



Regional Order Set

**Clostridium Difficile Infection (CDI)
Treatment for Adult Inpatient Orders**

Allergies: None known Unable to obtain
 List with reactions: _____

Confirmed CDI: See page 2 for further CDI definitions and guidance

Acute onset diarrhea (3 or more loose stools in 24 hours) above patient's baseline or ileus **and any one of:**

- Stool testing positive for toxigenic *C. difficile* or detection of toxigenic *C. difficile*
- Pseudomembranous colitis on endoscopy or histopathology

Treatment: (check only one option from list below)

First CDI episode: (not meeting criteria for fulminant CDI)	
Non-severe WBC less than 15 x 10 ⁹ /L and SCr less than or equal to 1.5 x baseline	1. <input type="checkbox"/> metroNIDAZOLE 500 mg PO/NG tid x 10 days ^{A,B} or 2. <input type="checkbox"/> vancomycin 125 mg PO/NG qid x 10 days ^{B,C}
Severe Any of the following: WBC greater than 15 x 10 ⁹ /L, SCr greater than 1.5 x baseline or hypoalbuminemia	<input type="checkbox"/> vancomycin 125 mg PO/NG qid x 10 days ^{B,C}
Recurrent CDI episode: (not meeting criteria for fulminant CDI; consider Infectious Disease consult)	
First recurrence	<input type="checkbox"/> vancomycin 125 mg PO/NG qid x 10 days ^{B,C}
Second recurrence (pulse and taper)	<input type="checkbox"/> vancomycin 125 mg PO/NG qid x 14 days ^C , then vancomycin 125 mg PO/NG BID x 7 days, then vancomycin 125 mg PO/NG daily x 7 days, then vancomycin 125 mg PO/NG every 2 days x 7 days, then vancomycin 125 mg PO/NG every 3 days x 7 days, then stop
Third or subsequent recurrence	Consult Infectious Diseases
Fulminant CDI: (any of the following: ileus, toxic megacolon, perforation, hypotension or shock)	
Consult General Surgery, Infectious Disease, and Critical Care as appropriate <input type="checkbox"/> vancomycin 500 mg PO/NG qid and metroNIDAZOLE 500 mg IV q8h x 10 days ^B	
If ileus present, consider adding: <input type="checkbox"/> vancomycin 500 mg in 100 mL NS q6h as retention enema (MRP reassess daily)	

^A If no improvement by day 4 or intolerant to PO **metroNIDAZOLE** change to option 2

^B Consider extending to 14 days if unresolved symptoms by day 10

^C Outpatient prescription requires Pharmacare Special Authority

Other treatments:

- Discontinue antidiarrheals: **loperamide, diphenoxylate-atropine, attapulgite, bismuth subsalicylate**
- Discontinue promotility agents: **metoclopramide, domperidone**
- Discontinue laxatives (e.g. **sennosides**)
- Start IV NS _____ mL/h

MRP to review and consider discontinuation of the following medications unless absolutely necessary:

- Discontinue antibiotics: _____ Discontinue proton pump inhibitors (e.g. **pantoprazole**)

Monitoring:

- Document stool frequency and consistency on stool chart daily (see **10-000-5208**)
- Vital signs q _____ h CBC with differential, electrolytes, urea, SCr daily x _____ days

Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

10-111-5354 (IND - VPM/RPD - Appr. - 06/20) Review by December 2023

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**Clostridium Difficile Infection (CDI)
Treatment for Adult Inpatient Orders****Allergies:** None known Unable to obtain

List with reactions: _____

Asymptomatic *C. difficile* colonization:Stool testing positive for toxigenic *C. difficile* **without** symptoms of *C. difficile* infection.This does not require any treatment - up to 10% of the population asymptotically carries toxigenic *C. difficile*.**Suspected CDI case:**

Acute onset of diarrhea (3 or more loose stools in 24 hours) above patient's baseline and not attributed to another cause (e.g. laxatives or enteral feeds).

- Send stool for *C. difficile* testing
- Consider starting empiric treatment if potentially severe disease (any of WBC greater than 15, SCr greater than 1.5 times baseline, or fulminant disease)

Confirmed CDI case:

Acute onset of diarrhea (3 or more loose stools in 24 hours) above patient's baseline or ileus

And any one of:

- Stool testing positive for toxigenic *C. difficile* or detection of toxigenic *C. difficile*
- Pseudomembranous colitis on endoscopy or histopathology

Recurrent CDI case:

Recurrence of CDI within 2 to 8 weeks of completion of appropriate treatment for a previous episode which was resolved.

Treatment duration:

Consider extending treatment duration to 14 days for patients with unresolved symptoms by day 10.

Do not repeat stool for *C. difficile* testing if positive within the last 30 days, as patients with CDI may continue to shed *C. difficile* in the stool for several weeks after responding to a course of therapy.**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.