Algorithm 1. 1st episode of Clostridium difficile infection (CDI)

Diarrhoea AND one of the following:
Positive C. difficile toxin test OR Results of C. difficile toxin test pending AND clinical suspicion of CDI

If clinically appropriate discontinue non-C. difficile antibiotics to allow normal intestinal flora to be re-established
Suspected cases must be isolated

Symptoms/signs: not severe CDI
(Not of: WCC >15, acute rising creatinine and/or colitis)
Oral metronidazole
400mg 8-hourly 10-14 days

Symptoms/signs: severe CDI
WCC >15, acute rising creatinine and/or colitis
Oral vancomycin 125 mg 6-hourly 10-14 days.
Consider oral fidaxomicin 200 mg 12-hourly 10-14 days in patients with multiple co-morbidities who are receiving concomitant antibiotics

DAILY ASSESSMENT

Symptoms improving
Diarrhoea should resolve in 1-2 weeks
Recurrence occurs in ~20% after 1st episode; 50-60% after 2nd episode

Symptoms not improving or worsening
Should not normally be deemed a treatment failure until day 7 of treatment.
However, if evidence of severe CDI:
WCC >15, acute rising creatinine and/or signs/symptoms of colitis

Switch to oral vancomycin 125 mg 6-hourly 10-14 days

DAILY ASSESSMENT

Symptoms not improving or worsening
Should not normally be deemed a treatment failure until day 7 of treatment.
However, if evidence of severe CDI continues or worsens

Surgery/GI/Micro/ID consultation

AND, depending on degree of ileus/prior treatment
EITHER Vancomycin 125-500 mg PO/NG 6-hourly
+/ Metronidazole 500 mg IV 8-hourly x 10 days
OR Fidaxomicin 200 mg PO 12-hourly
PLUS CONSIDER Intralocular vancomycin (see protocol appendix 1)

Further Surgery/GI/Micro/ID consultation
Depending on choice of therapy (see above) consider:
1. High dose oral/NG vancomycin (500mg PO 6-hourly)
2. IV Immunoglobulin 400mg/kg 1 dose, consider repeat

Antimotility agents should not be prescribed in acute CDI