Treatment of suspected or confirmed Clostridioides difficile (C.diff) Infection (CDI) in adults (>18years)

1st Episode

mild/moderate or severe infection

1st Line Option Oral vancomycin 125mg Four times a day Duration : 10 days

2nd Line Option:

Patients who fail to improve after 7 days or worsen with oral vancomycin *Discuss with infection specialist* (choice may depend on clinical setting) Oral Fidaxomicin 200mg twice a day *Duration : 10 days* **OR** Oral vancomycin 500mg Four times a day **With or without** IV metronidazole 500mg Three times daily *Duration : 10 days* (IV metronidazole can be reviewed and discontinued if patient improving)

Life threatening infection

Seek urgent specialist advice , including surgical review

Life-threatening CDI is when a patient has any of the following attributable to CDI: admission to ICU, hypotension with or without need for vasopressors, ileus or significant abdominal distension, mental status changes, WBC ≥35 cells or <2 x10⁹, serum lactate greater than 2.2 mmol/L or end organ failure (mechanical ventilation, renal failure).

Specialists may offer: Oral vancomycin 500mg Four times a day With or without IV metronidazole 500mg Three times daily Duration : 10 days (IV metronidazole can be reviewed and discontinued if patient responds well)

1 st Recurrence	
Within (≤) 12 weeks (Relapse)	More than (>)12 weeks (recurrence)
<i>If initial treatment course wasn't completed treat as 1st episode</i>	Oral vancomycin 125mg Four times a day Duration : 10 days
Oral fidaxomicin 200mg Twice a day Duration : 10 days	
2nd Recurrence	

Discuss with infection specialist and consider:

Faecal microbiota transplant (FMT) (Supply: <u>FMT - University of Birmingham</u>) Pulse/tapered vancomycin if FMT not available

Review and document severity of disease DAILY

- Evidence of severe colitis in CT scan or X-ray
- Temperature > 38.5°C
- Suspicion of/confirmed pseudomembranous colitis, toxic megacolon or ileus

Advise on:

- drinking enough fluids to avoid dehydration
- preventing the spread of infection
- seeking medical help if symptoms worsen rapidly or significantly at any time

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Acute rising serum Creatinine > 1.5 x baseline
WBC > 15 x 10⁹ /L

Recurrent infection