Aspirus *Clostridium difficile* Infection Treatment Recommendations – Adult Inpatient

When a patient is diagnosed with *Clostridium difficile* Infection (CDI), the following actions/considerations are recommended:

1. **Discontinue all unnecessary antibiotics**
2. Empirically initiate Enteric Contact Precautions
3. Discontinue proton pump inhibitors (PPIs) if not needed
4. Review use of anti-motility agents and discontinue laxatives and stool softeners if possible
5. Intravenous vancomycin does not penetrate the GI system and has no efficacy in the treatment of *C. difficile*
6. Monotherapy with IV metronidazole is associated with poor clinical outcomes and should be transitioned to PO vancomycin as soon as possible to ensure appropriate therapy

Evaluate and stratify patient for severity of illness associated with *C. difficile* infection per the table below to determine therapy[1]:

Clinical Definition	Clinical Manifestations	Treatment
Initial Episode	Non-severe: Leukocytosis with WBC ≤ 15K AND SCr < 1.5 mg/dL Severe: Leukocytosis with WBC ≥ 15K OR SCr > 1.5 mg/dL	· **Vancomycin 125 mg PO q6h for 10 days** · If patient is NPO, use metronidazole 500 mg IV q8h, but switch to PO therapy ASAP to optimize outcomes
Initial Episode, fulminant	Hypotension or shock, ileus, megacolon	· **Vancomycin 500 mg PO q6h PLUS metronidazole 500 mg IV q8h for 10 days** · If ileus present, consider addition of vancomycin retention enemas to current regimen – 500 mg in 100 mL NS q6h until ileus resolved or until patient has completed 10 days of therapy (not recommended for neutropenic patients) · These patients should be seen in consultation by a surgical team on an urgent basis
First Recurrence		· If metronidazole was used for first episode: **Vancomycin 125 mg PO q6h for 10 days** · If vancomycin PO was used for first episode: **Tapered and pulsed vancomcyin PO regimen** **Vancomycin 125 mg PO q6h for 10-14 days, then q12h for 7 days, then once daily for 7 days, then every 2-3 days for 2-8 weeks**.
Second or subsequent recurrence		· **Tapered and pulsed vancomcyin PO regimen:** **Vancomycin 125 mg PO q6h for 10-14 days, then q12h for 7 days, then once daily for 7 days, then every 2-3 days for 2-8 weeks**. OR · Vancomycin 125 mg PO q6h for 10 days then rifaximin 400 mg q8h for 20 days OR · An ID or GI consult is recommended prior to the initiation of fidaxomicin (Dificid®)*, or a Fecal Microbiota Transplant (FMT)

[1]McDonald LC, et al. *Clin Infect Dis*. 2018;66(7):987-994.

*The ability of a patient to pay for fidaxomicin as an outpatient should be assessed prior to initiating inpatient fidaxomicin treatment due to cost.

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