- AHRQ's new [Toolkit for Decolonization of Non-ICU Patients with Devices](#) can help clinical teams implement a protocol to reduce bloodstream infections in patients with specific medical devices.
- The decolonization protocol includes instructions on helping patients bathe with an antiseptic soap and applying a nasal antibiotic ointment to carriers of MRSA. www.ahrq.gov/ABATEtoolkit.
- Toolkit for Preventing CAUTI and CLABSI in ICUs
<https://www.ahrq.gov/hai/tools/clabsi-cauti-icu/index.html>

QI Tools/Resources on Alliant Website

- Gap Assessment Tools
 - [HQIC CAUTI Gap Assessment Tool](#)
 - [HQIC CLABSI Gap Assessment Tool](#)
- Quick Observation Tools
 - [Central Line Observation Tool](#)
 - [Urinary Catheter Observation Tool](#)
- [Fishbone/Cause and Effect Diagram - CLABSI and MRSA](#)

HQIC Resources



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- Kentucky Hospital Association
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- Superior Health Quality Alliance

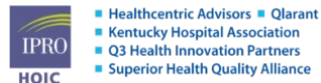


- <https://hqic-library.ipro.org/>

[LINK Telligen QI Connect Portal](#)



<https://www.ihconline.org/initiatives/hospital/hqic>



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Best Practice Guidelines

CLABSI

- [CDC BSI Guideline](#)
- [SHEA Compendium of strategies to prevent CLABSI](#)
- [APIC Guide to preventing CLABSI](#)

CAUTI

- [CAUTI Guidelines](#)
- [Guide to Preventing Catheter-Associated Urinary Tract Infections](#)
- [SHEA Compendium of strategies to prevent CAUTI](#)

MRSA

- [SHEA Compendium of strategies to prevent MRSA](#)
- [Strategies to Prevent S. aureus BSIs in Acute Care Facilities | CDC](#)
- [APIC Guide to preventing MRSA transmission](#)
- [Universal ICU Decolonization: An Enhanced Protocol | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

C. diff

- [Strategies to Prevent Clostridioides difficile Infection in Acute Care Facilities | CDC](#)
- [IDSA Clinical Practice Guidelines for Clostridium difficile Infection](#)
- [SHEA Compendium of strategies to prevent C. diff](#)

Patient and Family Education Resources

CAUTI FAQs

FAQs

(frequently asked questions)

about
*“Catheter-Associated
Urinary Tract Infection”*

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- o External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- o Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?







- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

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CLABSI FAQs

FAQs

(frequently asked questions)

about
*“Catheter-Associated
Bloodstream Infections”*

(also known as “Central Line-Associated Bloodstream Infections”)

What is a catheter-associated bloodstream infection?

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

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Ask your doctors and nurses if they will be using all of the prevention methods discussed above.

- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Patient and Family Education Resources

MRSA

FAQs

(frequently asked questions)

about
“MRSA”
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?
Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or “Staph” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. “Methicillin-resistant *Staphylococcus aureus*” or “MRSA” is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

Who is most likely to get an MRSA infection?
 In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as “community-associated MRSA” infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

How do I get an MRSA infection?
 People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?
 Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?
 To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Visitors may also be asked to wear a gown and gloves.
- When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.

• May test some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient’s nostrils or on the skin.

What can I do to help prevent MRSA infections?
In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?
 The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.


What do I need to do when I go home from the hospital?
 To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don’t take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.

C. diff

Accessible version: <https://www.cdc.gov/cdiff/what-is.html>

THE PROGRESSION OF A *C. DIFF* INFECTION



C. diff is a bacterium (germ) that causes severe diarrhea and colitis (an inflammation of the colon). *C. diff* infections can be life-threatening.

***C. diff* can infect anyone. Most cases of *C. diff* infection occur while you’re taking antibiotics or not long after you’ve finished taking antibiotics. Other risk factors include:**

- Previous infection with *C. diff* or known exposure to the germs
- Being 65 or older
- Recent stay at a hospital or nursing home
- A weakened immune system, such as people with HIV/AIDS, cancer, or organ transplant patients taking immunosuppressive drugs

If you have signs or symptoms, see a doctor.

- The doctor will review your signs and symptoms and order a lab test.
- If it’s positive, you’ll take an antibiotic for 10 days.

After you’ve recovered, you could still be colonized.

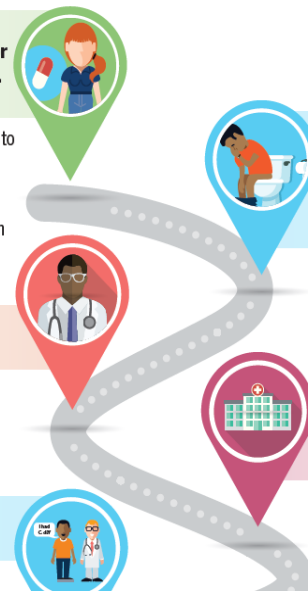
- The germs will be in your body, but you won’t

***C. diff* develops within a few days or up to several weeks after you take antibiotics and symptoms can include:**

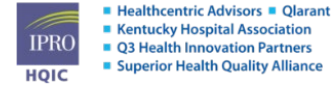
- Severe Diarrhea
- Fever
- Stomach tenderness or pain
- Loss of appetite
- Nausea

You might be admitted to the hospital.

- Your healthcare providers will use precautions such as wearing gloves and gowns to prevent the spread of *C. diff*.



Contact Us



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Upcoming LAN Events



June 23, 2022 | 1 - 2 p.m. EST

Moving Forward Using Lessons Learned to Prevent Central Line-Associated Bloodstream Infections

Registration Link for Attendees:

<https://ipro.webex.com/ipro/onstage/g.php?MTID=e3b319063ff36d3ad89eb76a933135092>

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Thank you for joining us today!

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