Guidance for Proven or Suspected *C. difficile* associated diarrhoea (CDAD)

Your patient is in a healthcare facility or has been admitted with new onset of DIARRHOEA

Constipation with overflow diarrhoea (make sure PR done), laxatives and other common causes of diarrhoea have been excluded

Does patient have risk factors for CDAD?

- History of use (< 3m) or current use of an antibiotic
- Prolonged recent hospital stay
- Use of PPI
- Increasing age especially >65y
- Surgical procedure (in particular bowel procedures)

Yes

Send stool for *C. difficile* toxin

Inform Infection Control Team

Isolate patient in single room Designated toilet or commode

- Stop PPI
- Stop anti-microbial treatment if possible
- Stop laxative

Hand hygiene with soap and water Wear gloves and disposable apron

Toxin -ve

Toxin +ve

Continue with guidance

Discontinue *C. difficile* guidance or if index of suspicion high seek ID referral

UNDERTAKE SEVERITY ASSESSMENT

- Suspicion of Pseudomembranous colitis (PMC) or toxic megacolon or ileus

OR **two** or more of the following severity markers

- Colonic dilatation in CT scan or AXR >6cm (if available)
- WCC >15 cells/mm^3
- Creatinine >1.5 x baseline
- Albumin <25 g/l

No

Patient has non-severe CDAD

- Treat with **oral metronidazole 400mg t.d.s. for 10-14 days**
- Rehydrate patient

Daily assessment of patient with mild to moderate disease:

Observe bowel movement, symptoms (WBC and hypotension) and fluid balance.

If condition doesn't improve after 3-5 days of treatment with metronidazole, patient should be switched to treatment with vancomycin (125mg q.d.s. for a further 10-14 days)

Yes

Patient has severe CDAD

- Treat with **oral vancomycin 125mg q.d.s. for 14 days**
- Rehydrate patient and consider referral to hospital or healthcare facility if patient at home

Refer to Infectious Disease

Daily assessment of patient with severe disease:

Observe bowel movement, symptoms (WBC and hypotension) and fluid balance.

Surgery – Consult and AXR and CT scanning; consider PMC, toxic megacolon, ileus or perforation

If ileus is detected add 500mg metronidazole i.v. t.d.s. until ileus is resolved

For recurrent (3 or more episodes) CDAD seek Specialist ID/Micro advice

Contact Details

- Infection control team via switchboard
- Public health via NWH switch board if care home
- "On call" duty microbiologist: 4039 Ninewells or via switchboard 5315 Perth Royal
- "On call" ID: 5075

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