## ANMC Adult Clostridium (Clostridioides) difficile Infection (CDI) Treatment Guideline Signs & Symptoms Laboratory Findings Abdominal cramping/discomfort ≥ 3 watery/unformed stools in a 24 hour period 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 Mucous and/or blood in stool by the microbiology department. Fever >100.4 Decreased albumin **Risk Factors** Host Disruption in flora Antibiotics in previous 90 days Recent hospitalization or known contact in the community PPI/H2 Blocker use (risk of causing *C.difficile*: PPI>H2 Blocker>Antacids) Immunocompromised Loss of intestinal function (ileus/obstruction) Age > 65 yoRecent procedures (Enema/NG Tube/Surgical Procedure) **Antibiotic Selection** Discontinue PPI, H2 blockers if no ongoing indication. Avoid use of antiperistalsis agents (loperamide, Testing Encouraged: atropine/diphenoxylate, bismuth subsalicylate). -Diarrhea (≥3 watery, unformed stools in 24 hour period) -Abdominal pain/tenderness WBC >15, SCr >1.5, Shock, Ileus, Toxic -Elevated WBC, SCr Megacolon, OR Hypotension Testing Discouraged: -Laxative or enteral (tube) feeding use within previous 24-48 Yes: Classified No: Classified as severe OR as non-severe fulminant **First or Greater Recurrence** Vancomycin 125 mg PO QID x14 days, followed by 4 If Shock, Ileus, or Vancomycin 125 mg PO QID week taper: Vancomycin 125 mg PO QID Toxic megacolon present: - 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 500 mg PO/NG Consult **Duration 10 Duration 10** - Vancomycin 125 mg PO q72hr x7 days QID PLUS general days days Metronidazole 500 mg IV q8h surgery Consider for referral for fecal microbiota transplantation after second recurrence If ileus present consider: Vancomycin 500 mg in 100 mL sterile NS rectally q6h as retention enema **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)

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