

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Clostridioides difficile Infection (CDI)

Clostridioides difficile Infection (CDI)

1. **Clinical suspicion of CDI: Diarrhoea** (≥ 3 episodes unformed stool within 24 hours) where patient has been off laxatives for past 24-48 hours
2. **Detection of C. difficile toxin +/- gene alone does not diagnose CDI.** Clinical assessment is essential. Asymptomatic colonisation can occur in 20-40% of hospitalised patients and does not require treatment.
3. If CDI diagnosed: See table below for treatment of initial episode and first recurrence of CDI.
4. The following regimens may be recommended by **Microbiology or Infectious Diseases only**
 - Regimen for [tapered pulsed oral Vancomycin](#)
 - Regimen for [intracolonic Vancomycin](#)
 - Reserve agent recommendation.

Antibiotics for Clostridium difficile Infection		
Infection	1st Line Antibiotics	Comment
Clostridioides difficile infection	Mild: Mildly symptomatic patient (With NO features of severe CDI) Metronidazole PO/NG 400mg every 8 hours IF no response 72 hours after starting treatment, consult Microbiology or Infectious Diseases. All other patients: Vancomycin PO/NG 125mg every 6 hours. IF severe discuss with Micro/ID Severe CDI : Suggested by any of the following: Clinical: fever, rigors, abdominal pain Laboratory: WCC $\geq 15 \times 10^9$ /L, or rise in serum creatinine $>50\%$ above baseline Endoscopic findings: pseudomembranous colitis Imaging: distension of the large intestine, pericolic fat stranding or colonic wall thickening (including low-attenuation mural thickening). Severe with ileus or toxic megacolon Vancomycin PO/NG 500mg every 6 hours + Metronidazole IV 500mg every 8 hours Consult Microbiology or Infectious Diseases.	Duration 10 days. • Maintain hydration. • Avoid anti-diarrhoeal agents. • Stop precipitating antibiotic(s) if possible or switch to agents less likely to be associated with CDI. • Stop proton pump inhibitors (PPIs) if possible. • Use vancomycin injection to prepare oral solution – see IV Guide. • Prescribe vancomycin capsules if required on discharge. Expensive – not routinely stocked in community. Please contact ward and community pharmacy at least 24hrs prior to discharge to arrange supply.
Clostridioides difficile	Consult Microbiology or Infectious Diseases.	
First or subsequent recurrence or persistent symptoms or patients who are post-Faecal Microbiota Transplant (FMT) for CDI		

Refs:

1. HSE AMRIC National Clostridioides difficile infection (CDI) treatment guidance 2023.
<https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/gastro/clostridium-difficile/>
2. NICE Clostridioides difficile infection: antimicrobial prescribing 2023.
3. Clinical Practice Guidelines for the Management of Clostridioides difficile Infection in Adults: 2021 Update by SHEA/IDSA

4. [European Society of Clinical Microbiology and Infectious Diseases: 2021 update on the treatment guidance document for *Clostridioides difficile* infection in adults. Clin Microbiol Infect 2021 Dec;27 Suppl 2:S1-S21. doi: 10.1016/j.cmi.2021.09.038. Epub 2021 Oct 20.](#)
5. Impact of *Clostridioides difficile* length of treatment on rates of recurrence in patients on concurrent antibiotics Am J Infect Control. 2023 Apr 25:S0196-6553(23)00336.
6. [Japanese Clinical Practice Guidelines for Management of Clostridioides \(Clostridium\) difficile infection. Journal of Infection and Chemotherapy. 2022. 28\(1045-1083\).](#)
7. [Australasian Society of Infectious Diseases updated guidelines for the management of *Clostridium difficile* infection in adults and children in Australia and New Zealand Intern Med J 2016 Apr;46\(4\):479-93. doi: 10.1111/imj.13027.](#)
8. Clinical Efficacy of Fidaxomicin and Oral Metronidazole for Treating *Clostridioides difficile* Infection and the Associated Recurrence Rate: A Retrospective Cohort Study Antibiotics 2023, 12, 1323. <https://doi.org/10.3390/antibiotics12081323>
9. [Comparison of outcomes with vancomycin or metronidazole for mild to moderate *Clostridium difficile* associated diarrhea among solid organ transplant recipients: A retrospective cohort study Transpl Infect Dis 2018 Jun;20\(3\):e12867. doi: 10.1111/tid.12867.](#)
10. Outcomes associated with recent guideline recommendations removing metronidazole for treatment of non-severe *Clostridioides difficile* infection: a retrospective, observational, nationwide cohort study. CA Gentry, DL Campbell, RJ Williams. Int J Antimicrob Agents 2021 Mar; 57(3):106282. doi: 10.1016/j.ijantimicag.2021.106282. Epub 2021 Jan 17

Tapered pulsed oral Vancomycin

Tapered Pulsed Oral Vancomycin

1. **Requires Microbiology or Infectious Diseases approval**
2. Use vancomycin injection to prepare oral solution for inpatients – see IV Guide
3. Prescribe vancomycin capsules on discharge. Note: Expensive – not routinely stocked in community. Please contact ward and community pharmacy at least 24hrs prior to discharge to arrange supply.

Vancomycin

- 125mg every 6 hours for 1 week, then
- 125mg every 12 hours for 1 week, then
- 125mg once daily for 1 week, then
- 125mg every second day for 1 week, then
- 125mg every three days for 2 weeks.

Intracolonic Vancomycin

Intracolonic Vancomycin

1. **Requires Microbiology or Infectious Diseases approval**
2. Adapted from University of Washington
3. **Adjunctive** therapy for failing Vancomycin therapy in **severe** CDI
 - 500mg of Vancomycin injection is reconstituted and added to 100ml of NaCl 0.9%
 - An 18G Foley catheter is inserted per rectum and the balloon is inflated
 - The Vancomycin solution is instilled into the rectum and retained for 60 minutes by clamping the catheter
 - Once retention time complete, the catheter is unclamped, the balloon deflated and the catheter removed
 - The process is repeated every 6 hours