

**Jefferson Regional Medical Center**  
***Clostridium difficile* Infection (CDI) Management Guidelines based on the 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)**

**Treatment:**

- Discontinue antimicrobial therapy as soon as possible, as this may influence the risk of CDI recurrence
- Antimicrobial therapy for CDI should be started empirically for situations where a substantial delay in laboratory confirmation is expected (> 48 hours), or for fulminant CDI
- Evaluate and discontinue use of gastric acid suppressive medications (such as PPIs) if possible; use associated with an increased risk of developing or recurrence of CDI

CDI Classification	First Line Agent(s)	Second Line Agent(s)
<b>Initial CDI</b>  <u>Non-severe:</u> WBC ≤ 15000 cells/mL or SCr < 1.5 mg/dL  <u>Severe:</u> WBC ≥ 15000 or SCr > 1.5 mg/dL	<u>PO VAN:</u> 125 mg PO 4 times/day X 10 days	<u>PO metronidazole*</u> : 500 mg PO TID X 10 days  (Recent RCT demonstrated PO VAN to be superior to PO metronidazole)
<b>Fulminant CDI</b> (Presence of hypotension or shock, ileus, megacolon)	<u>PO VAN:</u> 500 mg PO 4 times/day X 10-14 days  <u>If ileus suspected:</u> Add rectal VAN 500 mg in 100 mL NS per rectum every 6 hours as retention enema ± IV metronidazole	NA
<b>Recurrent CDI (first occurrence)</b>	PO VAN 125 mg 4 times/day if metronidazole used for initial episode <u>OR</u> PO VAN as a tapered and pulsed regimen <u>OR</u> 10-day course of PO FDX if VAN used for initial episode	NA
<b>&gt; 1 recurrent CDI</b>	PO VAN as a tapered and pulsed regimen <u>OR</u> 10-day PO VAN followed by rifaximin <u>OR</u> 10-day course of FDX <u>OR</u> Fecal microbiota transplantation**	NA

VAN=vancomycin; PO=by mouth; FDX=fidaxomicin (not on JRMF formulary); RCT=randomized controlled trials

\* Metronidazole only recommended in *non-severe* CDI when access to vancomycin or fidaxomicin is limited/unavailable, or in the case of patient allergy to other agents

\*\* Fecal microbiota transplantation is recommended for patients with multiple recurrences of CDI who have failed appropriate antimicrobial treatments

Reference: McDonald, L. Clifford, et al. "Clinical practice guidelines for *Clostridium difficile* infection in adults and children: 2017 update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)." *Clinical Infectious Diseases* 66.7 (2018): e1-e48.