Algorithm for Management of Adults with *Clostridium difficile* Infection

**Suspect *C. difficile* infection:**
Unexplained and new onset >3 watery stools/24hrs over baseline not due to other conditions such as laxative use, tube feeds, chemo, or inflammatory bowel disease + fever + abdominal pain + leukocytosis

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**Initial Management**
- Stop antibiotics if possible and send *C. difficile* test
- Initiate contact isolation (fires automatic order)
- Use disposable stethoscopes
- Wash hands with soap and water. Hand sanitizers do not kill spores.
- Initial labs: CBCD, Creatinine, Lactate and Stool *C. difficile* test

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**C. difficile**

**C. difficile NEGATIVE**
- Please enter order to discontinue contact precautions and place on standard precautions
- Do not repeat *C. difficile* testing during same episode

**Mild/Moderate 1st episode (2 or more criteria):**
WBC<15K, Creatinine <1.5xbaseline Age<60 Albumin >2.5 Temp <38.3

- Hydrate as needed
- **Vancomycin 125 mg PO four times daily x 10-14 days**

**Daily Assessment:**
- CBCD
- Stool frequency
- Abdominal exam

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**Severe 1st episode (2 or more criteria):**
WBC>15 Creatinine >1.5xbaseline Age >60 Albumin <2.5 Temp >38.3

- Hydrate as needed and consider hospitalization
- **Vancomycin 125 mg PO four times daily x 14 days**

**Consider CT abdomen and/or consult specialists**

**Consider consult general surgery and ID if:**
- No response in 72 hours
- Worsening abdominal exam
- Illness
- CT with colitis/ascites/dilatation
- Age >75
- Lactate >2
- WBC >20

**Daily Assessment:**
- CBCD
- Stool frequency
- Abdominal exam

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**Severe Complicated (2 or more criteria):**
Hypotension, shock, ileus, megacolon, pressors, intubation, ICU admission, mental status changes, pseudomembranes seen on colonoscopy, WBC>50K, peritonitis, Lactate >5, CT scan with colitis, ascites or dilatation.

- Hydrate as needed
- Pressors as needed
- **Vancomycin 500 mg PO four times daily**
- **Metronidazole 500 mg IV three times daily**
- **Consider Vancomycin retention enema 500 mg four times daily if ileus is present**

**CT abdomen**
**Consult ID**
**Consult General Surgery**

**NPO if:**
- Ileus
- Toxic megacolon
- Perforation

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**C. difficile**

**C. difficile POSITIVE**

**Symptoms worsen:**

**Symptoms resolve:**
Complete 10-14 days therapy
Do not repeat stool testing (no test of cure). **Stool testing likely to remain positive, only useful if negative**
Educate patient on risk of reoccurrence with antibiotic use; only use antibiotics if septic or confirmed bacterial infection.

- Please document episode # in records
- See page 2 for management of recurrence and additional notes
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**2nd Episode of Clostridium difficile**
Educate patient on risk of reoccurrence with antibiotic use; only use antibiotics if septic or confirmed bacterial infection

First episode treated with metronidazole?

- **YES**
  - Give Vancomycin PO 125 mg QID x 14 days

- **NO, first treated with PO Vancomycin**
  - Prolonged Vancomycin PO Taper:
    - 125 mg PO QID x 14 days
    - 125 mg PO BID x 7 days
    - 125 mg PO daily x 7 days
    - Then 125 mg PO every 3 days for another 2-8 wks
  - OR Fidaxomicin 200 mg PO BID x 10 days*

**3rd or more episode of Clostridium difficile**
Consider Fecal Microbiota Transplant (refer to outside hospital) and/or Fidaxomicin* and/or call Infectious Disease


**What is the definition of diarrhea?** – 3 or more watery stools within 24 hrs.

**When to test for C. difficile?** Our NAAT Cdiff testing is very sensitive, it will pick up colonized patients without disease. Therefore, we need pre-agreed institutional criteria for patient stool submission which are as follows:

**Only submit stool for C. difficile if:**
- a) Bristol Type 6 or 7 (see Attachment A - Bristol Stool Chart)
- b) Off stool softeners for at least 24 hrs
- c) Reviewed alternative causes of diarrhea such as tube feeds, inflammatory bowel disease, or recent chemotherapy.

**Additional Notes:**
Use of PPI associated with increased risk of recurrence
The data on probiotics is not conclusive, but reasonable to use in patients who are not immunocompromised
Please direct all questions about contact precautions to the Infection Prevention Department
Opioids may worsen severity

Adapted from Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)
VCMC/SPH Infectious Disease Department

**Approvals:** Antimicrobial Stewardship Committee 5/2018
MEC: 6/2018, Oversight Committee: 6/2018
Revised: 6/2018
### Bristol Stool Form Scale

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>Separate hard lumps, like nuts</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 2</td>
<td>Sausage-shaped but lumpy</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage or snake but with cracks on its surface</td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 4</td>
<td>Like a sausage or snake, smooth and soft</td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 5</td>
<td>Soft blobs with clear-cut edges</td>
<td><img src="image5.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td>Type 7</td>
<td>Watery, no solid pieces</td>
<td><img src="image7.png" alt="Image" /></td>
</tr>
</tbody>
</table>