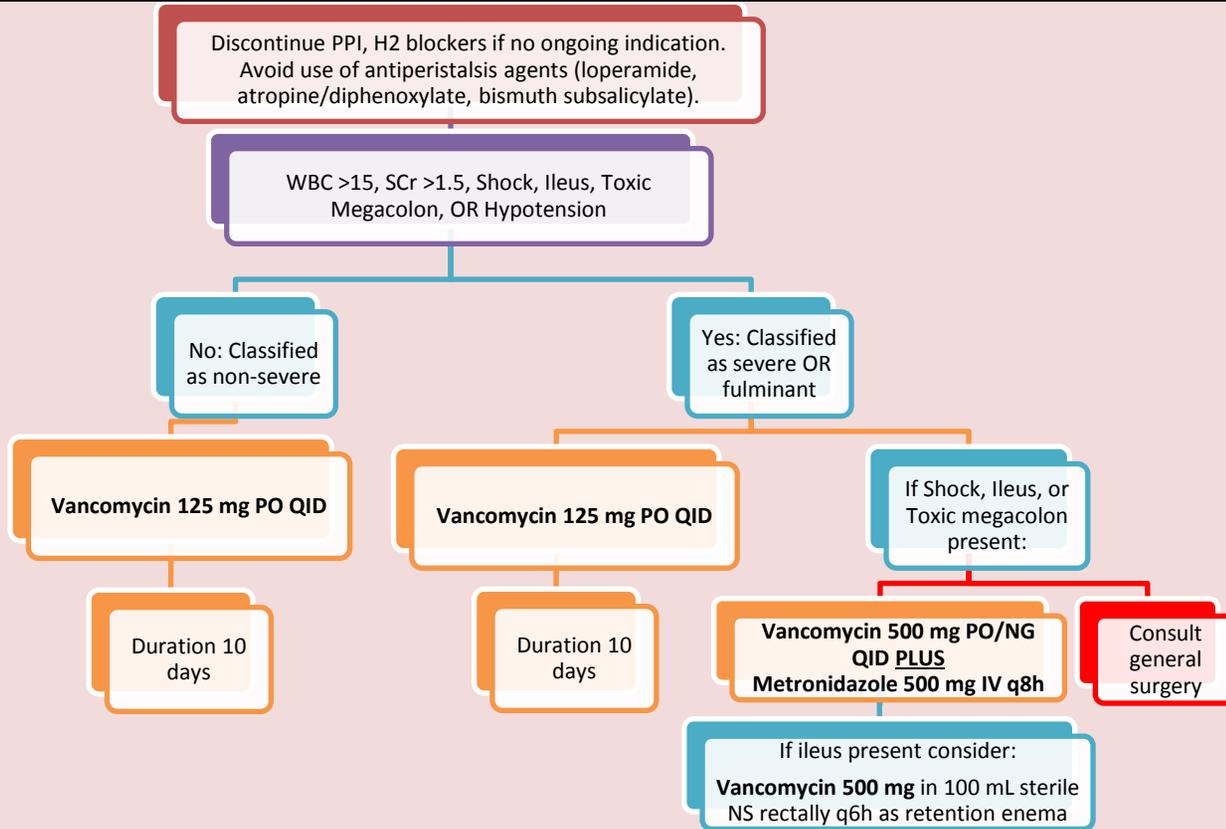


ANMC Adult *Clostridium (Clostridioides) difficile* Infection (CDI) Treatment Guideline

Signs & Symptoms	Laboratory Findings
<ul style="list-style-type: none"> Abdominal cramping/discomfort ≥ 3 watery/unformed stools in a 24 hour period Mucous and/or blood in stool Fever >100.4 Decreased albumin 	<ul style="list-style-type: none"> Positive <i>Clostridium difficile</i> 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	Disruption in flora
<ul style="list-style-type: none"> Recent hospitalization or known contact in the community Immunocompromised Age > 65 yo 	<ul style="list-style-type: none"> Antibiotics in previous 90 days PPI/H2 Blocker use (risk of causing <i>C. difficile</i>: PPI>H2 Blocker>Antacids) Loss of intestinal function (ileus/obstruction) Recent procedures (Enema/NG Tube/Surgical Procedure)

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)