

Clostridium difficile (*C. diff*)

Reference
Link

DIAGNOSIS

Signs and Symptoms of *C. diff*

TEST stool sample (GDH/toxin A/B test)

Only test diarrheal stools; avoid testing for 48 hours after laxative administration.

(+) GDH
(+) Toxin

(+) GDH
(-) Toxin

(-) GDH
(-) Toxin

Nucleic acid
amplification test

(-)

END

(+)

DIAGNOSE *C. diff* infection; ASSESS Severity

MILD-MODERATE

Mild: Diarrhea is only symptom

Moderate:

Diarrhea + other symptoms (but doesn't meet criteria for Severe or Severe-Complicated)

SEVERE

Diarrhea + ≥ 2 of the following:

- Hypoalbuminemia
- WBC $>15,000$ or bandemia $>20\%$ of neutrophils
- Fever $\geq 38.0^{\circ}\text{C}$
- Systolic BP <100
- Ileus
- Abnormal abdominal CT imaging findings
- Serum creatinine ≥ 1.5 times pre-infection level
- Age ≥ 65 years

SEVERE-COMPLICATED

Severe disease + any of the following:

- Admission to the ICU
- Sustained hypotension
- Significant abdominal distention
- Mental status change
- Ascites
- Ileus
- Pancolitis
- Colonic dilation or megacolon
- WBC $>35,000$ or $<2,000$
- Serum lactate >2.2
- Any evidence of end-organ failure

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TREATMENT

C. diff Diagnosis



TREAT first infection

MILD-MODERATE	SEVERE	SEVERE-COMPLICATED
<p>Metronidazole 500 mg PO 3x daily x 10 days</p> <p><i>If no improvement in 5–7 days, switch to: Vancomycin 125 mg PO 4x daily x 10 days</i></p>	<p>Vancomycin 125 mg PO 4 times daily x 10 days</p> <p><i>If no improvement in 7 days: Consult Infectious Diseases (ID) or Gastroenterology</i></p>	<p><i>If abdominal distention: Vancomycin 125 mg PO 4x daily AND metronidazole IV 500 mg 3x daily</i></p> <p><i>If ileus, toxic megacolon, and/or significant abdominal distention: Vancomycin 500 mg PO 4x daily AND metronidazole IV 500 mg 3x daily AND vancomycin rectally (500 mg in 500 mL saline) 4x daily</i></p> <p><i>If no improvement in 48–72 hours: Consult Colorectal Surgery, ID, and/or Gastroenterology</i></p>

MANAGE recurrent *C. diff**

	MILD-MODERATE	SEVERE/SEVERE-COMPLICATED
First recurrence	Same antibiotic used for first infection	Same treatment as primary infection
Second recurrence	Vancomycin : 125 mg PO 4x daily x 14 days THEN 125 mg 2x daily x 7 days THEN 125 mg 1x daily x 7 days THEN 125 mg every 2–3 days x 2 weeks	
Third recurrence	Stabilize with vancomycin , 125 mg PO 4x daily (plus IV metronidazole and vancomycin retention enema if meets criteria under first infection, SEVERE-COMPLICATED above); consult ID and/or Gastroenterology	

NOTE: Test of cure is unnecessary if symptoms resolve.

*Test stool sample. Do not treat without confirmation.