

GASTRO-INTESTINAL TRACT INFECTIONS

Clostridioides difficile

Assess for the severity of disease:

If any evidence of severe disease or their symptoms or signs worsens rapidly or significantly at any time, the patient should be referred for urgent admission and Gastroenterology review.

Severe disease if **ANY** of the following regardless of stool frequency:

- WCC > 15 X 10⁹ /L
- Temp > 38.5°C
- Tachycardia > 100 beats/min
- An acute increase in serum creatinine > 50% from baseline
- Evidence of colitis (abdominal pain/distension, hypotension, ileus, radiology)

Treatment of non-severe suspected *C. difficile* associated diarrhoea:

- **Do not prescribe anti-motility agents in possible or confirmed *C. difficile*.**
- Patients should be considered for treatment of *C. difficile* infection before test results are available if there is a high likelihood of *C. difficile* infection from history and clinical assessment. See below for empirical first-line treatment.
- **Stop unnecessary antibiotics** (consider changing to one with a lower risk of *C. difficile* infection if still required) **and any Proton Pump Inhibitors (PPIs) to re-establish normal flora.**
- Review the need to continue other medicines with gastrointestinal activity or adverse effects (e.g. laxatives), and medicines that may cause problems if people are dehydrated (e.g. NSAIDs).
- Note if first stool *C. difficile* test is negative but clinically on review no other cause found and *C. difficile* disease is still likely to send a repeat stool to check not a false negative result. See the testing information on the [NUH microbiology web page](#).
- If symptoms are not improving and otherwise stable, this should not normally be deemed as non-responsive to treatment until the patient has received at least one week of treatment.
- Non-responding disease, refer to Microbiology or Gastroenterology for advice.
- See NICE [Clostridioides difficile infection: antimicrobial prescribing](#) for more information.

Advise patient or carer about:

- Drinking enough fluids to avoid dehydration
- Preventing the spread of infection- Educate the patient and close family members on the importance of hand hygiene and the use of liquid soap
- Seeking medical help if symptoms worsen rapidly or significantly at any time.

The community pharmacies that are holding stocks of vancomycin for the treatment of patients with *C. difficile* can be found [here](#).

Treatment of recurrences:

- Up to 20% of patients will have a recurrence which is more common in elderly patients, with a risk of further recurrence of nearly 50%. These should be investigated with repeat samples sent and if likely clinical recurrence empirical treatment started based on previous successful treatment.
- Please note repeat stool samples for *C. difficile* testing are not routinely required from confirmed *C. difficile* toxin positive cases and will not be tested by the laboratory if sent < 14 days since the positive toxin result. Exceptions where a further sample is indicated are:
 - Symptoms resolved on treatment and recur after cessation of treatment. If a clinical recurrence is likely and > 14 days from known positive, then send the sample, restart oral vancomycin, and review with the test result.
 - Symptoms persist despite a course of treatment. A further test should be sent if > 14 days from known positive and other causes excluded.
- Confirmed *C. difficile* toxin positive recurrence - discuss with microbiology who may recommend fidaxomicin if the patient is fidaxomicin naïve (see below).

If more than 1 recurrence or non-responding disease, refer to Microbiology or Gastroenterology for advice.

Other practitioners and Out of hours medical practitioners should be made aware of patients previously positive for *C. difficile* by the use of a **Special Patient Note on GP clinical systems** to ensure that appropriate prescribing occurs in and out of hours.

First occurrence of infection (consider commencing treatment before test results are available as above)		
Drug	Dose	Duration of TX
Vancomycin	125mg oral QDS	10 days
<p><i>N.B. LICENSED capsules are available, and injection is LICENSED for oral administration (injections for oral administration is practised in hospital settings only due to complex preparation requirements).</i> Vancomycin oral solution can be procured as a special order by the community pharmacies for patients with swallowing difficulties in the community. Patients discharged from the hospital on <i>C. difficile</i> treatment may be on higher doses, longer courses, or tapering courses on the advice of Gastroenterology. If non-responsive see the above bullet points on page 1.</p>		
Recurrent infection		
First recurrence (pending <i>C. difficile</i> results):	Send stool and start empirical ORAL vancomycin dose as above	
<p>First recurrence (confirmed <i>C. difficile</i> toxin +ve and not had fidaxomicin before): on infection specialist recommendation only - Amber 2</p> <p>Fidaxomicin</p> <p>Subsequent recurrences: Discuss with infection specialist/gastroenterology</p>	200mg oral BD	10 days (cost ~£1350)
Fidaxomicin:	If concomitant antibiotics are essential, or in recurrent disease, microbiology may recommend fidaxomicin . Fidaxomicin is licensed in the UK and available via standard wholesalers but is unlikely to be stocked in community pharmacies. Supplies may be obtained from hospital pharmacy departments if an undue delay in initiation is anticipated.	
Contact details for hospital pharmacies:	<p>Trust Pharmacy, Queen's Medical Centre, B floor: Tel. 0115 9709472 Opening hours: Monday to Friday: 9 am-midnight Saturday and Sunday: 10 am-midnight</p>	<p>King's Mill Hospital: Tel. 01623 622515 ext. 3176 Opening Hours: Mon- Fri: 9am- 6pm Saturday and Sunday: 9 am-1 pm</p>

Version Control – <i>Clostridioides difficile</i>			
Version	Author	Date	Changes
V2.2	Shary Walker, Interface and Formulary Pharmacist	01/07/21	1. Metronidazole was removed as an option 2. Link of pharmacies holding stocks of vancomycin
V2.3	Shary Walker	19/07/21	1. Updated in line with July 2021 NICE C.difficile guidelines .
V2.4	Shary Walker	30/09/21	1. Updates on <i>C. difficile</i> lab re-testing and injection taken orally