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>&lt;br&gt;Normal WBC and afebrile</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><strong>Initial episode, mild or moderate</strong>&lt;br&gt;WBC &lt;15,000 cells/mm³ AND&lt;br&gt;SCr &lt;1.5 x baseline</td>
<td>Metronidazole 500 mg PO q8h If diarrhea not improving after 5 days, consider switch to vancomycin 125 mg po q6h</td>
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<td><strong>Initial episode, severe</strong>&lt;br&gt;ICU level care for CDAD OR&lt;br&gt;SCr &gt; 1.5 x baseline OR&lt;br&gt;2 of the following: age ≥ 60, fever ≥100.4°F, albumin &lt; 2.5 mg/dL, WBC &gt;15,000 cells/mm³</td>
<td>Vancomycin 125 mg PO q6h</td>
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<td><strong>Initial episode, severe, complicated</strong>&lt;br&gt;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>Recommend formal consultation with Colorectal Surgery if suspecting pseudomembranous colitis, toxic megacolon, or bowel perforation&lt;br&gt;Vancomycin 500 mg PO q6h + metronidazole 500 mg IV q8h&lt;br&gt;If complete ileus, add vancomycin 500 mg in 100 mL normal saline retention enema PR q6h</td>
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<td><strong>First recurrence</strong>&lt;br&gt;Resolution of CDAD symptoms while on appropriate treatment followed by return of diarrhea after treatment stopped</td>
<td>Stratify and treat based on disease severity as outline above (may repeat initial regimen)</td>
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<td><strong>Second recurrence</strong>&lt;br&gt;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>Recommend formal consultation with GI and Infectious Diseases for further management and consideration of other therapies (e.g. fecal microbiota transplant, fidaxomicin, IVIG, etc.)</td>
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References

Revised: 4/20/2017
**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**

**Start metronidazole 500 mg PO q8h**

**Is diarrhea improving by 5 days of therapy?**

**YES**
- Continue treatment for 10 days

**NO**
- Continue treatment for 10-14 days

**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/mm³ and
- SCr <1.5 x baseline

**Start metronidazole 500 mg PO q8h**

**Is diarrhea improving by 5 days of therapy?**

**YES**
- **Start vancomycin 125 mg PO q6h**

**NO**
- **Consult GI or Colorectal Surgery for colonoscopy or other diagnoses**

**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/mm³

**Start 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**

**Consult GI or 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.**