



Clostridioides difficile Infection (CDI)

DIAGNOSIS FOR CDI

Indications for Sending Stool:

- > 3 loose stools in the past 24 hours, abnormal from baseline
- DO NOT SEND TEST IF:
 - » Positive test in the prior 30 days, unless acute symptoms in the prior 24 hours
 - » Negative test in the prior 7 days, unless acute symptoms in the prior 24 hours
 - » Receipt of laxatives in the prior 24-48 hours
- A positive *C. difficile* PCR in the absence of toxin production can represent colonization

TREATMENT

Clinical presentation	Preferred regimen	Alternative treatment
Initial CDI episode (mild to moderate)	Fidaxomicin 200mg BID X 10 days	PO vancomycin 125 mg QID X 10 days
First CDI recurrence	Fidaxomicin 200mg BID X 10 days	PO vancomycin 125 mg QID X 10 days
Second or subsequent CDI recurrence	Fidaxomicin 200mg BID X 10 days Consider referral to ID or GI for additional therapies and treatment	PO vancomycin taper <i>125 mg QID daily X 10-14 days, then BID X 7 days, then once daily X 7 days, and then every 2 to 3 days for 2 to 8 weeks</i>
Severe (WBC \geq 15K cells/ μ L or creatinine >1.5 mg/dL)	Recommend admitting to hospital for further medical attention	

Reference

Johnson S, Lavergne V, Skinner AM, Gonzales-Luna AJ, Garey KW, Kelly CP, Wilcox MH. Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of Clostridioides difficile Infection in Adults. *Clin Infect Dis*. 2021 Sep 7;73(5):e1029-e1044. doi: 10.1093/cid/ciab549. PMID: 34164674.

