

## **CLOSTRIDIUM DIFFICILE INFECTIONS (CDI) TREATMENT GUIDELINES FOR HOSPITALIZED PATIENTS**

**Purpose:** To provide guidance for the treatment of Clostridium difficile infections (CDI)

### **Clinical Guideline:**

#### **First occurrence CDI (non-severe)**

1. Treatment Recommendations:
  - A. Vancomycin 125 mg po QID for 10 days -OR-
  - B. Fidaxomicin 200 mg po BID for 10 days if determined to be high risk of relapse by infectious disease (ID) or gastrointestinal (GI) consultation and financially feasible for the patient.
  - C. If a patient is admitted while receiving fidaxomicin as an outpatient, fidaxomicin may be continued while inpatient.
2. Current evidence suggests no difference in efficacy between vancomycin and fidaxomicin. Patients treated with fidaxomicin may be somewhat less likely to develop recurrent CDI.
3. Outpatient cost of fidaxomicin for uninsured patients is over \$4,000 versus \$100 for vancomycin.

#### **Severe CDI**

1. Defined as CDI with WBC  $\geq$  15 K/uL or SCr  $\geq$  1.5 mg/dL
2. Treatment recommendation:
  - A. Vancomycin 125 mg po QID for 10 days

#### **Fulminant CDI**

1. Defined as CDI with WBC  $\geq$  15 K/uL or SCr  $\geq$  1.5 mg/dL AND hypotension, shock, ileus, or toxic megacolon
2. Treatment recommendation:
  - A. Vancomycin 500 mg po every 6 hours -AND-
  - B. Metronidazole 500 mg IV every 6 hours
  - C. If patient has ileus, vancomycin enema 500 mg every 6 hours

#### **First and subsequent CDI reoccurrence**

1. Place an ID or GI consult
2. Pulse or tapered vancomycin (see **Table 1** below) or fidaxomicin based on consultant assessment and recommendation

#### **Secondary prophylaxis**

1. Indication:
  - A. Only in high risk patients who require subsequent antibiotics
    - i. High risk patients defined as  $\geq$  65 years old or significant immunocompromise AND hospitalized for severe CDI in past 3 months

- B. ID or GI consult recommendation
- 2. Treatment recommendation:
  - A. Vancomycin 125 mg every day for the duration of antibiotic treatment

**Primary prophylaxis**

- 1. No treatment should be given for primary prophylaxis

**Other treatments**

- 1. Bezlotoxumab: Remains non-formulary and can be explored as an outpatient option

**Table 1.** Vancomycin Oral Taper/Pulse for 49 Days (7 Weeks) Duration

<b>Vancomycin Oral Dosage Regimen</b>	<b>Duration</b>
Vancomycin 125 mg po QID	14 days
Vancomycin 125 mg po TID	7 days
Vancomycin 125 mg po BID	7 days
Vancomycin 125 mg po daily	7 days
Vancomycin 125 mg po every other day	14 days

**RELEVANT REFERENCES:**

- 1. Johnson S, Lavergne V, Skinner, et al. 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;73(5):e1029-e1044.
- 2. Kelly CR, Fischer M, Allegretti JR, et al. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections. *Am J Gastroenterol.* 2021;116(6):1124-1147.