



Clostridium Difficile Infection (CDI)

EMPIRIC TREATMENT

-	
Stool testing positive for toxigenic <i>C. difficile</i> without symptoms of <i>C. difficile</i> infection. This does not require any treatment – up to 10% of the population asymptomatically	
carries toxigenic <i>C. difficile</i> .	
Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's ba	seline and not
attributed to another cause.	
	greater than
15 or creatinine greater than 133) or fulminant disease	Breater than
	seline and not
attributed to another cause.	
AND ANY ONE OF:	
Stool testing positive for toxigenic C. difficile	
 Pseudomembraneous colitis on endoscopy or histopathology 	
	Duration
	(days)
No therapy needed	
	-
CONTACT PRECAUTIONS PLUS FOR ANY SUSPECTED OR CONFIRMED CDI CASE	
vancomycin 125 mg PO/NQ QID	
	10
Alternate treatment option for non-severe CDI only (e.g., WBC less than	TO
15 and creatinine less than 133): metroNIDAZOLE 500 mg PO/NG TID	
Consider Infectious Diseases, General Surgery, and ICU consultation.	10
	10
vancomycin 500 mg PO/NG QID AND metroNIDAZOLE 500 mg IV q8h	
	Patients with
· · · · ·	delayed
saline q6h as retention enema	response may
	require up to
	14 days
Consider Infectious Diseases consultation	17 4475
Consider infectious biseases consultation.	
	NQ QID for 10
uays	
Otherwise: Complete vancomycin 125 mg PO/NQ QID for 10-14 days, then	vancomycin
taper and pulse regimen (e.g., vancomycin 125 mg BID for 7 days, then dail	y for 7 days,
then every 2 days for 8 days, then every 3 days for 15 days)	
	This does not require any treatment – up to 10% of the population asympto carries toxigenic <i>C. difficile</i> . Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's ba attributed to another cause. Send stool for C. difficile testing Consider starting empiric treatment if potentially severe disease (WBC 15 or creatinine greater than 133) or fulminant disease Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's ba attributed to another cause. AND ANY ONE OF: Stool testing positive for toxigenic C. difficile Pseudomembraneous colitis on endoscopy or histopathology No therapy needed ONTACT PRECAUTIONS PLUS FOR ANY SUSPECTED OR CONFIRMED CDI CASE vancomycin 125 mg PO/NQ QID Alternate treatment option for non-severe CDI only (e.g., WBC less than 15 and creatinine less than 133): metroNIDAZOLE 500 mg PO/NG TID Consider Infectious Diseases, General Surgery, and ICU consultation. vancomycin 500 mg PO/NG QID AND metroNIDAZOLE 500 mg IV q8h If ileus present, consider ADDING: vancomycin 500 mg in 100 mL normal saline q6h as retention enema Consider Infectious Diseases consultation. If initial CDI episode treated with metroNIDAZOLE: vancomycin 125 mg PO/days Otherwise: Complete vancomycin 125 mg PO/NQ QID for 10-14 days, then taper and pulse regimen (e.g., vancomycin 125 mg BID for 7 days, then dail

Probiotics (i.e. *Lactobacillus*) or **cholestyramine** are NOT recommended as adjunctive treatment for or prevention of recurrent CDI as evidence regarding their efficacy is unclear.

Infectious Diseases consultation should be considered for patients who have other infections requiring concomitant antibiotics in setting of *C. difficile* infection.