Alberta Health Services

Affix patient label within this box

Possible or Proven *Clostridium difficile* Infection (CDI) Orders (Adult Non-Acute Care)

1. All orders must be completed and signed by the prescriber.
2. Orders may be deleted by stroking the order out and initialing the entry or by leaving prompts blank (*boxes*).
3. Use a new form for any subsequent orders.

Date/Time	
	☑ Initiate Contact Precautions for confirmed or suspected *C. difficile*. ☑ Initiate stool chart. ☑ Notify site Infection Prevention & Control: Date *(yyyy-Mon-dd)*: _____ Time (24hrs)_____
	Send unformed stool for: ☐ *C. difficile* toxin, if not already ordered or a known positive. ***C. difficile* testing not indicated if solid/formed stool and is NOT indicated after symptom resolution or for test of cure.** Clinician may consider culture and viral studies if client has not been on antimicrobials within the last 3 months and has food/travel/contact risks.
	☑ If stool is positive for *C. difficile* toxin, notify physician. ☑ If stool is negative for *C. difficile* toxin, notify physician regarding discontinuation of CDI therapy and assessment of alternate causes of diarrhea.
	☑ CBC + differential, electrolytes, serum creatinine today then every 2 days x 2
	☑ **Assess whether any medications contributing to CDI or diarrhea can be discontinued: consider antimicrobials, laxatives, stool softeners, pro-motility agents, and acid reducing drugs** (*proton pump inhibitors and H2 receptor blockers*)**.** ☑ Review medication list with pharmacist if possible.
	☐ Discontinue (*list agents*):
	☑ Discontinue anti-diarrheal medications (*see back*).
	Mild to moderate infection (*see back for clinical parameters*): ☐ No therapy. Reassess once *C. difficile* toxin result available **First or second episode:** ☐ MetroNIDAZOLE 500mg PO/NG TID x 10 days **OR** ☐ If NPO, give metroNIDAZOLE 500mg IV q8h (Switch to PO/NG as soon as possible). ☐ If unable to administer IV metroNIDAZOLE, consider transfer to acute care for assessment and management. **If failure to respond to metroNIDAZOLE in 3-5 days:** ☐ Discontinue metroNIDAZOLE and give vancomycin 125mg PO/NG QID x 10 days **Third or greater episode:** ☐ Vancomycin 125mg PO/NG QID x 10 days, then 125mg PO/NG BID x 7 days, then 125mg PO/NG daily x 7 days, then 125mg PO/NG Q2days x 7 days, then 125mg PO/NG Q3days x 7 days (38 days)
	Severe infection (*see back for clinical parameters of severity*): ☐ Initiate vancomycin 125mg PO/NG QID ☐ Consult _____ (Consider: ID, General Surgery or GI, and/or ICU) ☐ Transfer client to acute care facility for assessment and management, if aligned with Goals of Care (www.conversationsmatter.ca)
	☑ Contact site Infection Prevention & Control prior to discontinuation of Contact Precautions after formed stool for a minimum of 48h, or an alternate diagnosis is made. ☑ Do not repeat testing for *C. difficile* unless diarrhea recurs.
Prescriber's Name *(print)*	Signature

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Possible or Proven *Clostridium difficile* Infection (CDI) Orders (Adult Non-Acute Care)

Mild to moderate *C. difficile* infection:

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

Severe *C. difficile* infection criteria include ONE or more of the following:

- WBC greater than 15 x 10^9/L
- Acute kidney injury with serum creatinine greater than 1.5 times baseline
- Pseudomembranous colitis
- Signs of toxic megacolon
- Hypotension
- Shock

Notes:

Anti-diarrheal medications to be discontinued: attapulgite (Kaopectate), bismuth preparations (Pepto-Bismol), diphenoxylate-atropine (Lomotil), loperamide (Imodium).

Re-evaluate need for opioids.

Fecal microbiota transplant (FMT) is a treatment option for refractory or recurrent CDI. The availability of FMT and its role among CDI therapy options is evolving. Consult Gastroenterology and/or Infectious Diseases for further information.

There is insufficient evidence to support the use of probiotics in the treatment of CDI. Therefore, they are not recommended in the treatment of CDI.

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