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 **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.
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 **DO NOT** use antimotility drugs e.g. loperamide

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

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Severity of *Clostridium difficile* infection[ii]

ALL positive cases of *C.diff* should be discussed with a Microbiologist prior to initiating treatment

	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. Admit as an emergency.
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.

[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)

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