**Clostridium Difficile Infection (CDI)**

### Empiric Treatment

<table>
<thead>
<tr>
<th>Asymptomatic <em>C. difficile</em> colonization</th>
<th>Stool testing positive for toxigenic <em>C. difficile</em> without symptoms of <em>C. difficile</em> infection. This does not require any treatment – up to 10% of the population asymptotically carries toxigenic <em>C. difficile</em>.</th>
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</table>
| 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*  
• Pseudomembranous colitis on endoscopy or histopathology |

### Classification

<table>
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<tr>
<th>Classification</th>
<th>Duration (days)</th>
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<tbody>
<tr>
<td>Asymptomatic <em>C. difficile</em> colonization</td>
<td>No therapy needed</td>
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</table>
| Initial Episode CDI  
*Not meeting criteria for fulminant CDI.* | vancomycin 125 mg PO/NG 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

| Fulminant CDI | 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

| Recurrent CDI | Consider Infectious Diseases consultation.  
If initial CDI episode treated with metroNIDAZOLE: vancomycin 125 mg PO/NG QID for 10 days  
Otherwise: Complete 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.