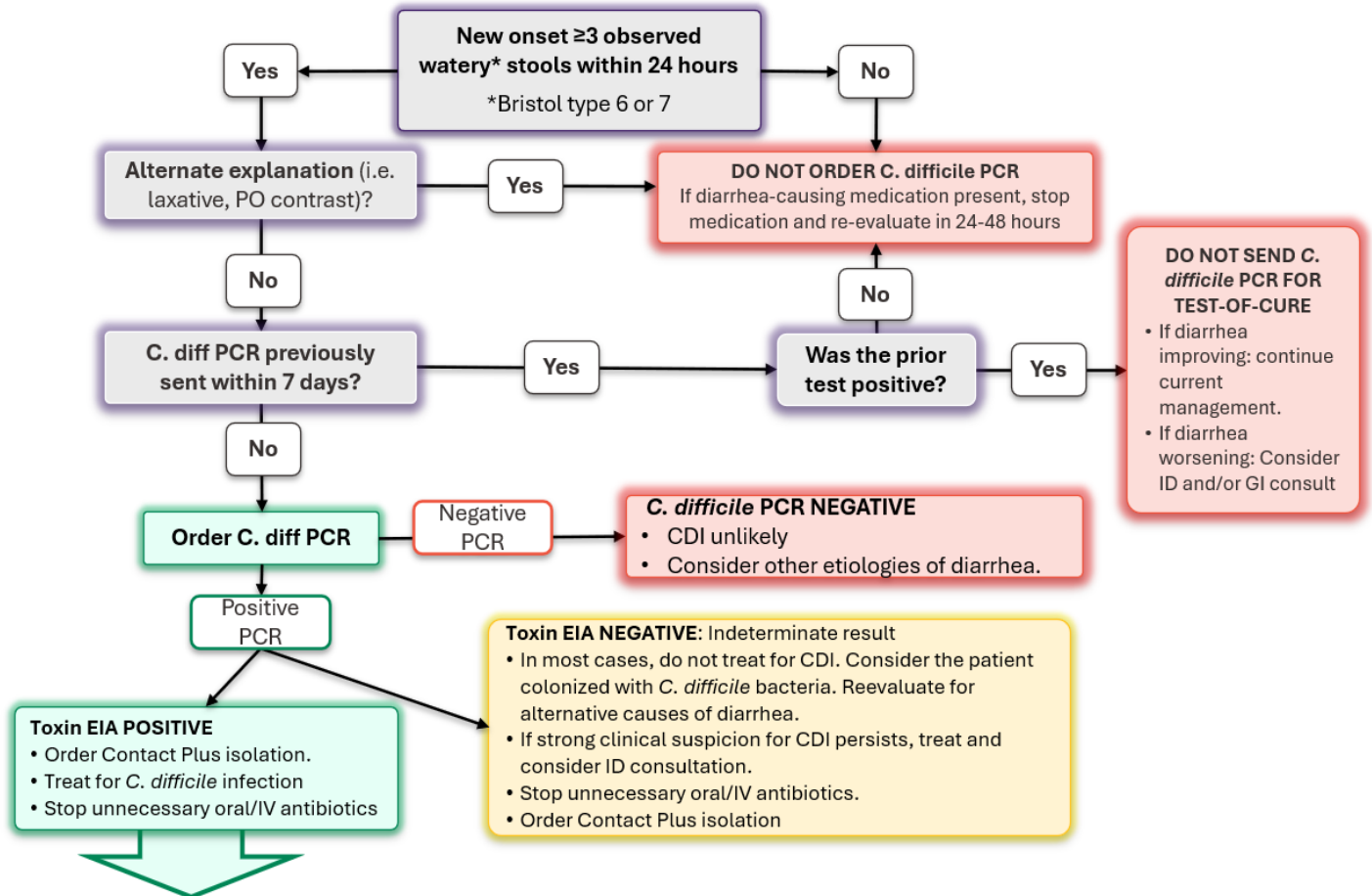


C. difficile Testing and Treatment Guidance

This guidance is intended to be used by NM frontline clinicians for ordering *C. diff* testing and treatment recommendations



Clinical Presentation	First-line and Alternative Treatments	Comments
First occurrence (non-severe or severe)	FDX 200 mg PO BID x 10 days OR VAN 125 mg PO q6h x 10 days Consider FDX if financially feasible on discharge due to fewer observed recurrences	Prior to new initiation, outpatient insurance coverage of this agent should be verified.
First and subsequent CDI recurrence	First Recurrence	Place ID and/or GI consult to assist in management
	<ul style="list-style-type: none"> If VAN or metronidazole used in 1st episode: FDX 200 mg BID x 10 days Alternative: VAN 125 mg PO q6h x 10 days Could consider VAN in tapered and pulsed regimen (<i>table 1</i>) 	
	Second and subsequent recurrences	
	<ul style="list-style-type: none"> Consider pulse/tapered VAN (<i>Table 1</i>) OR FDX 200 mg BID x 10 days 	
Fulminant CDI	<p>Criteria: [WBC ≥15 k/mcL OR SCr ≥1.5 mg/dL] AND Hypotension, Shock, Ileus, or toxic megacolon</p> <p>VAN 500 mg PO q6h AND Metronidazole 500 mg IV q8h +/- VAN 500 mg q6h enema if ileus</p>	Once improved and hemodynamically stable, change to PO metronidazole to complete course (1:1 conversion)
Secondary Prophylaxis	VAN 125 mg PO daily For duration of antibiotic treatment and up to 5 days after completion	For stem cell transplant recipients use twice daily dosing
Outpatient Considerations	<p>Microbiota Therapy</p> <ul style="list-style-type: none"> Rebyota (fecal microbiota, live-ism): 150 mL single-dose suspension, restricted to outpatient use only Vowst (fecal microbiota spores, live-bmk): Oral capsules, non-formulary 	

Abbreviations: BID, two times daily; CDI, C. difficile infection; FDX, fidaxomicin; PO, by mouth; VAN, vancomycin

Key Points for Testing:

- Identify new onset of unexplained large-volume, frequent, liquid diarrhea and consider a broad differential diagnosis. This process of medical decision-making is unchanged.
- If testing is appropriate, order “C diff PCR/reflex toxin EIA and contact precautions.”
- Avoid unnecessary testing. The first test, the C. difficile PCR, is a very sensitive test. C diff PCR(+) means the sample carries C. difficile organisms with the genetic material capable of producing toxin. A positive PCR test could mean CDI or could mean C. difficile colonization. The latter does not need CDI treatment.
- Reflex testing for C. difficile toxin EIA differentiates between CDI, which warrants treatment, and colonization, which does not.
- CDI is a toxin-mediated disease, so diarrhea in patients with C. diff PCR(+)/Toxin EIA(+) confirms the diagnosis of CDI. On the other hand, most patients with C. diff PCR(+)/Toxin(-) diarrhea do not have CDI and do not warrant CDI treatment. If strong clinical suspicion of CDI remains for a patient with a C. diff PCR(+)/Toxin(-) result, however, treat for CDI and consider obtaining Infectious Disease or GI consultation.
- [Click here for FAQ](#)

Treatment Details:

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

Vancomycin Oral Dosage Regimen	Duration
Vancomycin 125 mg PO 4x daily	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