Patient with 3 or more unformed or watery stools in 24 hours (NOT clearly attributable to underlying conditions or laxative use)

Send stool for *Clostridioides difficile* testing

- Results pending but high clinical suspicion
- Positive *Clostridioides difficile* testing results
- Colonoscopic or histopathologic findings of pseudomembranous colitis

- Discontinue therapy with the inciting antimicrobial agent if possible
  - If discontinuation of antimicrobials is not possible, de-escalate therapy to narrowest effective spectrum of activity
- Begin infection control precautions
  - Accommodate patient in a private room (if possible)
  - Gowns and gloves (masks unnecessary)
  - Perform hand hygiene with soap and water at point of care; if not available, use alcohol hand sanitizer at point of care followed immediately with soap and water at the nearest clean sink (alcohol hand sanitizer does NOT effectively remove *Clostridioides difficile* spores)
- Stop all anti-peristaltic and pro-motility agents unless clearly indicated
- Treat according to severity of CDI (see below)

### Mild-to-moderate CDI
**Criteria:** WBC lower than 15 x10^9/L AND serum creatinine less than 1.5 x baseline level^2

- **Initial episode**
  - Vancomycin 125 mg PO q6h x 10 days^3
  - If the patient is otherwise healthy and ambulatory, OR cannot access oral vancomycin or fidaxomicin due to prohibitive cost, may consider: metroNIDAZOLE 500 mg PO q8h x 10 days^3
  - If contraindication to, treatment failure^6 of or intolerance to oral vancomycin:
    - Fidaxomicin 200 mg PO q12h x 10 days

### Severe CDI
**Criteria:** WBC greater than or equal to 15 x10^9/L OR serum creatinine greater than 1.5 x baseline level^2

- **Initial episode**
  - Vancomycin 125 mg PO q6h x 10 days^3
  - If contraindication to, treatment failure^6 of or intolerance to oral vancomycin:
    - Fidaxomicin 200 mg PO q12h x 10 days

### Fulminant CDI
**Criteria:** Hypotension/shock OR ileus OR megacolon

### ANY episode
- Vancomycin 500 mg PO/NG q6h x 10 days^3 PLUS metroNIDAZOLE 500 mg IV q8h^4
  - If contraindication to, treatment failure^6 of or intolerance to oral vancomycin:
    - Fidaxomicin 200 mg PO q12h
  - PLUS metroNIDAZOLE 500 mg IV q8h^4
  - If ileus or vomiting, ADD vancomycin 500 mg in 100 mL NS retention enema q6h^5
Examples: loperamide, diphenoxylate, opioids, metoclopramide, domperidone, etc.

In patients where the baseline creatinine level is unavailable, use an absolute serum creatinine level of 135 mmol/L as a breakpoint.

Consider extending treatment duration to 14 days if clinically improving but without symptom resolution by 10 days of therapy.

Continue add-on IV metronidazole until the patient is no longer critically ill (usually 5-7 days)

In normal circumstances, vancomycin is not absorbed via the GI tract; however, in fulminant CDI, intestinal epithelial integrity may be disrupted, and could lead to systemic drug absorption. Consider monitoring serum vancomycin levels in patients with fulminant CDI who are receiving high dose vancomycin (500 mg q6h) via the oral and rectal routes concomitantly to rule out drug accumulation.

Vancomycin treatment failure: defined as 14 days of vancomycin therapy without acceptable clinical improvement and without other identified cause of persistent diarrhea

References:
4. Adapted from Vancouver Coastal Health Antimicrobial Stewardship Treatment Guidelines for Common Infections (2011)