### 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)
- 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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>WBC &gt;15, SCr &gt;1.5, Shock, Ileus, Toxic</td>
<td>Vancomycin 125 mg PO QID Duration 10 days</td>
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<td>Megacolon, OR Hypotension</td>
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<tr>
<td>No: Classified as non-severe</td>
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<tr>
<td>Yes: Classified as severe OR Fulminant</td>
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<tr>
<td>If Shock, Ileus, or Toxic megacolon present:</td>
<td>Vancomycin 500 mg PO/NG QID PLUS Metronidazole 500 mg IV q8h Consult</td>
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<tr>
<td>If ileus present consider:</td>
<td>general surgery</td>
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<td>Vancomycin 500 mg in 100 mL sterile NS</td>
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<td>rectally q6h as retention enema</td>
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</tbody>
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#### 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: Gl bleed, *H. pylori* infection, gastric/duodenal ulcer, erosive esophagitis, chronic NSAID/steroid use (>20 mg/day prednisone equivalent)
- 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

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