

Denver Health Guideline for the Management of Non-Pregnant Adult Inpatients with Suspected *Clostridium difficile* Infection

Version
4/27/11

Patient has diarrhea of unknown etiology where an infectious etiology is suspected

Place contact isolation sign on door
If *C. difficile* is suspected or confirmed:

- hand hygiene should be performed using soap and water only
- add orange “soap and water only” sign to door

Clinical settings to test for *C. difficile*:

1) **Diarrhea (or severe ileus) associated with antibiotic use or hospitalization** (current or within 3 months) with any of the following signs or symptoms:

- Fever**
- Leukocytosis**
- Abdominal cramping**

2) Hospitalized patient with new diarrhea in setting of *C. difficile* outbreak

Positive test

Positive *C. difficile* antigen **AND** toxin
(continue contact isolation)

Stop inciting antibiotics if possible OR avoid antibiotics commonly associated with *C. difficile* infection (ceftriaxone, levofloxacin, ampicillin, clindamycin)

Risk stratify to determine appropriate therapy for *C. difficile*

Mild to moderate disease

- More than 3 stools per 24hrs **and**
- No features of severe disease

Oral metronidazole
500 mg TID for 10–14 days

No improvement or clinical deterioration

Infectious Diseases and General Surgery consultations

Indeterminate test

Positive *C. difficile* antigen and **negative toxin**
(continue contact isolation)

Indeterminate test may reflect:

- 1) Colonization with a non-toxin-producing strain (most common, treatment not indicated)
- 2) *C. difficile* infection present but insufficient level of toxin to be detected (less common)

- *C. difficile* PCR reflexively performed (reported in “Microbiology sendouts”)
- Consider empiric therapy (below) and retesting **if** high clinical suspicion for infection

Severe disease

- ICU admission OR **any 2** of the following:
 - Age >60 years
 - Temperature >38.3 C or 101 F
 - Albumin level <2.5 mg/dL
 - WBC >15,000 cell/mm³

Oral vancomycin 125mg
4x/day for 10-14 days

No improvement or clinical deterioration

Negative test

Negative antigen **AND** toxin

Discontinue isolation when diarrhea controlled

Critical illness

- Severe sepsis or shock
- Severe ileus
- Peritoneal signs
- Pseudomembranous colitis
- Toxic megacolon

Oral vancomycin 500mg 4x/day with or without IV metronidazole 500mg Q8H

If ileus, add vancomycin 500mg retention enema 4x/day

*Obtain immediate General Surgery and Infectious Diseases consultations