ANMC Adult *Clostridium (Clostridioides) 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
- Fever >100.4
- Decreased albumin

Laboratory Findings

- Positive *Clostridium difficile* DNA amplification test (2 hour turnaround for results); EIA test (1 hour turnaround for results); total time ~3 hour turnaround for results
- Test of cure should not be performed. Repeat tests sent within 7 days will be rejected by the microbiology department.

Risk Factors

Host

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

Disruption in flora

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

Antibiotic Selection

Discontinue PPI, H2 blockers if no ongoing indication. Avoid use of antiperistalsis agents (loperamide, atropine/diphenoxylate, bismuth subsalicylate).

WBC >15, SCr >1.5, Shock, Ileus, Toxic Megacolon, OR Hypotension

- No: Classified as non-severe
  - **Vancomycin 125 mg PO QID**
    - Duration 10 days
- Yes: Classified as severe OR fulminant
  - **Vancomycin 125 mg PO QID**
    - Duration 10 days
  - If Shock, Ileus, or Toxic megacolon present:
    - **Vancomycin 500 mg PO/NG QID PLUS Metronidazole 500 mg IV q8h**
      - If ileus present consider: **Vancomycin 500 mg** in 100 mL sterile NS rectally q6h as retention enema
    - Consult general surgery

Testing Encouraged:
-Diarrhea (≥3 watery, unformed stools in 24 hour period)
-Fever
-Abdominal pain/tenderness
-Elevated WBC, SCr

Testing Discouraged:
-Laxative or enteral (tube) feeding use within previous 24-48

First 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 after second recurrence

Notes

- If ongoing therapy with *C. difficile* predisposing antimicrobial regimen, upon completion of 10 days of QID dosing continue enteral vancomycin BID until completion of therapy
- *C. difficile* predisposing antimicrobial therapy should be narrowed when possible and treatment should be for the shortest duration clinically necessary
- 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)

ANMC Antimicrobial Stewardship Program Approved April 2018; Updated August 2021

Hota SS, et al. Fecal Transplant vs Vancomycin Taper. *CID*. 2017:64(3);265-71. Johnson S, et al. Clinical Practice Guideline by the IDSA and SHEA: 2021 Focused Update Guidelines on Management of *Clostridioides difficile* Infection in Adults. *CID*. 2021.