CLOSTRIDIUM DIFFICILE-ASSOCIATED DIARRHEA

If *Clostridium difficile* is suspected, patients with diarrhea should immediately be placed on enhanced contact precautions. Hand hygiene with soap and water after contact with patient is mandatory.

Patients with *C. difficile*-associated diarrhea (CDAD) should have the following completed:
- Discontinue other concurrent antimicrobials. If other concurrent antimicrobials are necessary, streamline to the narrowest agents possible.
- Discontinue proton pump inhibitors.
- Discontinue laxatives and do not initiate anti-peristaltic therapy for diarrhea due to CDAD.
- Duration of therapy
  - No concurrent antimicrobial use
    - First occurrence or first recurrence: 10-14 days
    - Second or later recurrence: consider formal Infectious Diseases consultation
  - Patients receiving concurrent antimicrobials during treatment for CDAD should obtain a formal Infectious Diseases consultation to determine duration of therapy.
- If diarrhea does not improve after 5 days of therapy, consider a formal GI or Colorectal Surgery consultation for colonoscopy or other diagnoses.
- Repeat testing during same episode of diarrhea is not indicated unless clinical suspicion is high.
- Do not send test of cure after diarrhea resolves.

<table>
<thead>
<tr>
<th>Disease Severity</th>
<th>Recommended Treatment</th>
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<tbody>
<tr>
<td><strong>Initial episode, mild without systemic symptoms</strong></td>
<td>Stop concurrent antibiotics and observe. If no improvement in 2-3 days or development of systemic symptoms: Metronidazole 500 mg PO q8h</td>
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<td>WBC&lt;15,000 cells/mm³ AND SCr&gt;1.5 × baseline OR ICu level care for CDAD OR SCr&gt;1.5 × baseline OR 2 of the following: age&gt;60, fever&gt;100.4°F, albumin&lt;2.5 mg/dL, WBC&gt;15,000 cells/mm³</td>
<td><strong>Vancomycin 125 mg PO q6h</strong></td>
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<td><strong>Initial episode, severe, complicated</strong></td>
<td>Recommend formal consultation with Colorectal Surgery if suspecting pseudomembranous colitis, toxic megacolon, or bowel perforation. Vancomycin 500 mg PO q6h + metronidazole 500 mg IV q8h. If complete ileus, add vancomycin 500 mg in 100 mL normal saline retention enema PR q6h</td>
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<td>Any of the following attributable to CDAD: severe ileus or abdominal distention, lactate ≥4 mmol/L, hypotension, WBC ≥35,000 cells/mm³, end organ failure</td>
<td><strong>Vancomycin 125 mg PO q6h followed by taper: 125 mg PO q8h x 7 days then 125 mg PO q12h x 7 days, then 125 mg PO q24h x 7 days, then 125 mg PO three times per week x 7 days, then observe</strong></td>
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<tr>
<td><strong>First recurrence</strong></td>
<td>Stratify and treat based on disease severity as outline above (may repeat initial regimen)</td>
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<td>Resolution of CDAD symptoms while on appropriate treatment followed by return of diarrhea after treatment stopped</td>
<td><strong>Recommend formal consultation with GI and Infectious Diseases</strong> for further management and consideration of other therapies (e.g. fecal microbiota transplant, fidaxomicin, IVIG, etc.)</td>
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<td><strong>Second recurrence</strong></td>
<td>Vancomycin 125 mg PO q6h followed by taper: 125 mg PO q8h x 7 days then 125 mg PO q12h x 7 days, then 125 mg PO q24h x 7 days, then 125 mg PO three times per week x 7 days, then observe</td>
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<td><strong>Third or more recurrence</strong></td>
<td>Vancomycin 125 mg PO q6h followed by taper: 125 mg PO q8h x 7 days then 125 mg PO q12h x 7 days, then 125 mg PO q24h x 7 days, then 125 mg PO three times per week x 7 days, then observe</td>
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</table>

References


Revised: 3/11/2015
**Clostridium difficile-associated diarrhea (CDAD) suspected**
- Place patient on enhanced contact isolation
- Discontinue or streamline any other concurrent antimicrobials
- Discontinue any proton pump inhibitors, if possible

Stratify patient based on disease severity

- **Mild diarrhea without systemic symptoms**
  - Afebrile with normal WBC
  - Stop all antibiotics, if possible, and observe
  - Not improved in 2-3 days or systemic symptoms develop
    - Continue treatment for 10 days
      - **YES** Is diarrhea improving by 5 days of therapy?
        - **YES** Continue treatment for 10-14 days
        - **NO** Is diarrhea improving by 5 days of therapy?
          - **NO** Consult GI or Colorectal Surgery for colonoscopy or other diagnoses
          - **YES** If not improving or acute abdomen, consult Colorectal Surgery for possible colectomy and consider GI or ID consult

- **Mild-to-moderate disease**
  - WBC <15,000 cells/mm$^3$ and Scr <1.5 x baseline
  - Start metronidazole 500 mg PO q8h
  - If diarrhea improving by 5 days of therapy?
    - **YES** Continue treatment for 10 days
    - **NO** Is diarrhea improving by 5 days of therapy?
      - **NO** Consult GI or Colorectal Surgery for colonoscopy or other diagnoses
      - **YES** If not improving or acute abdomen, consult Colorectal Surgery for possible colectomy and consider GI or ID consult

- **Severe disease**
  - ICU level care for CDAD or Scr > 1.5 x baseline or Any 2 of the following: age > 60, fever > 100.4 F, albumin <2.5 mg/dL, WBC >15,000 cells/mm$^3$
  - Start vancomycin 125 mg PO q6h
  - Severe, complicated disease
    - Any of the following attributable to CDAD: severe ileus or abdominal distention, lactate > 4 mmol/L, hypotension, WBC > 35,000 cells/mm$^3$, end organ failure
    - If suspecting toxic megacolon, pseudomembranous colitis, or abdominal perforation, consult Colorectal Surgery for potential emergent colectomy

Management of Recurrent CDAD
(see previous page for more details)
First recurrence – use algorithm (may repeat initial regimen)
Second recurrence – vancomycin 125 mg PO q6h x 1 month
Third or more recurrence – consult Infectious Diseases and GI

Treatment of multiple recurrences is very difficult to manage.
Consult Infectious Diseases or GI for assistance.