Risk Assessment for *Clostridium Difficile* Infection[i]

		Risk of *C.Difficile* Infection
T H I N K !	**Patient**	Older patients (>65) OR long-term conditions requiring frequent antibiotics **AND** recent antibiotic exposure within previous 2 months
	Environment	Contact with patients with *C.Difficile* **OR** recent hospital admission **OR** institutionalised
	Action	Withhold antibiotics if safe to do so (watchful waiting) Avoid high risk antibiotics (the 4Cs) • **C**ephalosporins • **C**iprofloxacin & other quinolones • **C**lindamycin • **C**o-amoxiclav and other aminopenicillins Prior history of HCAI: exercise caution when prescribing; avoid high risk agents; consult microbiologist for advice if necessary
T E S T	**If develop diarrhoea**	**S**uspect patient may be infective if no clear alternate cause for diarrhoea **I**solate patient and consult Infection Prevention and Control Team **G**loves and aprons must be used for contact with patient and their environment **H**and wash with soap and water before and after contact with patient **T**est stool for toxin
T R E A T	**Infection confirmed**	Initiate treatment oral metronidazole 400mg tds for 10-14 days or as advised by microbiologist If not improving or symptoms severe consult microbiologist **Stop** concomitant (non *C.Difficile*) antibiotics and any laxatives **Review** and stop any concomitant PPI use if possible (assess risk of stopping PPI). Re-start, if still required, when antibiotics are finished. **DO NOT** use antimotility drugs e.g. loperamide

Produced on behalf of North of England CCGs by the NECS Medicines Optimisation Team

Severity of *Clostridium Difficile* infection[ii]

	Assessment of severity	Treatment*
Mild CDI	Not associated with a raised WCC Typically associated with <3 stools of type 5 – 7 on the Bristol Stool Chart per day	Oral metronidazole 400 – 500mg TDS for 10 – 14 days.
Moderate CDI	Associated with a raised WCC that is $<15x10^9$/L Typically associated with 3 – 5 stools per day.	
Severe CDI	WCC $>15x10^9$/L **OR** an acute rising serum creatinine (i.e. 50% increase above baseline) **OR** a temperature of >38.5°C **OR** evidence of severe colitis (abdominal or radiological signs). Number of stools may be a less reliable indicator of severity.	Specialist treatment only. Discuss with microbiologist.
Life-threatening CDI	Includes hypotension, partial or complete ileus or toxic megacolon, or CT evidence of severe disease.	Specialist treatment only. Admit as an emergency.

***ALL positive cases of C.Diff should be discussed with microbiology prior to initiating treatment**

[i] NHS South of Tyne and Wear *Risk Assessment for Clostridium Difficile Infection* (July 2010)
[ii] Public Health England *Updated guidance on the management and treatment of Clostridium Difficile infection* (May 2013)

Produced on behalf of North of England CCGs by the NECS Medicines Optimisation Team