



C Difficile- ID

Pre-Referral Considerations:

1. Do not repeat c difficile testing unless patient has persistent or recurrent sx (c difficile tests positive for 6 weeks after tx)
2. Confirm diarrhea (> 3 liquid stools in 24 hours)
3. Consider alternative diagnoses for persistent symptoms on tx
4. Stop antibiotics if possible or continue c difficile Rx until antibiotic course is complete

Treatment:

1. Mild disease: metronidazole 500 mg orally three times daily or 250 mg four times daily for 10 to 14 days
2. Severe disease: vancomycin 125 mg orally four times daily for 10 to 14 days

First Relapse:

1. Confirm diagnosis
2. If symptoms are mild, conservative management may be appropriate
3. If antibiotics are needed, repeat treatment as in initial episode above. Alternative: fidaxomicin 200 mg orally twice daily for 10 days.

Second Relapse:

1. Confirm diagnosis- repeat testing
2. Tapering and pulsed oral vancomycin (below), with or without probiotics (for example, *Saccharomyces boulardii* 500 mg orally twice daily). The probiotics may be overlapped with the final week of the taper and continued for two additional weeks in the absence of antibiotics.
 - 125 mg orally four times daily for 7 to 14 days
 - 125 mg orally twice daily for 7 days
 - 125 mg orally once daily for 7 days
 - 125 mg orally every other day for 7 days
 - 125 mg orally every 3 days for 14 days

Red Flags:

1. Severe Disease:
 - a. age >60, temp > 38.3, serum albumin < 2.5, WBC > 15,000, hypotension, electrolyte abnormalities.
 - b. 3d relapse despite adequate therapy

Labs:

1. CBC, basic, stool for c difficile Ag, stool culture

Imaging: None required



Comments;

1. Include history-duration of sx- recurrent vs persistent
2. C difficile tx courses completed/ dates and compliance
3. Include antibiotic history (including prior to onset of illness)

Links:

1. uptodate.com
2. CDC guidelines:
http://www.cdc.gov/hai/organisms/cdiff/Cdiff_clinicians.htmlhttp://www.cdc.gov/hai/organisms/cdiff/Cdiff_clinicians.htm