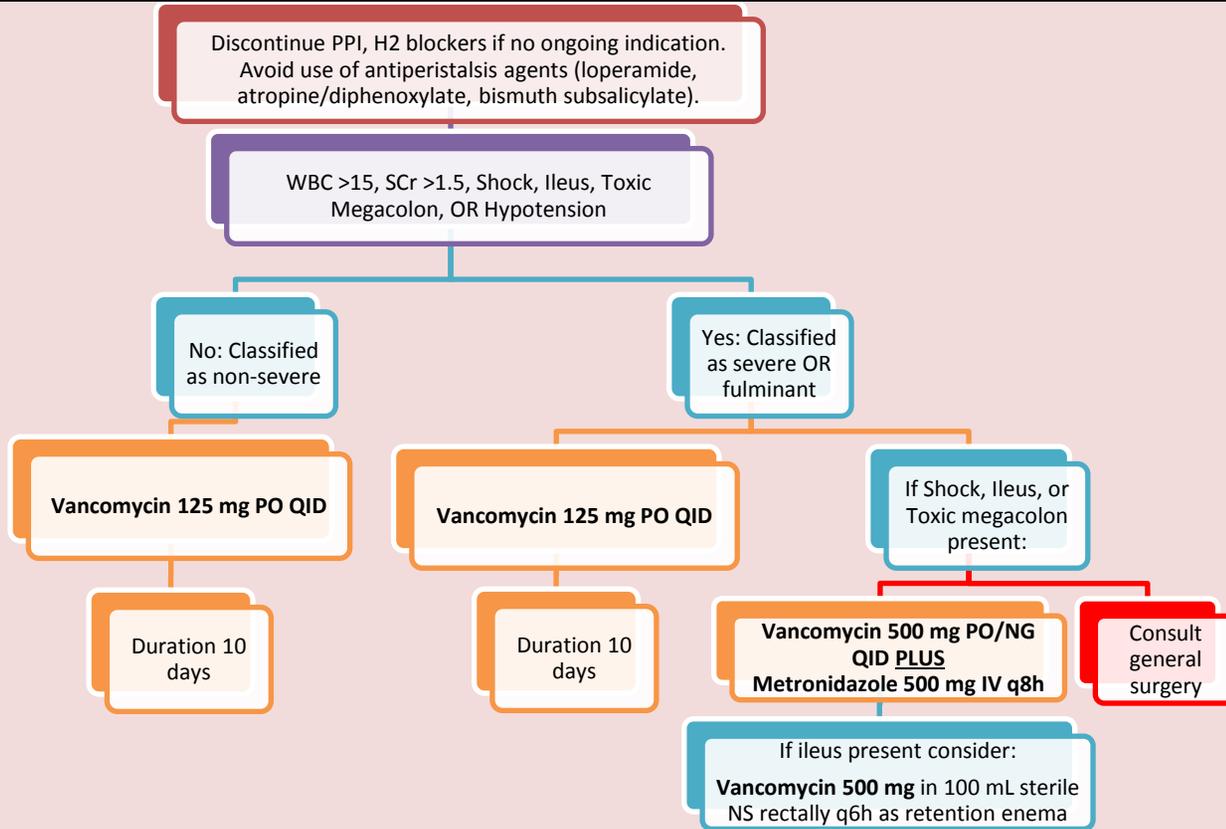


# ANMC Adult *Clostridium (Clostridioides) difficile* Infection (CDI) Treatment Guideline

Signs & Symptoms	Laboratory Findings
<ul style="list-style-type: none"> <li>Abdominal cramping/discomfort</li> <li>≥ 3 watery/unformed stools in a 24 hour period</li> <li>Mucous and/or blood in stool</li> <li>Fever &gt;100.4</li> <li>Decreased albumin</li> </ul>	<ul style="list-style-type: none"> <li>Positive <i>Clostridium difficile</i> DNA amplification test (2 hour turnaround for results)</li> <li>Test of cure should not be performed. Repeat tests sent within 7 days will be rejected by the microbiology department.</li> </ul>

Risk Factors	
Host	Disruption in flora
<ul style="list-style-type: none"> <li>Recent hospitalization or known contact in the community</li> <li>Immunocompromised</li> <li>Age &gt; 65 yo</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotics in previous 90 days</li> <li>PPI/H2 Blocker use (risk of causing <i>C. difficile</i>: PPI&gt;H2 Blocker&gt;Antacids)</li> <li>Loss of intestinal function (ileus/obstruction)</li> <li>Recent procedures (Enema/NG Tube/Surgical Procedure)</li> </ul>

## Antibiotic Selection



**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 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
  - o Exclusion: GI bleed, *H. pylori* infection, gastric/duodenal ulcer, erosive esophagitis, chronic NSAID/steroid use (>20 mg/day prednisone equivalent)