ANMC *Clostridium difficile* Infection (CDI) Treatment Guideline

Signs & Symptoms

- Abdominal cramping/discomfort
- ≥3 watery/unformed stools in a 24 hour period
- Mucous and/or blood in stool

Laboratory Findings

- Positive *Clostridium difficile* DNA amplification test (2 hour turnaround for results)
- Test of cure should not be performed.
- Children <2 years old should not be routinely tested for C.diff when presenting with diarrhea due to high carriage rates and high risk of false positive results

Risk Factors

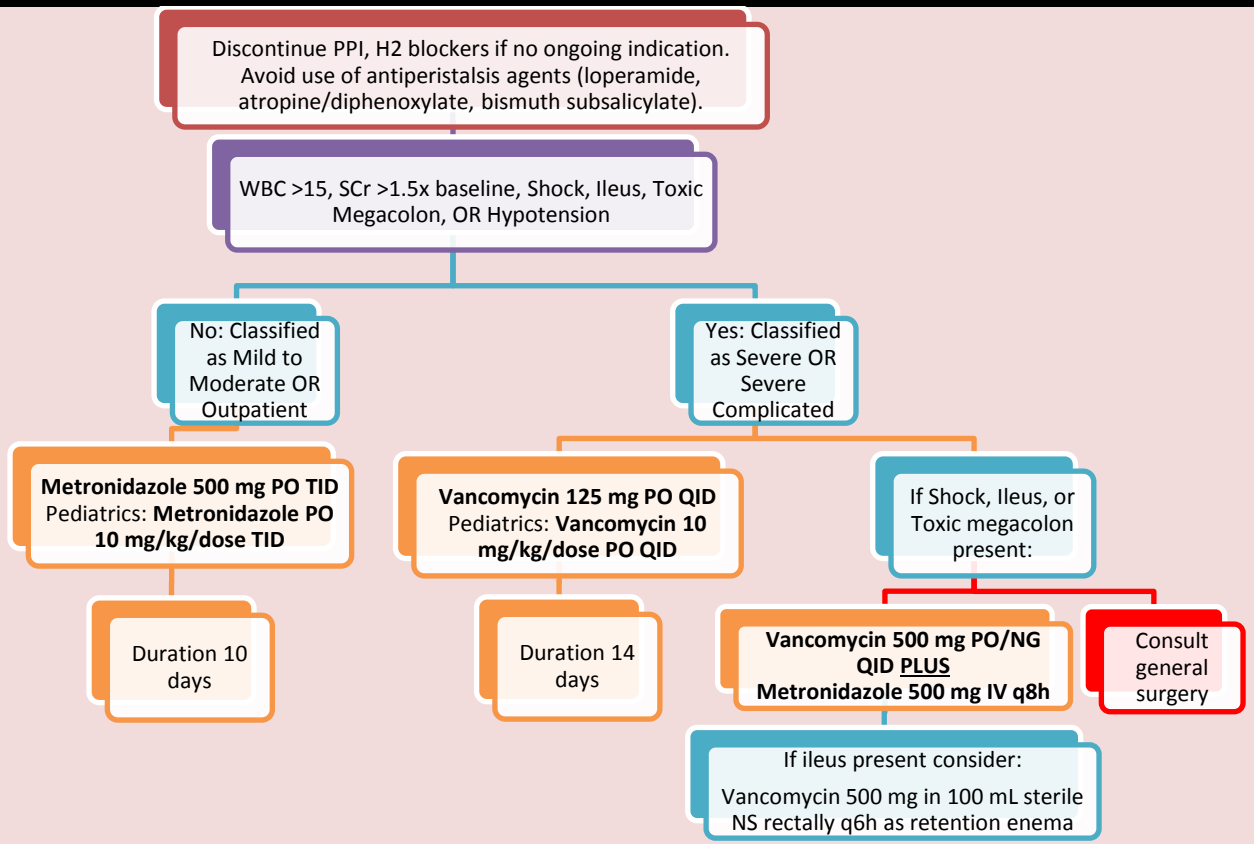
Host

- Recent hospitalization or known contact in the community
- Immunocompromised
- Female gender
- Age > 65 yo

Disruption in flora

- Antibiotics in previous 90 days
- PPI/H2 Blocker use (risk of causing *C.difficile*: PPI>H2 Blocker>Antacids)
- Antineoplastic use in the past 8 weeks
- Loss of intestinal function (ileus/obstruction)
- Recent procedures (Enema/NG Tube/Surgical Procedure)

Antibiotic Selection



First Recurrence

Repeat initial treatment (oral metronidazole or oral vancomycin)

*Metronidazole should not be used beyond first recurrence of CDI or long-term due to potential for cumulative neurotoxicity

Second or Greater Recurrence

Vancomycin 125 mg PO QID x14 days, followed by 4 week taper:

- **Vancomycin 125 mg PO BID x7 days, then**
- **Vancomycin 125 mg PO QD x7 days, then**
- **Vancomycin 125 mg PO QOD x7 days, then**
- **Vancomycin 125 mg PO q72hr x7 days**

Consider for referral for fecal microbiota transplantation

Notes

- If ongoing therapy with *C. difficile* predisposing antimicrobial regimen, upon completion of 10-14 days of QID dosing continue enteral vancomycin BID until completion of therapy
- Discontinue PPIs, H2 Blockers, and antacids if no ongoing indication
  - Exclusion: GI bleed, *H.pylori* infection, gastric/duodenal ulcer, erosive esophagitis, chronic NSAID/steroid use (>20 mg/day prednisone equivalent)
- Antimicrobial therapy should be narrowed when possible and treatment should be for the shortest duration clinically necessary

ANMC Antimicrobial Stewardship Program Approved May 2017

Hota SS, et al. Fecal Transplant vs Vancomycin Taper. *CID*. 2017:64(3);265-71. Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults. *Infect Control Hosp Epidemiol*. 2010;31(5):431-45