C.difficile-Associated Diarrhea

Antibiotic usage is the **most common** cause of *C.difficile* colitis. Appropriate selection and duration of antibiotic therapy can **greatly reduce** the risk of developing C.difficile associated colitis.

Definition

C. difficile-associated diarrhea (CDAD) is defined as ≥ 3 watery bowel movements within a 24-hour period in the setting of positive diagnostic testing for the presence of *C. difficile*-associated toxin. Complications include severe clinical manifestations, such as bowel perforation, toxic megacolon, and death.

Disease Classification & Treatment

Non-severe	Severe	Fulminant
WBC < 15 SCr ≤ 1.5 x baseline	WBC ≥ 15 SCr ≥ 1.5 x baseline	Hypotension, shock, ileus, or toxic megacolon

Initial episode (first occurrence)

Vancomycin 125 mg PO QID x 10-14 days
If outpatient access to vancomycin is problematic use Metronidazole 500 mg PO TID

Vancomycin 125 mg PO QID x 10-14 days

First recurrence

Consider vancomycin prolonged taper **AND** Infectious Disease consultation

125 mg PO QID x 10-14 days, then
125 mg PO BID x 7 days, then
125 mg PO daily x 7 days, then
125mg PO q48-72h x 2-8 weeks

If metronidazole was used for initial episode:
Vancomycin 125 mg PO QID x 10-14 days

Second or subsequent recurrence

Consult Infectious Disease

All episodes

Vancomycin
125-500 mg PO QID†
PLUS
Metronidazole 500 mg IV q8h‡

Consider Infectious Disease and Surgery consult

Rectal vancomycin (administered via retention enema) can be used in patients unable to take oral therapy (e.g. ileus) at a dose of 500 mg in 100 mL of normal saline PR q6h.

∗ **Fidaxomicin** is a **non-formulary** agent that can be used to treat both non-severe and severe *C.difficile* episodes. It is not considered first line due to prohibitive cost and difficulties with outpatient coverage. Prescribing is **restricted** to the Infectious Disease services.
† There is a lack of robust data to support the use of high dose oral vancomycin (500 mg). Reports indicate risk of increased systemic absorption and renal failure with the prolonged use of high doses.
‡ Continue until the patient is no longer critically ill (usually 5-7 days)

Clinical Considerations

- Discontinue unnecessary antibiotic therapy
- Consultation with Infectious Diseases is strongly recommended if concurrent antibiotic therapy is required during CDAD, as this may alter the recommended duration of therapy
- There are insufficient data to recommend the use of probiotics in the setting of CDAD
- Do not repeat testing within 7 days of the same episode of diarrhea – in the absence of symptoms, repeat stool testing is not indicated and should not be used as a test for cure
- Prior to discharge, Exceptional Access Program (**EAP**) documentation should be completed to ensure outpatient coverage of vancomycin (where applicable)