

ANMC Clostridium difficile Infection (CDI) Prophylaxis Guideline

Risk Factors

Host	Disruption in flora
<ul style="list-style-type: none"> Recent hospitalization or known contact in the community Immunocompromised Female gender Age > 65 yo 	<ul style="list-style-type: none"> Prior antibiotics in previous 90 days PPI/H2 Blocker use (Risk of causing <i>C. difficile</i>: PPI>H2 Blockers>Antacids) Antineoplastic use in the past 8 weeks Loss of intestinal function <ul style="list-style-type: none"> Ileus/obstruction Recent procedures <ul style="list-style-type: none"> Enema/NG Tube/Surgical Procedure

High Risk Antimicrobials

<ul style="list-style-type: none"> 3rd/4th/5th generation cephalosporins <ul style="list-style-type: none"> Ceftazidime Cefdinir Ceftriaxone Cefpodoxime Cefepime Ceftaroline 	<ul style="list-style-type: none"> Clindamycin Beta-Lactam/Beta-Lactamase Inhibitors <ul style="list-style-type: none"> Piperacillin/Tazobactam Ampicillin/Sulbactam Amoxicillin/Clavulanic acid 	<ul style="list-style-type: none"> Fluoroquinolones <ul style="list-style-type: none"> Levofloxacin Ciprofloxacin Moxifloxacin Carbapenems <ul style="list-style-type: none"> Ertapenem Meropenem
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Initial Management

<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Exclusion: GI bleed, <i>H. pylori</i> infection, gastric/duodenal ulcer, erosive esophagitis, chronic NSAID/steroid use (>20 mg/day prednisone equivalent)
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Probiotic Exclusion Criteria

<ul style="list-style-type: none"> Neutropenic HIV positive w/ CD4 <200 Active malignancy undergoing chemotherapy or radiation Pancreatitis 	<ul style="list-style-type: none"> Transplant patient on immunosuppressant therapy Prosthetic heart valve Ileus, GI obstruction
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High Risk Patients

Criteria	Prophylactic Regimen	Duration
Initiating "high risk" antimicrobial therapy	<ul style="list-style-type: none"> Lactobacillus rhamnosus GG 1 capsule PO daily, initiated at time of antimicrobial therapy initiation 	<ul style="list-style-type: none"> Continue 7 days after cessation of antimicrobial therapy
C.diff within last 6 months and initiating "high risk" antimicrobial therapy	<p>Adults Only:</p> <ul style="list-style-type: none"> Vancomycin 125 mg PO BID (prophylaxis dosing)* PLUS Lactobacillus rhamnosus GG 1 capsule PO daily at time of antimicrobial therapy initiation 	<ul style="list-style-type: none"> Vancomycin during antimicrobial therapy Lactobacillus: continue 7 days after cessation of antimicrobial

Considerations

<ul style="list-style-type: none"> If ongoing therapy with <i>C. difficile</i> predisposing antimicrobial regimen, upon completion of 10-14 days of QID dosing for treatment, may continue enteral vancomycin BID until completion of therapy. *Clinical trials utilizing secondary prophylaxis with oral vancomycin were done in the inpatient population
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VanHise NW, et al. Efficacy of Oral Vancomycin in Preventing Recurrent *Clostridium difficile* Infection in Patients Treated with Systemic Antimicrobial Agents. *CID*. 2016;63(5):651-3.; Carignan A, et al. Efficacy of Secondary Prophylaxis with Vancomycin for Preventing Recurrent *Clostridium difficile* Infections. *Am J Gastroenterol*. 2016;111:1834-1840.