

Possible or Proven *Clostridium difficile* Infection (CDI) Orders (Adult Acute Care)

Last Name	
First Name	
PHN#	Birthdate (yyyy-Mon-dd)

1. All orders must be completed and signed by the prescriber.
2. Orders may be deleted by striking the order out and initialing the entry or by leaving prompts blank (boxes).
3. Use a new form for any subsequent orders

Date/Time	
<input checked="" type="checkbox"/>	Initiate Contact Precautions for confirmed or suspected <i>C. difficile</i> .
<input checked="" type="checkbox"/>	Initiate stool chart.
<input checked="" type="checkbox"/>	Notify site Infection Prevention & Control: Date (yyyy-Mon-dd) _____ Time (24hrs) _____
	Send unformed stool for:
<input type="checkbox"/>	<i>C. difficile</i> toxin, if not already ordered or a known positive. <i>C. difficile</i> testing is NOT indicated in patients with solid/formed stool and is NOT indicated after symptom resolution or for test of cure. Clinician may consider culture and viral studies if patient has not been on antimicrobials within the last 3 months and has food/travel/contact risks.
<input checked="" type="checkbox"/>	If stool is positive for <i>C. difficile</i> toxin, notify physician.
<input checked="" type="checkbox"/>	If stool is negative for <i>C. difficile</i> toxin, notify physician regarding discontinuation of CDI therapy and assessment of alternate causes of diarrhea.
<input checked="" type="checkbox"/>	CBC + differential, electrolytes, serum creatinine today then every 2 days x 2
<input checked="" type="checkbox"/>	Assess whether any medications contributing to CDI or diarrhea can be discontinued: consider antimicrobials, laxatives, stool softeners, pro-motility agents, and acid reducing drugs (proton pump inhibitors and H2 receptor blockers).
<input checked="" type="checkbox"/>	Review medication list with pharmacist if possible.
<input type="checkbox"/>	Discontinue (list agents)
<input checked="" type="checkbox"/>	Discontinue anti-diarrheal medications (see back).
	Mild to moderate infection (see back for clinical parameters)
<input type="checkbox"/>	No therapy. Reassess once <i>C. difficile</i> toxin result available
	First or second episode:
<input type="checkbox"/>	MetroNIDAZOLE 500mg PO/NG TID x 10 days OR
<input type="checkbox"/>	If NPO, give metroNIDAZOLE 500mg IV q8h (Switch to PO/NG as soon as possible)
	If failure to respond to metroNIDAZOLE in 3-5 days:
<input type="checkbox"/>	Discontinue metroNIDAZOLE and give vancomycin 125mg PO/NG QID x 10 days
	Third or greater episode:
<input type="checkbox"/>	Vancomycin 125mg PO/NG QID x 10 days, then 125mg PO/NG BID x 7 days, then 125mg PO/NG daily x 7 days, then 125mg PO/NG Q2days x 7 days, then 125mg PO/NG Q3days x 7 days (38 days)
	Severe infection (see back for clinical parameters of severity)
<input type="checkbox"/>	3 views abdominal Xray OR <input type="checkbox"/> CT Abdomen
<input type="checkbox"/>	Consult _____ (Consider: ID, General Surgery or GI, and/or ICU)
<input type="checkbox"/>	Vancomycin 125mg PO/NG QID x 10 days
	If impaired gut transit (e.g. ileus) and/or NPO:
<input type="checkbox"/>	MetroNIDAZOLE 500mg IV Q8H* x 10 days PLUS
<input type="checkbox"/>	Vancomycin 500mg in solution via retention enema (PR) QID* x 10 days
	*Switch to PO/NG if ileus resolves before completion of 10 day therapy.
<input checked="" type="checkbox"/>	Contact site Infection Prevention & Control prior to discontinuation of Contact Precautions after formed stool for a minimum of 48h, or an alternate diagnosis is made.
<input checked="" type="checkbox"/>	Do not repeat testing for <i>C. difficile</i> unless diarrhea recurs.
Prescriber's Name (print)	
Signature	

**Possible or Proven *Clostridium difficile*
Infection (CDI) Orders (Adult Acute Care)**

Mild to moderate *C. difficile* infection:

- o Cases which do not meet the criteria for severe *C. difficile* infection

Severe *C. difficile* infection criteria include ONE or more of the following:

- o WBC greater than $15 \times 10^9/L$
- o Acute kidney injury with serum creatinine greater than 1.5 times baseline
- o Pseudomembranous colitis
- o Signs of toxic megacolon
- o Hypotension
- o Shock

Notes:

Anti-diarrheal medications to be discontinued: attapulgite (Kaopectate), bismuth preparations (Pepto-Bismol), diphenoxylate-atropine (Lomotil), loperamide (Imodium).
Re-evaluate need for opioids.

Fecal microbiota transplant (FMT) is a treatment option for refractory or recurrent CDI. The availability of FMT and its role among CDI therapy options is evolving. Consult Gastroenterology and/or Infectious Diseases for further information.

There is insufficient evidence to support the use of probiotics in the treatment of CDI. Therefore, they are not recommended in the treatment of CDI.