Alberta Health Services

Affix patient label within this box

Proven *Clostridium difficile* Infection (CDI) Orders *(Pediatric)*

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

Height *(cm)*	Weight *(kg)*

Date/Time	
	For patients who have tested positive for *Clostridium difficile* toxin. Patients with diarrhea should already be on Contact Precautions.
	☑ **If the patient does not have diarrhea: No isolation or treatment or change in management.** *Note:* *C. difficile* testing is not indicated for patients with solid/formed stool. In patients less than 1 year old, *C. difficile* testing is generally not indicated and consultation with microbiologist is needed before test request.
	☑ **If the patient has diarrhea, 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 illness *(watery diarrhea without systemic toxicity, typically less than 4 abnormal stools/day)*. ☐ **No antimicrobial for *C. difficile* needed; stop all antibiotics if appropriate; clinical follow-up**
	Moderate infection *(4 or more abnormal stools/day but no evidence of ileus, toxic megacolon or colonic perforation)* **First or second episode**: ☐ MetroNIDAZOLE ____ mg PO/NG QID x 10 days *(30mg/kg/day divided QID; max dose: 500mg QID)* **OR** ☐ If NPO, give metroNIDAZOLE ____ mg IV q8h *(10mg/kg/dose; max dose 500mg IV q8h)*. Switch to PO/NG as soon as possible **If failure to respond to metroNIDAZOLE in 3-5 days:** ☐ Discontinue metroNIDAZOLE and give vancomycin ____ mg PO/NG QID x 10 days *(10mg/kg/dose, max dose: 125mg QID)* **Third or greater episode:** ☐ Vancomycin _____ mg PO/NG QID x 10 days *(10mg/kg/dose, max dose: 125mg QID)*, then _____mg PO/NG BID x 7 days *(10mg/kg/dose, max dose: 125mg BID)*, then _____mg PO/NG daily x 7 days *(10 mg/kg/dose, max dose: 125mg daily)*, then _____mg PO/NG Q2days x 7 days *(10 mg/kg/dose, max dose: 125mg Q2days)*, then _____mg PO/NG Q days x 7 days *(10 mg/kg/dose, max dose: 125mg Q3days) (38 days)* **Severe infection *(ileus, suspected toxic megacolon or colonic perforation)*** ☐ 3 views abdominal Xray **OR** ☐ CT Abdomen ☐ Consult _____ *(Consider: ID, General Surgery or GI, and/or ICU)* ☐ Vancomycin _____ mg PO/NG QID x 10 days *(10mg/kg/dose, max dose: 125mg QID)* **If impaired gut transit *(e.g. ileus)* and/or NPO**: ☐ MetroNIDAZOLE ____ mg IV q8h* x10 days *(10mg/kg/dose; max dose: 500mg IV q8h)* **PLUS** ☐ Vancomycin _____mg in solution via retention enema *(PR)* QID* *(10mg/kg/dose, max dose: 500mg PR QID)* x 10 days. *Switch to PO/NG if ileus resolves before completion of 10 day therapy.
	☑ 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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Notes:

Anti-diarrheal medications to be discontinued: attapulgite *(Kaopectate)*, bismuth preparations *(Pepto-Bismol)*, diphenoxylate-atropine *(Lomotil)*, loperamide *(Imodium)*.
Re-evaluate need for opioids.

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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