

Initial Episode & First Recurrence of *C. difficile* Infection (CDI)

Treatment *C. difficile* infection (CDI) in hospital setting

Drug	Dose	Duration	Notes
Non-severe CDI			
<ul style="list-style-type: none"> Mildly symptomatic patients (positive test result but less than 3 episodes of diarrhoea in 24 hours): <p>It is recommended to discontinue antibiotic therapy with the inciting antibiotic if possible and closely monitor the patient for 48 hours. <i>C. difficile</i> treatment should be initiated if any signs of clinical deterioration are observed.</p>			
<ul style="list-style-type: none"> Positive test results and 3 or more episodes of diarrhoea in 24 hours, follow treatment options below: 			
1st line options:			
Metronidazole oral <i>or</i>	400mg every 8 hours	10 days	
Vancomycin oral ¹	125mg every 6 hours	10 days	
Treatment option for patient at high risk of recurrence supported by age over 65 years <u>plus</u> the presence of one or more of these additional risk factors (healthcare associated CDI, prior hospitalisation in the last 3 months, use of concomitant antibiotics, PPI started during/after CDI diagnosis or prior CDI episode)			
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes*

Severe CDI

- Early surgical opinion
- Patients with severe CDI should be managed by a multidisciplinary team to include a clinical microbiologist and/or infectious diseases physician, gastroenterologist, surgeon and pharmacist as needed

1st line options:

Vancomycin oral ¹ <i>or</i>	125mg every 6 hours	10 days	
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes*

Severe complicated/fulminant CDI

- Early surgical opinion
- Patients with severe CDI should be managed by a multidisciplinary team to include a clinical microbiologist and/or infectious diseases physician, gastroenterologist, surgeon and pharmacist as needed

1st line option:

Vancomycin oral ¹ <i>plus</i> metronidazole intravenous	500mg every 6 hours 500mg every 8 hours	10 days	
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2nd line option:

Other therapeutic options may be considered on a case-by-case basis and after multidisciplinary discussions. This is beyond the scope of this guidance.

First recurrence of CDI

1st line options:			
Vancomycin oral ¹ <i>or</i>	125mg every 6 hours	10 days	Only use if metronidazole was used for treatment of the first episode
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes* If initial CDI episode was treated with fidaxomicin, seek micro/ID advice.

¹ Vancomycin: If a person has swallowing difficulties or a nasogastric or PEG tube for enteral administration, vials of vancomycin powder for injection may be used to make an extemporaneous oral solution. [Vancomycin \(oral\) adult](#) – includes information for dispensing pharmacists on how to make extemporaneous oral solution.

*[Fidaxomicin](#) prescribing: Fidaxomicin should only be initiated on the recommendation of a Consultant Microbiologist or Infectious Diseases Physician. Fidaxomicin is only available from community pharmacies through the High Tech Arrangements. A GP may prescribe fidaxomicin, but must state the name and base hospital of the consulting Consultant Microbiologist or Infectious Diseases Physician on the prescription in order for the community pharmacy to process through the High Tech Arrangements. For hospital patients, follow the normal procedure for prescriptions of High Tech drugs.

Source: [HSE AMRIC Clostridioides difficile infection treatment guidance \(version 2.0\) 2023](#)

Additional Comments:

- Vancocin® (Vancomycin) Matrigel Capsules 125 mg are now included on the GMS Reimbursement List (i.e. a High Tech Prescription is no longer required) and thus any prescriber is able to prescribe it in line with treatment options set out in the CDI treatment guidance.
- Oral vancomycin is not absorbed from the GIT and therefore should never be used as systemic therapy. Its sole use is in the treatment of CDI. Therapeutic drug monitoring is not required.
- Fidaxomicin has not been tested in pregnant or breastfeeding women or in patients with a history of inflammatory bowel disease. It is also a reserve agent, and thus must be discussed with Clinical Microbiologist prior to prescribing.