Management of Suspected *Clostridium difficile* Infection in Adults

NHS Greater Glasgow and Clyde

Early (empirical) Management of *Clostridium difficile* (CDI) may be life saving

Start empirical treatment for CDI (see below) if patient has loose stools and either a history of recent antibiotic(s)/ hospitalisation (and no alternate diagnosis) *or* stool positive for *C.difficile* toxin.
Monitor frequency & severity of diarrhoea daily. ***NB.*** Life-threatening CDI may present with ileus rather than diarrhoea. If toxin negative but loose stools continue, think alternate cause & discuss with infection specialist.

Where possible:

- **Stop/ rationalise** non-clostridial antimicrobials
- **Stop** anti-motility agents (e.g. loperamide, opiates)
- **Stop** gastric acid suppression e.g. PPIs
- **Rehydrate** the patient
- **X-ray** abdomen if abdominal tenderness/ distension and consider X-ray if temp > 38.5°C, WBC > 15 x 10^9/L or Creatinine > 1.5 x baseline

Assess severity of disease DAILY. Severity markers:

- Evidence of severe colitis in CT scan or X-ray
- Acute rising serum Creatinine > 1.5 x baseline
- Temperature > 38.5°C
- WBC > 15 x 10^9/L
- Suspicion of/confirmed pseudomembranous colitis, toxic megacolon or ileus

NO Severity Markers
Mild/ moderate CDI

Oral Metronidazole 400mg 8 hourly.
Duration: 10 days
(**NB.** Do not use Metronidazole suspension. If unable to swallow Metronidazole tablets, see next page for Vancomycin administration/dosing guidance).

If oral/enteral route not available:
IV Metronidazole 500mg 8 hourly

• Monitor bowel movements, symptoms (WBC, fever, hypotension), nutrition & fluid balance and for signs of increasing severity.

If loose stools continue after 5 days or if clinical condition worsens at any time switch treatment to:
Oral Vancomycin 125mg 6 hourly.
Duration: 10 days

If after 10 days treatment, diarrhoea still persists:
Seek advice from Microbiology/ ID.

≥ 1 Severity Markers
Severe CDI

Oral Vancomycin 125mg 6 hourly. Duration: 10 days
(**NB.** Higher Vancomycin doses required for enteral route administration). [Δ]

If oral/enteral route not available: IV Metronidazole 500mg 8 hourly. Change to Vancomycin once oral/enteral route available. See next page for administration/dosing guidance.

• Monitor bowel movements, symptoms (WBC, fever, hypotension), nutrition & fluid balance and for signs of increasing severity.
• Ensure intravenous fluid resuscitation, electrolyte replacement and pharmacological venous thromboembolism prophylaxis.
• **Life threatening CDI. Surgical review required if ≥ 1 of the following:** admission to ICU for CDI, hypotension +/- required use of vasopressors, ileus or significant abdominal distension, mental status changes, WCC ≥ 35 or < 2 x 10^9/L, serum lactate > 2.2 mmol/L, end organ failure (mechanical ventilation, renal failure etc).

If ileus detected: IV Metronidazole 500mg 8 hourly PLUS Vancomycin 500mg 6 hourly (oral/enteral/intra-colonic route; see next page for administration/ dosing guidance). STOP IV Metronidazole when ileus resolved. Continue oral/enteral/intra-colonic Vancomycin 500mg 6 hourly for total 10 days.

If after 10 days treatment, diarrhoea still persists:
Seek advice from Microbiology/ ID.

Treatment of recurrent CDI (*NB.* CDI which re-occurs within 8 weeks after onset of previous episode)*

1st recurrence loose stool AND positive *C.difficile* toxin OR clinical suspicion of CDI	2nd or subsequent recurrence loose stool
Oral Vancomycin 125mg 6 hourly.[Δ] Duration: 10 days **If oral/enteral route not available: IV Metronidazole 500mg 8 hourly.** Change to Vancomycin once oral/enteral route available. See next page for administration/dosing guidance. **If ileus detected:** See treatment recommendations above.	Seek advice from Microbiology/ ID **NB.* If > 8 weeks then treat as first CDI episode.

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