

Multiple (≥ 2 nd) Recurrence CDI

Please discuss with Clinical Microbiologist or Infectious Diseases.

For non-severe & severe CDI, treatment options are:

- Fidaxomicin 200mg BD 10 days (if initial treatment with oral vancomycin) or
- Vancomycin 125mg QDS orally 10 days, or
- Vancomycin tapering regimen:

125mg orally QDS for two weeks

125mg orally BD for one week

125mg orally OD for one week

125mg orally every 48 hours for one week

125mg orally every 72 hours for one week

- Early surgical review for severe CDI
- Consider referral for faecal microbiota transplantation if available (MDT discussion required)

For severe-complicated/fulminant CDI:

- Vancomycin 500mg QDS oral PLUS Metronidazole 500mg TDS IV
- Urgent surgical review essential
- In patients with ileus (or any condition preventing vancomycin reaching the colon) and not responding to enteral therapy, consider administering intracolonic vancomycin. This carries a risk of colonic perforation and should only be performed by personnel trained in administering enemas.

Other adjunctive therapies such as Tigecycline IV may be considered in severe, severe-complicated/fulminant CDI in addition to standard therapy. Please discuss with Clinical Microbiologist or Infectious Diseases.