University Health System

# Treatment of *Clostridium difficile* in Adults Clinical Pathway

**Testing for *Clostridium difficile* is appropriate in patients:**

- With unexplained and new-onset ≥ 3 unformed stools in 24 hours
- No administration of recent laxatives or stool softeners
- DO NOT use *C. diff* PCR for test of cure or on asymptomatic patients

**If *C. diff* highly suspected or confirmed:**

- Discontinue any unnecessary antibiotics immediately or as soon as possible
- Place patient in Enhanced Contact Precautions (wash hand with soap and water, alcohol based sanitizers alone are not adequate)
- Discontinue any non-required proton pump inhibitor
- Start treatment for *C. diff* infection (CDI) – see below treatment options
- Consider consultation of GI, ID, and/or General Surgery as appropriate in patients with severe disease (WBC >15 cells/µL, SCr >1.5 mg/dL)

**Treatment:**

| **INITIAL EPISODE** | |
|---|---|
| **Mild, moderate or severe** | Vancomycin 125 mg PO QID for 10 days* |
| **Fulminant episode with hypotension or shock, ileus, megacolon** | Vancomycin 500 mg PO QID by mouth or NG tube for 10 days*<br><br>If ileus, consider adding rectal instillation of vancomycin. Metronidazole IV 500 mg every 8 hours should be administered together with oral or rectal vancomycin, particularly if ileus is present for 10 days* |

*All randomized trials have compared 10-day treatment courses, but some patients may have delayed response to treatment and clinicians should consider extending treatment duration to 14 days or longer in those circumstances

| **RECURRENCE** | |
|---|---|
| **First recurrence** | Use a prolonged tapered and pulsed vancomycin regimen:<br>125 mg QID for 10-14 days<br>125 mg BID for 7 days<br>125 mg daily for 7 days<br>125 mg QOD or Q3D for 2-8 week |
| **Second or subsequent** | Preferred: Vancomycin in a tapered and pulsed regimen **OR**<br>Consider FMT (requires GI/ID consult)*<br>Alternate: 1) Vancomycin 125 mg PO QID for 10 days followed by rifaximin 400 mg TID for 20 days OR<br>2) Fidaxomicin 200 mg PO daily for 10 days** |

*Expert opinion states appropriate antibiotic treatment for at least 2 recurrences (ie, 3 CDI episodes) should be used prior to offering fecal microbiota transplantation

**Maybe preferred in patients at highest risk for recurrence: ulcerative colitis/inflammatory bowel disease, hematopoietic stem cell transplant and end stage renal disease

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