C Diff Best Practice Guideline

Diagnosis:

1. Testing should only be done if the patient has diarrhea (unformed stool, i.e. the stool takes the shape of the container it is in).

2. PCR testing is done at most hospitals, which is highly sensitive

    a. Because it is so sensitive, it should only be done if there is a high index of suspicion for C diff infection
        -Risk factors: age over 65, recent antibiotic use, recent hospitalization.

3. EIA screening is done at CRHC.
    a. If this is negative, then the patient is negative for C diff
    b. If this is positive, then a toxin assay is done to confirm toxigenic C diff
    c. Samples are rejected, and therefore not tested, if formed stool is sent

Treatment:

1. Mild to moderate disease: Metronidazole 500mg PO TID for 10-14 days

2. Initial episode, severe disease: Vancomycin 125mg PO q6h for 10-14 days
    a. Definition of severe disease:
        -Leukocytosis with WBC above 15K
        -Cr increase of greater than 1.5 times from the baseline
        -Age over 65

3. First recurrence: Metronidazole again if mild, Vancomycin again if severe

4. Second recurrence: Vancomycin 125mg q6h regardless

Per guidelines, there is no efficacy difference between 125mg and 250mg

Higher doses have been recommended for hospitalized patients with severe disease (i.e. 500mg q6h)

There is no role for both oral Metronidazole **and** oral Vancomycin to treat C diff

5. Prophylaxis: there is a role for giving empiric Vancomycin while receiving antibiotics for another infection if patient had C diff infection within the past 6 months to decrease rate of relapse.

Surveillance and Indication for Consultation:

1. There is no role for repeat stool testing to assess for cure. Clinical improvement is when the diarrhea improves/resolves

2. Contact isolation and hand hygiene (i.e. soap and water) are necessary while diarrhea is present

3. Indications for consultation:
   a. Recurrent C diff in the outpatient setting requiring Vancomycin taper
   b. Consider if patient has C diff and develops an other infection requiring antibiotics
   c. GI evaluation if there is an indication for fecal microbiota transplantation

References:

1. Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by SHEA and IDSA. Infect Control Hosp Epidemiol 2010: 31; 431-55.
2. Bajrovic V, et al. Vancomycin as Prophylaxis of Relapsing Clostridium difficile Infection. Poster 2109. Presented at IDWeek 2016