

CLOSTRIDIOIDES difficile
INFECTION
Acute and Long-term Care

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

1. ALLERGIES: See Allergy / ADR record

2. CURRENT MEDICATIONS

- Discontinue bowel protocols, laxatives and stool softeners. Specify: _____
- Discontinue anti-diarrheals (attapulgite [Kaopectate®], loperamide [Imodium®] and / or diphenoxylate-atropine [Lomotil®]). Specify: _____
- Discontinue antibiotics if possible; specify antibiotic(s) to be discontinued: _____
- Discontinue proton pump inhibitors (e.g., esomeprazole [Nexium®], lansoprazole [Prevacid®], omeprazole [Losec®], pantoprazole [Pantoloc®, Tecta®]). Specify: _____

3. LABORATORY

- Do not repeat stool for *Clostridioides difficile* testing if positive within the last 30 days
- Stool for *C. difficile* if positive test greater than 30 days

4. TREATMENT (select only ONE option from list below)

First Episode / Recurrence:

- vancomycin 125 mg PO or by feeding tube Q6H × 10 days**

Alternative

If unable to take PO / feeding tube: **metronIDAZOLE 500 mg IV Q8H × 10 days**

If vancomycin allergic or intolerant: **metronIDAZOLE 500 mg PO or by feeding tube Q8H × 10 days**

NOTE:

- IV metronIDAZOLE is not as effective as PO / feeding tube vancomycin. Change to PO or by feeding tube as soon as possible
- IV vancomycin is not effective against *C. difficile* infection
- vancomycin dose administered by feeding tube is compounded from injectable vancomycin
- Recurrent *Clostridioides difficile* infection defined as greater than or equal to 3 diarrheal stools / day within 8 weeks of completion of therapy

Multiple recurrences (Choose one option):

- Pulse therapy**
 - **vancomycin 125 mg PO QID × 14 days, then**
 - **vancomycin 125 mg PO EVERY THREE DAYS × 10 doses**
- Taper therapy**
 - **vancomycin 125 mg PO QID × 14 days, then**
 - **vancomycin 125 mg PO BID × 7 days, then**
 - **vancomycin 125 mg PO DAILY for 7 days, then**
 - **vancomycin 125 mg PO EVERY 3 DAYS × 21 days, then stop**

For fulminant disease – see Page 2

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#

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4. TREATMENT (*cont'd*)

Fulminant disease:

Fulminant disease defined as *C. difficile* infection with ANY of the following:

- Hypotension, shock or hemodynamic instability
- Toxic megacolon or ileus
- urgent / emergent surgical consultation
- vancomycin 500 mg PO or by feeding tube Q6H × 10 days**
****AND****
metroNIDAZOLE 500 mg IV Q8H × 10 days

If complete ileus, ADD:

Rectal vancomycin (Select one of the following):

If rectal tube has an irrigation port (preferred):

- vancomycin 500 mg in 1 litre of normal saline perfused continuously via rectal tube at 180 mL/hour × 10 days**
****OR****

If rectal tube does not have irrigation port, consider intracolonic vancomycin instillation:

- vancomycin 500 mg in 100 mL normal saline via rectal tube Q6H × 10 days.** Clamp tube for 3 hours after each instillation

NOTE: rectal vancomycin dose compounded from injectable vancomycin

Infectious Diseases consult recommended, if

- Continued concurrent antibiotics required
- Failure of vancomycin therapy

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/ /			