**Status/Admit/Transfer/Discharge**

- Patient isolation: Contact Precautions PLUS
  - Dedicated patient equipment such as commodes
  - Soap and water hand washing
  - Please refer to IC.06.03 Clostridium difficile for infection control standards for care and management

- Nurse, unit clerk, or delegate to assure Contact Precautions Plus sign is visible on the door to patient room to notify housekeeping enhanced cleaning required

**Patient Care**

- Perform daily abdominal exam; see algorithm (attached) for severity and appropriate interventions.
- Any deviation from the treatment guidelines is to be documented in the patient chart.

- Date of stool sample sent: _____________________________(DD/MM/YYYY)

- Date of positive Clostridium difficile toxin: __________________________(DD/MM/YYYY)

- Record accurate intake and output daily

- Stool Chart daily

- Abdominal examination daily

**Vital Signs**

- Vital signs
  - daily
  - Q__________H

**Medications**

- Vancomycin by the IV route is not effective for the treatment of Clostridium difficile infection

- Discontinue antimotility or promotility agents

- Discontinue antimicrobial agents

- Other: _________________________________________________

**Mild or Moderate Disease**

- First or second episode for mild or moderate disease

  - MetroNIDAZOLE
    - mg (7.5 mg/kg/dose) PO/NG QID for 10 days (Maximum 2000 mg/24 h)
    - mg (7.5 mg/kg/dose) IV Q6H for 10 days (if unable to administer PO/NG) (Maximum 2000 mg/24 h)

- If patient is not tolerating metronidazole or diarrhea not resolving by day 4 to 6

  - Discontinue metroNIDAZOLE
  - Vancomycin

  - mg (10 mg/kg/dose) PO/NG QID for 10 days (Maximum 125 mg/dose)

**Third or further episodes: Option #1: 14 day course OR Option #2: tapering course**

- Option #1 Vancomycin

  - mg (10 mg/kg/dose) PO/NG QID for 14 days (Maximum 125 mg/dose)

- Option #2: Vancomycin tapered regimen: Check all 4 boxes below for full taper

  - mg (10 mg/kg/dose) PO/NG QID for 14 days (Day 1 to 14) (Maximum 125 mg/dose)
  - mg (10 mg/kg/dose) PO/NG BID for 7 days (Day 15 to 21) (Maximum 125 mg/dose)
  - mg (10 mg/kg/dose) PO/NG daily for 7 days (Day 22 to 28) (Maximum 125 mg/dose)
  - mg (10 mg/kg/dose) kg/dose PO/NG every 2 days for ________ weeks (suggested: 2 to 8 weeks) (Maximum 125 mg/dose)
DATE _____/_____/_______       TIME _________

WEIGHT:_________ KG       HEIGHT:_________ CM

☐ ALLERGY CAUTION sheet reviewed

Severe Disease
vancomycin
☐ ________ mg (10 mg/kg/dose) PO/NG QID for 10 days (Maximum 125 mg/dose)

Fulminant Disease
› For fulminant disease, order both metronidazole AND vancomycin
metronIDAZOLE
☐ ________ mg (7.5 mg/kg/dose) IV Q6H for 14 days (Maximum 2000 mg/24 h)
vancomycin
☐ ________ mg (10 mg/kg/dose) PO/NG QID for 14 days (Maximum 125 mg/dose)

Laboratory
☐ Clostridium difficile toxins (if not done for this occurrence)
☐ Albumin
  Complete blood cell count with automated white blood cell differential
  ☐ daily for 5 days
  ☐ every ________ days
Sodium level, serum
  ☐ daily for 5 days
  ☐ every ________ days
Potassium level, serum
  ☐ daily for 5 days
  ☐ every ________ days
Chloride, serum
  ☐ daily for 5 days
  ☐ every ________ days
Carbon Dioxide, total (bicarbonate plus dissolved carbon dioxide)
  ☐ daily for 5 days
  ☐ every ________ days
Urea
  ☐ daily for 5 days
  ☐ every ________ days
Creatinine (Cr), serum
  ☐ daily for 5 days
  ☐ every ________ days

Medical Imaging
☐ Radiograph, abdominal (3 views)

Consults
☐ Gastroenterology
☐ General Surgery
☐ Infection Diseases
☐ Intensive Care Unit

Signature:_______________________________________  Print Name:____________________________________
College ID:______________________________________   Pager:_____________________________________

PTN Review Date: May 17, 2016   PTN# CDv1   Exp Date: May 17, 2019
# 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 & promotility 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 2g/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

May 10, 2016