# IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY Vancouver 🖊 CoastalHealth VA: VGH / UBCH / GFS VC: BP / Purdy / GPC ORDERS **ADDRESSOGRAPH** COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS CLOSTRIDIUM DIFFICILE INFECTION TREATMENT ORDERS (items with check boxes must be selected to be ordered) (Page 1 of 1) Date: Time: **INFECTION CONTROL:** Use Contact Precautions: patient isolation/cohorting, gloves/gowns as directed, dedicated patient equipment such as commodes, meticulous handwashing, and disposal of body fluids in bedpan flushers/decontaminators. Unit clerk to request housekeeping to use Accelerated Hydrogen Peroxide (AHP) (i.e. VIROX® or equivalent cleaner) to clean all surfaces. Date of result of positive *C. difficile* toxin: **DIAGNOSIS:** (date) \*OR\* Stool sent: (date) Notify Infection Control CONSULTS: ☐ ICU ☐ Gastroenterology ☐ General Surgery ☐ Infectious Disease MONITORING: ☐ Vital Signs daily OR Q\_\_\_\_H Record daily In and Outs, and Stool Chart Daily abdominal examination ☐ *C. difficile* toxin (if not done for this occurrence) LABORATORY: ☐ WBC count with differential, electrolytes, urea, creatinine daily x 5 days \*OR\* Q \_\_\_\_\_ days ☐ Serum albumin DIAGNOSTICS ☐ Abdominal X-ray (3 views) ☐ CT scan abdomen **MEDICATIONS**: Discontinue antimotility or promotility agents, as listed: antimicrobial agents, as listed:\_\_\_\_\_ **NOTES TO PRESCRIBER:** Perform daily abdominal exam; see algorithm on reverse for CDI severity and appropriate interventions. Any deviation from the CDI treatment guidelines is to be documented in the patient chart. Mild or Moderate Disease For first episode and first recurrence: ☐ metronidazole 500 mg PO/NG TID x 10 days If unable to administer orally or enterally ☐ metronidazole 500 mg IV Q8H x 10 days If metronidazole intolerant or diarrhea not resolving by day 4 to 6: □ vancomycin 125 mg PO/NG QID x 10 days If second or more recurrent disease: □ vancomycin 125 mg PO/NG QID x 14 days Severe disease □ vancomycin 125 mg PO/NG QID x 10 days Fulminant disease □ vancomycin 125 mg PO/NG QID ☐ vancomycin 125 mg PO/NG QID with metronidazole 500 mg IV Q8H Other: \_\_

Printed Name

Nov-10

College ID

Prescriber's Signature

CDITO

### SUSPECTED OR CONFIRMED CDI

Diarrhea (unformed or watery stools 3 or greater in 24 h) AND

1. Pending C. difficile test with high clinical suspicion OR

2. Positive C. difficile test

### INFECTION CONTROL

- Notify Infection Control
- Isolate on contact precautions
- Meticulous hand hygiene (preferably with soap & water)

## **EVALUATE CDI SEVERITY**

Obtain baseline CBC and differential, electrolytes, and serum creatinine

#### MILD OR MODERATE (Does not meet criteria for SEVERE or FULMINANT)

#### SEVERE

### Clinical criteria (any of the following):

- WBC more than 15,000/mm<sup>3 #</sup> OR
- Acute kidney injury with rising serum creatinine (SCr)

(e.g. SCr ≥1.5 times premorbid level or  $SCr \ge 175 \mu mol/L$ <u>OR</u>

- Pseudomembranous colitis
- Clinical judgment
  - Risk factors for consideration:
- Age >60 years, temp >38.3°C, albumin

### **FULMINANT** (Any of the following):

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

#### **FIRST EPISODE**

- Review all antibiotics & discontinue unless clearly indicated
- Stop all anti-peristaltic & promotility agents
- Metronidazole 500 mg PO/NG TID x 10-14 d If diarrhea not resolving by Day 4-
- Change to Vancomycin 125 mg PO/NG
- QID x 10-14 d If symptoms worsen,
  - o Reevaluate for CDI severity
  - Consider ID or GI consult

#### ANY EPISODE

- Review all antibiotics & discontinue unless clearly indicated
- Stop all anti-peristaltic & pro-motility agents
- Vancomycin 125 mg PO/NG QID x 10-14 d
- Consider ID, GI, and/or General Surgery consult
- Obtain abdominal x-ray (3 views)
- Consider CT scan of the abdomen if clinically indicated

#### **ANY EPISODE**

- Review all antibiotics & discontinue unless clearly indicated
- Stop all anti-peristaltic & promotility agents
- Vancomycin 125 mg PO/NG QID \* with OR without Metronidazole 500 mg IV Q8H
- If complete ileus <u>OR</u> if unable to take PO/NG vancomycin, consider adding Vancomycin 500 mg via cecal tube or enema QID<sup>1</sup>
- Obtain ID or GI, General Surgery and ICU consult immediately as directed by level of care

### FIRST RECURRENCE

- Confirm that episode is the 1<sup>st</sup> recurrence (not 2<sup>nd</sup> or more recurrences)
- Review all antibiotics & discontinue unless clearly indicated
- Stop all anti-peristaltic agents & pro-motility agents Metronidazole 500 mg PO/NG TID x 10-14 d
- If diarrhea not resolving by Day 4-6,
- Change to vancomycin 125 mg PO/NG QID x 10-14 d
- If symptoms worsen
- Reevaluate for CDI severity
- o Obtain ID or GI consult

### **SECOND OR MORE RECURRENCE**

- Vancomycin 125 mg PO/NG QID x 14 d, then may consider vancomycin tapering over 4 weeks (e.g. vancomycin 125 mg BID x 7 days, then 125 mg once daily x 7 days, then 125 mg every 2 or 3 days for 2 weeks)
- Obtain ID or GI consult
- Consider obtaining Special Authority approval for vancomyin PO coverage by Pharmacare for outpatient treatment

Note: Physician assessment for perforation risk is required prior to rectal tube placement.

Prophylactic treatment for patients on antibiotics who have previously had C. difficile is not recommended. Consider Infectious Diseases consult.

In patients unable to mount a WBC response >15,000/mm<sup>3</sup>, an increasing WBC with pronounced left shift may also be considered in these criteria; threshold of >15,000/mm<sup>3</sup> is based on expert opinion

May change to vancomycin if patient intolerant to metronidazole

Doses of 125 to 500 mg may be considered; appropriate dose has not been established in clinical trials.

 $<sup>\</sup>P$  Vancomycin IV is <u>not</u> effective for the treatment of CDI.

<sup>&</sup>lt;sup>†</sup> Tapering regimens may vary considerably, as clinical data is limited.