SUSPECTED OR CONFIRMED CDI – PEDIATRIC PATIENT

Diarrhea (unformed watery stools – type 6 & 7 greater than 3 in 24 hours **AND**
1. Pending *Clostridium difficile* test with high suspicion **OR**
2. Positive *C. difficile* test **OR**
3. Endoscopic or histologic evidence of pseudomembranous colitis

INSTITUTE CONTACT PRECAUTIONS PLUS

EVALUATE CDI SEVERITY

Assess and evaluate patient's clinical status (vital signs, abdominal exam, hydration, etc)
Obtain baseline CBC with diff, electrolytes, urea and serum creatinine

MILD OR MODERATE

Does not meet criteria for severe or fulminant

FIRST EPISODE

- **NOTE**: Consult ID if the clinical situation is not straightforward
- Review all antibiotics and discontinue unless clearly indicated, or document reason for continuation
- Discontinue proton pump inhibitors (PPIs) unless clearly indicated or document reason for continuation
- Stop all antimotility & pro-motility agents
- **metronidazole 7.5 mg/kg/ dose PO/NG QID for 10 days (Max 2g/24 h)**
- If patient intolerant to oral metronidazole change to **metronidazole 7.5 mg/kg/ dose IV Q6H for 10 days (Max 2 g/24 h)**
- Daily abdominal exam
- If symptoms worsen, re-evaluate CDI severity and follow appropriate algorithm pathway

SEVERE

(**ANY** of the following)

- Acute kidney injury with rising serum creatinine (SCr) OR
- Pseudomembranous colitis OR
- Clinical judgement (age, fever, etc)

ANY EPISODE

- **NOTE**: Consider ID, GI and/or General Surgery consult
- Review all antibiotics and discontinue unless clearly indicated or document reason for continuation
- Discontinue PPIs unless clearly indicated or document reason for continuation
- Stop all antimotility & promotility agents
- **vancomycin 10 mg/kg/dose PO/ NG QID for 10 days (Max 125 mg/ dose)**
- Ensure adequate nutrition and hydration. Refer to dietician if indicated
- Daily abdominal exam

FULMINANT

(**ANY** of the following)

- Toxic megacolon
- Perforation
- Signs of peritonitis
- Ileus
- Severe sepsis/septic shock
- Severe acute renal failure (i.e. oliguria or dialysis requirement)

ANY EPISODE

- **NOTE:** Obtain specialist (ID, GI, and/or General Surgery) and ICU consult immediately as directed by level of care
- Review all antibiotics and discontinue unless clearly indicated or document reason for continuation
- Discontinue PPIs unless indicated and document reason for continuation
- Stop all antimotility and promotility agents
- **vancomycin 10 mg/kg/dose PO/NG QID for 14 days (Max 125 mg/dose) with metronidazole 7.5 mg/kg/dose IV Q6H for 14 days (Max 2 g/24 h)**
- Ensure adequate nutrition and hydration. Refer to dietician if indicated
- Daily abdominal exam

SECOND EPISODE (ie. FIRST RECURRENCE) (MILD OR MODERATE)

- Confirm that episode is the 1st recurrence (not 2nd or more recurrences)
- Review all antibiotics & discontinue unless clearly indicated, or document reason for continuation
- Discontinue PPIs unless clearly indicated or document reason for continuation
- Stop all antimotility and promotility agents
- **metronidazole 7.5 mg/kg/dose PO/NG QID for 10 days (Max 2 g/24 h)**
- If diarrhea not resolving by days 4 to 6, **change to vancomycin 10 mg/kg/dose PO/NG QID for 10 days (Max 125 mg/ dose)**

If symptoms worsen:

- Re-evaluate CDI severity
- Obtain ID and/or GI consult

THIRD OR FURTHER EPISODES

- **vancomycin 10 mg/kg/dose PO/NG QID for 14 days (Max 125 mg/dose)**, then may consider vancomycin tapering (e.g. vancomycin 10 mg/kg/dose PO/NG BID for 7 days, then 10 mg/kg/dose PO/NG daily for 7 days, then 10 mg/kg/dose every 2 days for 2 to 8 weeks)
- Obtain ID and/or GI consult

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