



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.

DIAGNOSIS: Date of result of positive *C. difficile* toxin: _____ (date) *OR*
Stool sent: _____ (date)

CONSULTS: Notify Infection Control
 Gastroenterology General Surgery Infectious Disease ICU

MONITORING: Vital Signs daily OR Q____H
Record daily In and Outs, and Stool Chart
Daily abdominal examination

LABORATORY: *C. difficile* toxin (if not done for this occurrence)
 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

OR

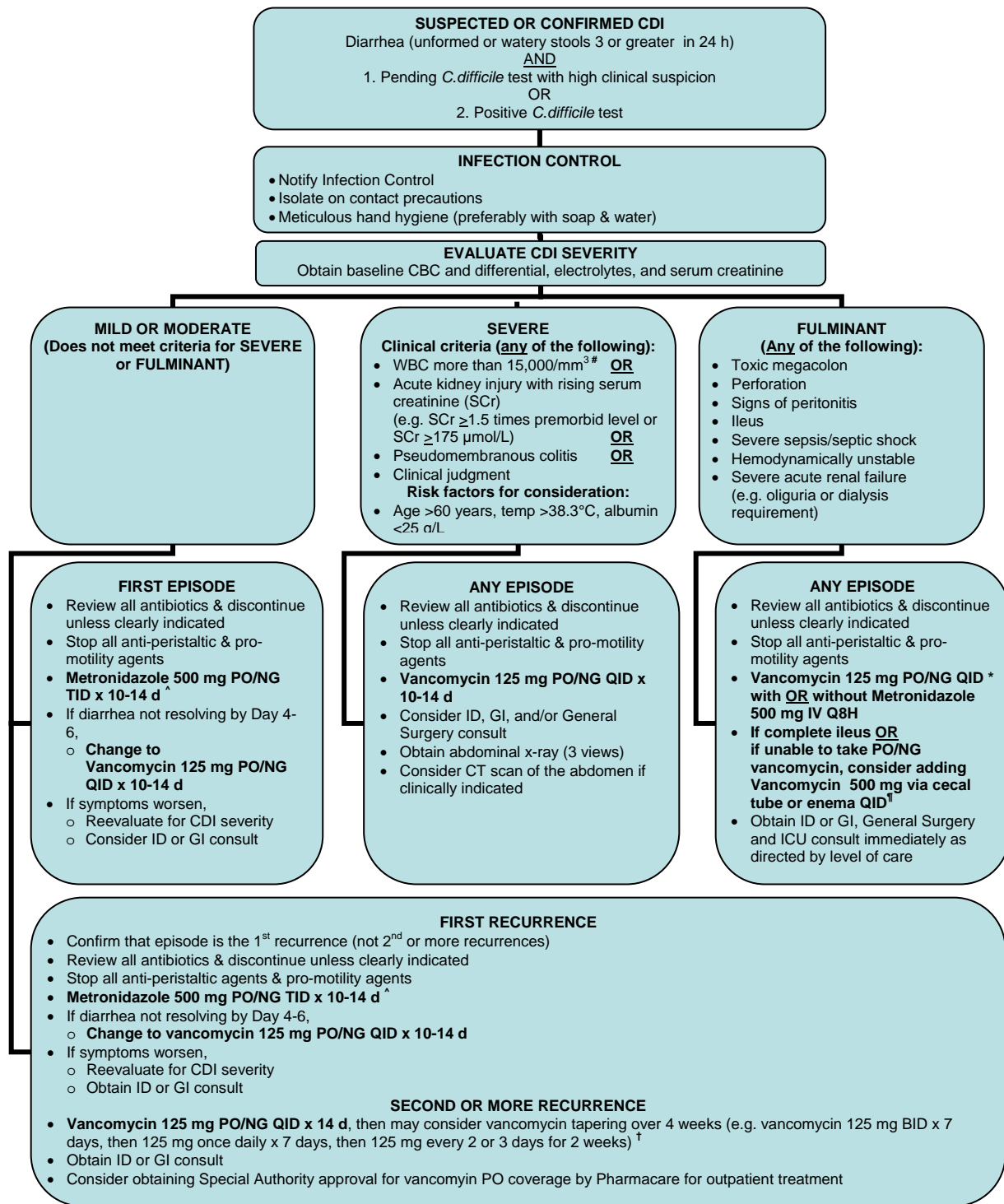
vancomycin 125 mg PO/NG QID with metronidazole 500 mg IV Q8H

Other: _____

Prescriber's Signature
CDITO

Printed Name
Nov-10

College ID



[#] In patients unable to mount a WBC response >15,000/mm³, an increasing WBC with pronounced left shift may also be considered in these criteria; threshold of >15,000/mm³ 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.

[†] Vancomycin IV is not effective for the treatment of CDI.

[†] Tapering regimens may vary considerably, as clinical data is limited.

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.