

Management of the Initial and First Recurrence of *Clostridium difficile* Infection (CDI)

Guidance to be read in conjunction with National Clinical Guideline No. 3
Surveillance, Diagnosis and Management of *Clostridium difficile* Infection in Ireland (June 2014)

INITIAL EPISODE OF CDI OR FIRST RECURRENCE

General Measures:

- Supportive care: Adequate replacement of fluid and electrolytes and attention to nutrition
- Immediately discontinue unnecessary antimicrobial therapy
- Avoid antimotility medications
- Review other risk factors for CDI
- Review indications for proton pump inhibitor use
- Appropriate infection prevention and control to include patient isolation with Contact Precautions and appropriate hand washing
- Systems analysis by clinical team in conjunction with the infection prevention and control team, risk management and patient safety for healthcare-associated CDI

Mild to Moderate CDI:

- No features of severe CDI.

- Oral or nasogastric metronidazole 400 mg TDS for 10 to 14 days.

Grade A

- Inability to take oral medication: intravenous (IV) metronidazole 500mg TDS for 10 to 14 days.

Grade D

- Metronidazole intolerance or contraindication: oral vancomycin 125mg QDS for 10 to 14 days. **Grade A**
- Monitor closely for deterioration/progression to severe CDI. **Grade D**

Severe CDI: (Suggested by any of the following)

- Clinical: fever, rigors, abdominal pain.
- Laboratory: Leucocytosis of $\geq 15,000$ cells/ μ L, or rise in serum creatinine of $\geq 50\%$ above baseline or serum creatinine >133 μ mol/L).
- Endoscopic findings: pseudo membranous colitis.
- Imaging: CT evidence of colitis or ascites.

- Early surgical opinion. **Grade C**
- Oral vancomycin 125 mg, QDS for 10 to 14 days. **Grade A**

Severe, complicated CDI:

Severe disease with:

- Hypotension
- Shock
- Rising serum lactic acid levels
- Ileus
- Megacolon.

- Early surgical opinion. **Grade C**
- Vancomycin 500 mg, oral or nasogastric QDS and metronidazole 500mg, IV TDS. **Grade D**
- Consider Intracolonic vancomycin 500 mg, four to six times daily if ileus present or suspected. **Grade D**

- For initial CDI - oral fidaxomicin 200mg BD for 10 days may be an alternative to metronidazole, **Grade C**, or vancomycin, **Grade A**, in patients aged 16 yrs and older but only following discussion with a clinical microbiologist or infectious diseases consultant.
- Following discussion with a clinical microbiologist or infectious diseases consultant oral fidaxomicin may also be an option in the following situations:
 - In patient/residents at high risk for recurrent CDI. **Grade B**
 - In patient/resident with a first recurrence of CDI. **Grade B**
 - Where concomitant antibiotics need to be used in patient/residents with CDI. **Grade B**

*Fidaxomicin has not been tested in pregnant or breastfeeding women or in patient/residents with a history of inflammatory bowel disease.

Further information

www.health.gov.ie/patient-safety/ncec
www.hpsc.ie
www.hse.ie