Recurrent *Clostridiodes (Clostridium) difficile* infection (CDI) Outpatient Management Pathway

1. Suspected new or Recurrent CDI

More than 3 loose unformed stools (i.e., takes the shape of the container) in 24 hours lasting at least 2 days

+

CDI risk factors, including but not limited to recent antibiotic use, 65 years of age, recent hospitalization

For full list see Identification link above

2. Baseline Investigation

Stool: CDI testing and Blood: CBC and creatinine

IF SEVERE
WBC >15 or Creatinine> 130 or 1.5x baseline
Follow Bugs and Drugs CDI and Consult RAAPID

3. Lab Reported CDI Test Result

Positive ⊕ — **OR** — **Negative** ⊖

PCR + without risk factors

OR

Toxin +
OR
PCR + with risks

For full list see Identification link above

Assessment of diarrhea

Acute (**Under 4 weeks**) **OR** **Chronic** (**More than 4 weeks**)

Stool bacterial enteric panel

- Follow Bugs & Drugs gastroenteritis
- Follow chronic diarrhea pathway

4. General principles for management of CDI

Avoid unnecessary antibiotics, imodium, PPI

5. Pharmaceutical treatment and management of CDI

1st Episode
(or more than 3 months from prior episode)
Vancomycin
125 mg PO QID x 10 - 14 days

If drug coverage is an issue -Metronidazole ***500 mg po TID x 10 - 14days***
Use vancomycin if no response to Metronidazole

2nd Episode or 1st Recurrence
(less than 3 months from prior episode)
Vancomycin taper

- 125mg po QID X 14 days, then:
- 125mg po BID x 1 week, then
- 125mg po daily x 1 week, then
- 125 mg po q2days x 4 doses, then
- 125 mg po q3days x 4 doses

3rd Episode or 2nd Recurrence
(All episodes less than 3 months apart) **Vancomycin 125mg QID X 14 days, then 125mg BID until FMT program review**

AND

Send FMT referral. See Referral Guideline tab for details.

6. Assess treatment response

Diarrhea resolves:
No further testing required

If Diarrhea persists: Assess other causes (above)
[Consider repeat CDI test if partial response to vancomycin]

Diarrhea resolves but recurs within 3 months