General Principles

The following guidance applies to the treatment of patients with a clinical diagnosis of *Clostridioides Difficile* Infection (CDI) and supportive microbiological evidence of CDI:

- Stop unnecessary antimicrobial therapy (if possible). If an antibiotic is still essential, consider changing to one with a lower risk of causing CDI. It is preferable to use agents with as narrow spectrum as possible. Almost all antibiotics increase the risk of CDI but clindamycin, cephalosporins, ciprofloxacin (and other fluoroquinolones) and co-amoxiclav are well-documented as having the greatest risk.
- Avoid anti-motility medications.
- Review proton pump inhibitor use.
- Ensure adequate nutrition and replacement of fluid and electrolytes.
- Record stool output daily.
- Daily clinical review to assess for progression to severe or fulminant disease with toxic megacolon, impending perforation and shock. Urgent Surgical review is essential.
- HCWs should wash hands with soap and water as alcohol-based hand sanitisers are less effective in removing *C. difficile* spores from hands.
- Patients/ residents of a healthcare facility with potentially infectious diarrhoea (i.e. no clear alternative cause) should be isolated with Standard and Contact Precautions as soon as possible.
- Test-of-cure or testing asymptomatic individuals is not recommended and asymptomatic carriers do not need treatment.
- Where diarrhoea is due to laxative administration and there is no concern for infectious diarrhoea, testing for C difficile is not recommended.