INDICATION: Acute onset diarrhea (≥ 3 unformed/watery stools in 24 hours) AND Positive stool C. difficile toxin test OR Pseudomembranous colitis on endoscopy OR high clinical suspicion pending toxin result

Risk factors for CDI include advanced age, extended hospitalization, antimicrobial exposure, chemotherapy, immunosuppression, GI surgery, personal history of CDI, gastric acid-suppressing agents (controversial). Between 6-25% of patients with CDI have at least 1 recurrence.

General Recommendations for all cases of CDI (not orders)
- Initiate empirical treatment as soon as diagnosis is suspected or confirmed,
- Discontinue non-essential antibiotics or use lower risk agents if possible (high risk antibiotics include clindamycin, fluoroquinolones, cephalosporins and broad spectrum penicillins)
- Avoid anti-peristaltic agents (loperamide, diphenoxylate/atropine, opiates)
- Avoid cholestyramine with oral vancomycin treatment
- Consider Infectious Disease consultation for severe CDI and recurrences
- Avoid repeating C. difficile toxin test – it is not a test of cure

Infection Control Orders
- ☑️ Modified Contact Precautions until resolution of diarrhea and formed stool X 48 hours
- ☑️ Wash hands with soap and water after any contact (C. difficile spores are resistant to alcohol based hand cleansers)

Treatment Orders

<table>
<thead>
<tr>
<th>Clinical definition</th>
<th>Supportive Clinical Data</th>
<th>ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>mild to moderate</td>
<td>• Unformed/watery stools</td>
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<td></td>
<td>• WBC &lt; 15,000</td>
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</tbody>
</table>
|                     | • SCr < 1.5 X baseline   | □ Metronidazole 500mg PO q8h
|                     |                          | Recommendations: Treat at least 10 days after symptoms have abated; if no clinical improvement by 48-72 hours, treat for severe CDI. |
| severe              | • Unformed/watery stools |
|                     | • WBC ≥ 15,000           |
|                     | • SCr ≥ 1.5 X baseline   | □ Vancomycin 125mg PO q6h
|                     |                          | Infectious diseases consult: 
|                     |                          | Recommendations: Treat at least 10 days after symptoms have abated. |
| severe complicated  | Any of the following:    |
|                     | • Hypotension or shock   |
|                     | • Ileus                  |
|                     | • Megacolon              | □ Vancomycin 500mg PO or per tube q6h plus
|                     |                          | Metronidazole 500mg IV q6h
|                     | Serum lactate rising to 5 |
|                     | WBC count > 50,000 have  | (consider if ileus present) |
|                     | been associated with greatly increased peri-operative mortality. | □ STAT Infectious diseases consult: 
|                     |                          | STAT Surgical consult: 
|                     |                          | □ STAT Abdominal CT - indication: Severe CDI
|                     |                          | • With IV contrast
|                     |                          | • Without IV contrast
|                     |                          | • With ORAL contrast
|                     |                          | • Without ORAL contrast
|                     |                          | Recommendations: obtain immediate surgical and ID consultations and abdominal CT scan, monitor lactate and WBC count |

First recurrence: It is okay to use same regimen as initial episode, but risk stratify by disease severity (see above).

Second recurrence: Consider Vancomycin tapered regimen listed and ID consult. Avoid metronidazole beyond first recurrence or for long-term therapy due to potential for cumulative neurotoxicity.

2010 Clinical Guidelines: www.idsociety.org/content.aspx?id=4430#cd
# C - difficile Toxin Screening Tool and Order Form

## Introduction
Antibiotic use is the most widely recognized and modifiable risk factor for C. difficile infection (CDI). Other established risk factors include hospitalization, advanced age (≥ 65 years), and severe illness. Possible additional risk factors include gastric acid suppression, enteral feeding, gastrointestinal surgery, cancer chemotherapy and hematopoietic stem cell transplantation. CDI can also occur in the absence of any risk factors. CDI may present with ileus.

## Inclusion
This patient has been observed to have watery diarrhea and has been placed in modified contact isolation.

## Exclusion:
Patient has soft or formed stool.

### Criteria for C difficile toxin specimen testing:

- At least 3 watery stools in 24 hours **PLUS ONE OF THE FOLLOWING:**
  - Elevated WBC count within 24 hours of onset of diarrhea
  - Abdominal tenderness, cramping or distention
  - Nausea or loss of appetite
  - Fever
  - Received antibiotics within 60 days
  - History of chemotherapy
  - Personal history of C. difficile infection

## Orders:

- This patient meets listed criteria for suspicion of C difficile infection. Send stool specimen for C difficile toxin testing.
- This patient does not meet listed criteria for C difficile infection but remains on modified contact precaution until physician evaluates

<table>
<thead>
<tr>
<th>Nurse Signature</th>
<th>Date/Time</th>
<th>Physician Signature</th>
<th>Date/Time</th>
</tr>
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</table>

Origin: 6/11 Revised: 11/11; 6/12