

Infant Formulas

- See "Formula Card" on BCRP website (Virtual White Coat) for more info.
- 1 oz = 30mL
- Standard infant formula = 20kcal/oz. Toddler/infant formula (1 year+) = 30kcal/oz

Type	Brands
Cow's Milk	<ul style="list-style-type: none"> • Enfamil (cheapest) • Similac Advance (claims to have better calcium absorption) • "Step 2" or "next step" versions (babies > 6 m) have more calcium, protein • Preemie versions: Enfacare, Neosure - 22 kcal/oz, extra calcium, phosphorus
Partially Hydrolyzed (Whey = Cow's Milk Based)	<ul style="list-style-type: none"> • Good Start (made by Nestle, covered by WIC)
Soy (Lactose-Free, for lactose intolerance or galactosemia)	<ul style="list-style-type: none"> • Prosobee (made by Enfamil), Isomil (made by Similac), Goodstart Soy • *Can cause constipation
Hydrolyzed, Semi-Elemental	<ul style="list-style-type: none"> • Nutramigen (cheapest, covered by WIC) • Alimentum (sweeter taste) • Pregestimil
Amino Acid-Based, Elemental (\$\$\$)	<ul style="list-style-type: none"> • Neocate (covered by WIC) • Elecare (higher MCT oil content, less osms)
Caloric Supplements	<ul style="list-style-type: none"> • Formulas can be safely concentrated up to 28 kcal/oz. If increased renal solute load is undesirable, use carb/lipid caloric supplements instead: • Polycose powder (carbohydrate-based) • Corn oil, medium chain triglyceride (MCT) oil (lipid-based) • Duocal (contains both carb and fats, only for infants >1 year)

Clostridium Difficile

PowerPlan	C. diff Treatment Plan
Presentation	<ul style="list-style-type: none"> • Ranges from asymptomatic colonization to mild diarrhea to fulminant colitis with fever and severe illness. Complications: perforation, toxic megacolon • Illness (but not colonization) is rare in children < 2 y/o b/c they lack cellular machinery to bind C. diff toxin
Pathophys	Anaerobic, Gm+, toxin-producing bacillus. Spores extremely resistant. Toxins disrupt endothelial cytoskeleton → inflammation, necrosis. Usually associated with antibiotic use (esp. clindamycin, cephalosporins, penicillins), PPIs, immunosupp, state, IBD (esp. UC)
Workup	Stool enzyme immunoassay (EIA) = high sens/spec. Stool culture is not helpful. Sample should be fresh (on ice if outpatient), and usually only one sample is needed to confirm infection. Positives auto-reflex to PCR.
Treatment	<ul style="list-style-type: none"> • Metronidazole (IV or PO) 30 mg/kg/day 10-14 days. • Trx failure, underlying IBD, or severe disease: Vancomycin (must be PO!) 40 mg/kg/days (max 125 mg/dose) 10-14 days. • Fecal microbial transplantation for chronic-recurrent C diff (>3x). • Fidaxomicin being used more often as well