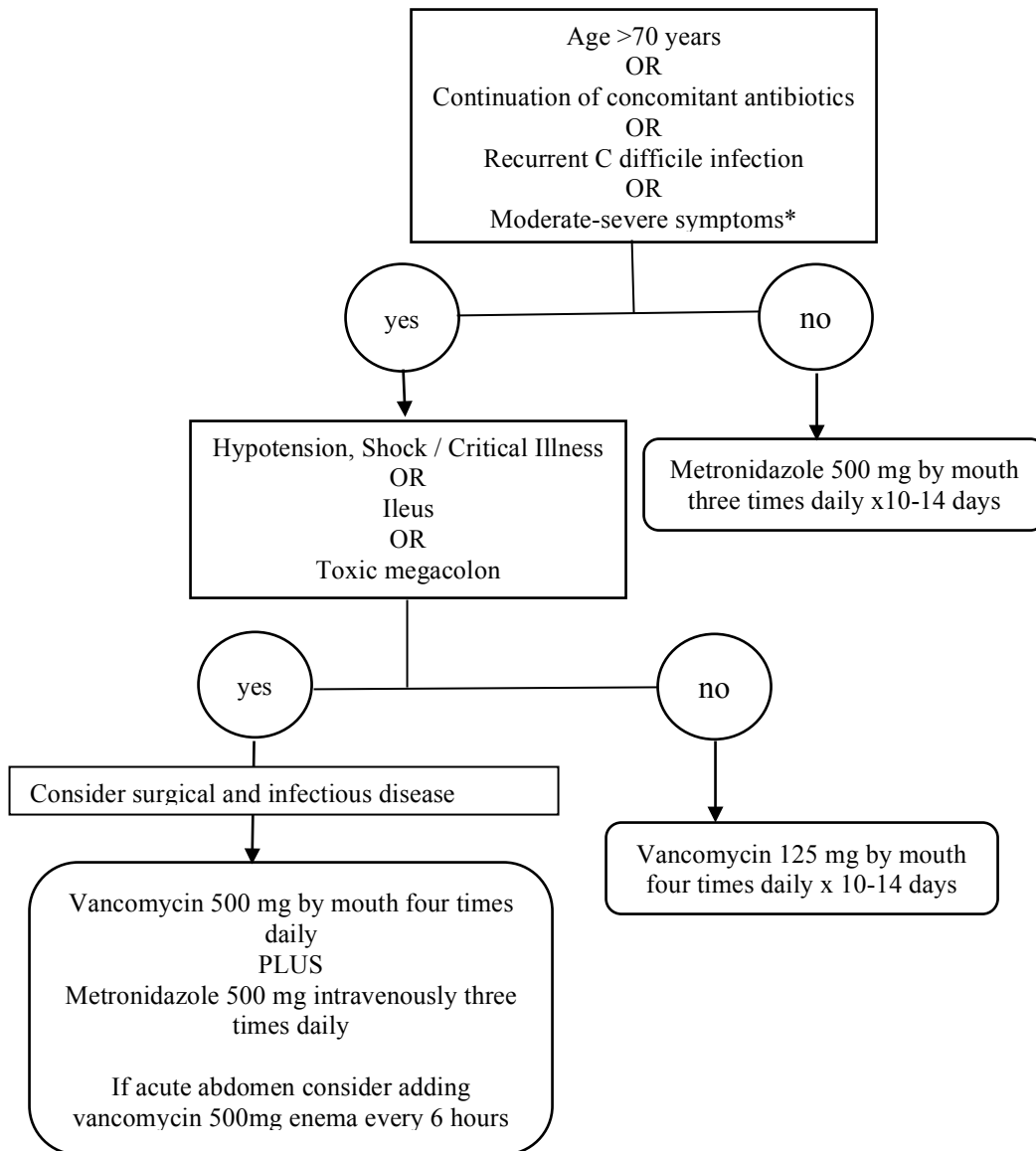


## Clostridium difficile Infection Treatment Algorithm Premier Health Infectious Disease Subcommittee



\*Moderate-severe symptoms:  $\geq 6$  bowel movements/day, significant abdominal pain, WBC count  $> 15 \times 10^9/L$ , renal insufficiency, or albumin  $< 3$  g/dL

### Additional Considerations

- Discontinue concomitant antimicrobials whenever possible
- Consider consult to infectious disease if:
  - Concomitant antimicrobials need to be continued
  - Recurrent C diff
  - Inability to tolerate enteral C diff treatment
- Do NOT send stool for follow-up testing to confirm resolution of disease (test-of-cure)
- **Vancomycin taper** should be considered for 3<sup>rd</sup> or subsequent episode of C diff
  - Vancomycin 125 mg by mouth four times daily x 10-14 days, then
  - Vancomycin 125 mg by mouth twice daily x 7 days, then
  - Vancomycin 125 mg by mouth daily x 7 days, then
  - Vancomycin 125 mg by mouth every other day x 2-8 weeks
- Failure of vancomycin taper may warrant consideration of fecal microbiota transplant. Consider consultation by GI and/or ID

*The above guideline should be utilized in conjunction with evaluation of the patient's clinical status and the clinicians professional judgement.*

1. Cohen SH et al. clinical practice guidelines for Clostridium difficile infection in adults: 2010 update by the SHEA and the IDSA. Infect control Hosp Epidemiol 2010;31:431-55
2. Surawicz CM et al. Guidelines for diagnosis, treatment and prevention of Clostridium difficile infections. The American Journal of Gastroenterology 2013;108:478-98.
3. Johnson S et al. Vancomycin, metronidazole, or televamer for Clostridium difficile infection: results from two multinational, randomized, controlled trials. Clin Infect Dis 2014;59(3):345-54.
4. Pham VP et al. Age-Stratified treatment response rates in hospitalized patients with Clostridium difficile infection treated with metronidazole. Antimicrob Agents Chemother 2015;59(10):6113-6.