

## IREDELL HEALTH SYSTEM

<b>Clostridium Difficile Infection (CDI) Policy</b>	
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Antimicrobial Stewardship Committee Pharmacy & Therapeutics Committee	Date: 09/2021 Date: 10/2021

**Policy:** To provide a standardized approach to treatment of CDI according to current evidence-based guidelines to optimize patient outcomes.

**Procedure:** Providers are encouraged to use the CDI treatment CPOE order set.

Clinical pharmacy staff will review patients with C-diff results and will contact providers as necessary to discuss aligning orders with current treatment guidelines or discontinuing therapy if not indicated.

<b>Considerations for <i>C. difficile</i> Testing:</b>
<ul style="list-style-type: none"> <li>• Confirm the patient has clinically significant diarrhea (e.g. <math>\geq 3</math> loose stools per day for at least 24 to 48 hours)</li> <li>• Rule out other potential causes of diarrhea, such as:                             <ul style="list-style-type: none"> <li>○ Laxatives or stool softeners</li> <li>○ Tube feeds</li> <li>○ Medications that commonly cause diarrhea</li> </ul> </li> <li>• Only sent loose or watery stool to the microbiology laboratory – formed stool samples will be rejected</li> <li>• Do no order repeat tests; test-of-cure is not indicated for <i>C. difficile</i> infection. Rather, evaluate clinical response.</li> <li>• Do no test asymptomatic patients. Certain test cannot distinguish infection from colonization.</li> <li>• If <i>C. difficile</i> is suspected, test as soon as possible. By testing quickly, we can avoid infection transmission.</li> </ul>

<b>Treatment of Suspected or Documented <i>Clostridium difficile</i> Infection in Adult Patients</b>
<p><b>General Principles of Management</b></p> <ul style="list-style-type: none"> <li>▪ Discontinue antibiotics and proton-pump inhibitors (such as pantoprazole) as soon as clinically appropriate.</li> <li>▪ Avoid the use of anti-peristaltic agents such as Imodium and Lomotil.</li> <li>▪ Response assessment should be based on resolution of signs/symptoms, and NOT repeated PCR testing.</li> <li>▪ Consider ID consultation for management of severe, complicated or recurrent infection.</li> <li>▪ Oral vancomycin is NOT systemically absorbed and should NOT replace IV vancomycin for treatment of concomitant systemic Gram-positive infections. <b>Vancomycin IV should NOT be used to treat <i>C. difficile</i> infection.</b></li> </ul>

<b>Recommendations</b>	
Consider ID consult for additional recommendations, especially after any recurrence	
Severity	Initial Episode
Non-Severe (WBC $\leq 15,000$ <i>and</i> SCr $\leq 1.5$ )	Vancomycin 125mg PO q6h for 10 days
Severe (WBC $> 15,000$ <i>or</i> SCr $> 1.5$ )	Vancomycin 125mg PO q6h for 10 days
Fulminant (hypotension, shock, ileus, or megacolon)	Vancomycin 500mg PO/NG q6h for 10 days AND Metronidazole 500mg IV q8h for 10 days <u>If complicated with ileus or toxic colitis: add</u>

	vancomycin enema 500mg PR q6h for 10 days
<b>Recurrent CDI Episodes</b>	
	Vancomycin taper: 125mg PO q 6h for 10 days 125mg PO q12h for 7 days 125mg PO q24h for 7 days 125mg PO q48h for 2-8 weeks. Consider ID consult for management.

^Alternatives to Vancomycin for treatment of first CDI episode is fidaxomicin (non-formulary agent). While fidaxomicin has become a recommendation for first and recurrent CDI episodes, it comes with approval from Infectious Disease as well as challenges with cost and access. Daily inpatient costs for fidaxomicin are > 100-fold relative to oral vancomycin. Use of fecal microbiota transplant (FMT) is recommended for consideration of third recurrence by the American Society of Gastroenterology.

1. Kelly CR, Fischer M, Allegretti JR, et al. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections. *Am J Gastroenterol.* 2021;116(6):1124-1147.
2. Johnson S, Lavergne V, Skinner AM, et al. Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of Clostridioides difficile Infection in Adults. *Clin Infect Dis.* 2021.

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DATES REVIEWED (no changes):