

PLACIDE trial

Classification of patients with confirmed *C. difficile* diarrhoea (CDAD) during follow-up

Record the following information from the lab records and clinical notes for patients who developed CDAD. Where there are several reports for an individual patient, record the *most severe findings* (e.g. highest temperature, highest WCC, lowest BP) that occurred during the period that the patient had diarrhoea.

Participant initials:

PLACIDE ID number:

	date of test or examination DD/MM/YY	Worst result
Blood tests		
Total white cell count (WCC or WBC)	<input type="text"/>	<input type="text"/> x 10 ⁹ /L
Creatinine	<input type="text"/>	<input type="text"/> μmol/L
Findings on clinical examination		
Temperature	<input type="text"/>	<input type="text"/> °C
Abdomen:		
Distended?	<input type="text"/>	<input type="text"/> Y / N / not recorded
Tender to palpation?	<input type="text"/>	<input type="text"/> Y / N / not recorded
Peritonitis (hard abdomen; rebound tenderness)	<input type="text"/>	<input type="text"/> Y / N / not recorded
Ileus (silent abdomen; absence of bowel sounds)	<input type="text"/>	<input type="text"/> Y / N / not recorded
Toxic megacolon?	<input type="text"/>	<input type="text"/> Y / N / not recorded
Radiology		
AXR or CT scan done?		<input type="text"/> Y / N / not recorded
If Yes; enter date and report:		
Other investigations		
Flexible sigmoidoscopy or colonoscopy done?		<input type="text"/> Y / N / not recorded
If Yes; enter date and report:		
How was the CDAD treated?		
Metronidazole		<input type="text"/> Y / N / not recorded
Vancomycin		<input type="text"/> Y / N / not recorded
Surgery (colostomy, colectomy etc.)?		<input type="text"/> Y / N / not recorded
If yes – please give details:		
Other		<input type="text"/> Y / N / not recorded
If yes – please give details:		

Please sign and date: