# AWH *Clostridium difficile* Infection Treatment

**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. Combination oral therapy with vancomycin PO and metronidazole PO is redundant and not recommended
6. Intravenous vancomycin does not penetrate the GI system and has no efficacy in the treatment of *C. difficile*
7. Monotherapy with IV metronidazole is associated with poor clinical outcomes and should be transitioned to PO metronidazole or vancomycin as soon as possible to ensure appropriate therapy
8. Switching from previous *C. difficile* treatment to fidaxomicin (Dificid®) during the treatment course has shown no benefit.. Fidaxomicin has shown no benefit in reducing recurrent CDI in patients who already have recurrent CDI and in patients with CDI due to a NAP1 strain

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

| Severity | Clinical Manifestations | Treatment |
|---|---|---|
| **Mild OR Moderate** | Leukocytosis with WBC ≤ 15K AND SCr < 1.5 x baseline | Hold therapy until test results are positive, then initiate therapy if diarrhea has not resolved:<br>· **Metronidazole 500 mg PO q8h for 10-14 days**<br>· If patient is NPO, use metronidazole 500 mg IV q8h, but switch to PO therapy ASAP to optimize outcomes |
| **Severe** | WBC > 15K OR SCr > 1.5 x baseline OR patient has 2 or more of the following risk factors: age > 60, temp > 38.3°C, albumin < 2.5, or > 12 stools/24 hours | · **Vancomycin 125 mg PO QID for 10-14 days*** |
| **Severe, Complicated** | Meets severe criteria AND has hemodynamic instability/shock OR toxic megacolon | · **Vancomycin 500 mg PO QID PLUS metronidazole 500 mg IV q8h for 10-14 days***<br>· 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)<br>· These patients should be seen in consultation by a surgical team on an urgent basis |
| **Recurrent** | Recurrence of CDI symptoms after a period of complete resolution with an appropriate treatment course | · **First Recurrence: treat with the agent used for the initial episode.**<br>· Further Recurrences: an Infectious Disease or GI consult is recommended prior to the initiation of a vancomycin taper*, fidaxomicin (Dificid®), or a Fecal Microbiota Transplant (FMT) |

[1]Cohen SH, et al. *Infect Control Hosp Epidemiol*. 2010;31(5):431-455.

*Brand name oral vancomycin capsules are very expensive. If outpatient prescriptions are sent to the AWH outpatient pharmacy they can compound oral vancomycin solution at a substantial cost savings to patients.