Clostridium Difficile Infection (CDI)

EMPIRIC TREATMENT

Asymptomatic *C. difficile* colonization	Stool testing positive for toxigenic *C. difficile* ***without*** symptoms of *C. difficile* infection. This does not require any treatment – up to 10% of the population asymptomatically carries toxigenic *C. difficile*.
Suspected CDI Case	Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's baseline and not attributed to another cause. • Send stool for C. difficile testing • Consider starting empiric treatment if potentially severe disease (WBC greater than 15 or creatinine greater than 133) or fulminant disease
Confirmed CDI Case	Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's baseline and not attributed to another cause. **AND ANY ONE OF:** • Stool testing positive for toxigenic C. difficile • Pseudomembraneous colitis on endoscopy or histopathology

Classification		**Duration (days)**
Asymptomatic *C. difficile* colonization	No therapy needed	**-**
INSTITUTE **CONTACT PRECAUTIONS PLUS** FOR ANY SUSPECTED OR CONFIRMED CDI CASE		
Initial Episode CDI *Not meeting criteria for fulminant CDI.*	**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	**10**
Fulminant CDI *Any of:* • *Ileus* • *Toxic megacolon* • *Perforation* • *Hypotension* • *Shock*	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	**10** *Patients with delayed response may require up to 14 days*
Recurrent CDI	Consider Infectious Diseases consultation. If initial CDI episode treated with metroNIDAZOLE: **vancomycin** 125 mg PO/NQ QID for 10 days 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 daily for 7 days, then every 2 days for 8 days, then every 3 days for 15 days)	

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.