

**Possible or Proven  
Clostridium difficile Infection (CDI)  
Patient Care Orders - Central Zone**

Affix patient label within this box

<b>Ht:</b> _____ cm	<b>Allergies:</b> List <input type="checkbox"/> or <input type="checkbox"/> Up to date in electronic system
<b>Wt:</b> _____ kg	<b>Diagnosis:</b>

Date (yyyy-Mon-dd)	Time (hh:mm)	Physician's Orders	Unit Clerk Initials	RN Initials
<ul style="list-style-type: none"> <li>■ <b>Initiate contact precautions, including sporicidal clean for confirmed or suspected CDI</b></li> <li>■ Notify Infection Prevention &amp; Control.</li> <li>■ Discontinue precautions after diarrhea (of any cause) has resolved for 48 hours and after at least ONE normal or formed bowel movement</li> </ul>				
<ul style="list-style-type: none"> <li>■ <b>Send stool for C. difficile toxin, if not already ordered or a known positive. Note:</b> <ul style="list-style-type: none"> <li>- C. difficile fecal assays are not indicated in patients with solid stool</li> <li>- Repeat testing is not recommended if symptoms have resolved or within 7 days of a previous sample being submitted</li> <li>- <b>Test of cure is not recommended</b></li> <li>- Samples to be transported to lab within 2 hours of collection</li> <li>- If C. difficile toxin negative, reassess patient for other causes of diarrhea</li> </ul> </li> </ul>				
<ul style="list-style-type: none"> <li>■ <b>CBC + differential, electrolytes, serum creatinine today then every 2 days x 2</b></li> </ul>				
<b>Mild to moderate infection</b> (see back for details) <ul style="list-style-type: none"> <li><input type="checkbox"/> First or second episode (within previous 8 weeks): metronIDAZOLE 500mg PO/NG TID x 10 days (IV only if NPO)</li> </ul> <b>OR Failure to respond to metronIDAZOLE in 3 - 5 days:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> discontinue metronIDAZOLE and give vancomycin 125mg PO/NG QID x 10 days</li> </ul> <b>OR Third or greater episode:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> vancomycin 125mg PO/NG QID x 10 days, followed by vancomycin 125mg PO/NG BID x 7 days, then 125mg PO/NG daily x 7 days, then 125 mg PO/NG every 2 days x 7 days, then 125mg PO/NG every 3 days x 7 days (38 days)</li> </ul>				
End date (yyyy-Mon-dd) _____				
<b>Severe infection</b> (see back for details) <ul style="list-style-type: none"> <li><input type="checkbox"/> vancomycin 125mg PO/NG QID x 10 days</li> <li><input type="checkbox"/> Consult _____ (Suggest: General Surgery, ID, GI and/or ICU)</li> </ul> <b>AND IF impaired gut transit (e.g. ileus) and/or NPO:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> metronIDAZOLE 500 mg IV every 8 hours x 10 days, PLUS</li> <li><input type="checkbox"/> vancomycin 500mg in solution via retention enema (PR) every 6 hours x 10 days - change to PO/NG if ileus resolves before completion of 10 days therapy</li> </ul>				
<ul style="list-style-type: none"> <li>■ Medications to be discontinued. Specify agent(s) below (consult Pharmacy if possible):               <ul style="list-style-type: none"> <li><input type="checkbox"/> Discontinue Proton Pump Inhibitors and <input type="checkbox"/> H2 receptor blockers</li> <li><input type="checkbox"/> Discontinue laxatives and stool softeners</li> <li><input type="checkbox"/> Discontinue antidiarrheal medications</li> <li><input type="checkbox"/> Reassess antibiotics for other infectious conditions: _____</li> </ul> </li> </ul> <p style="margin-left: 20px;"><b>Note:</b> High risk antibiotics for CDI: Fluoroquinolones, clindamycin, broad spectrum penicillins, 3rd generation cephalosporins</p>				
<input type="checkbox"/> Discontinue:				
<b>Physician Signature</b>			<b>Date</b> (yyyy-Mon-dd)	

## Possible or Proven *Clostridium difficile* Infection (CDI) Patient Care Orders - Central Zone

Mild-moderate CDI:

- Cases which do not meet the criteria for severe or severe-complicated *C. difficile* infection

Severe CDI criteria (severe complicated indicated with \*) include any ONE or more of the following:

- WBC greater than  $15 \times 10^9/L$
- Acute kidney injury with serum creatinine greater than 1.5 times baseline
- Pseudomembranous colitis
- Ileus\*
- Signs of toxic mega-colon\*
- Peritonitis\*
- Signs of septic shock\*

Antibiotics frequently associated with developing *C. difficile* diarrhea and colitis:

- Fluoroquinolones
- Clindamycin
- Broad spectrum penicillins
- Broad spectrum cephalosporins
- Occasionally associated: macrolides, trimethoprim/sulfonamides







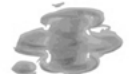
**Note:**

Fecal microbiota transplant for refractory CDI has been used with some success in preliminary investigations. The availability of this procedure and its placement among CDI therapy options is evolving. Consult GI or ID in Edmonton or Calgary Zone (RAAPID North: 1.800.282.9911, South: 1.800.661.1700) for further information.

There is insufficient evidence to support the use of probiotics in the treatment of CDI.

**Stools must be type 6 or 7 – otherwise criteria for diarrhea are not met:**

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

**With suspect CDI cases, the care team should institute other measures including:**

- Institutional guidelines
- **Hand washing (soap and water)**
- Single room isolation
- Visitation restriction
- Limited patient belongings