

Treatment – Confirmed *C. difficile* infection

<p>Assess the patient for severity (will affect management)</p> <p>i.e., fever, hypotension, abdominal pain, dehydration, raised white cell count and/or inflammatory markers, low albumin</p>		
<p>SEVERE <i>C. difficile</i> infection:</p>		<ol style="list-style-type: none"> 1. Refer to hospital 2. Inform the hospital of potential severe CDI diagnosis 3. Wash your hands with soap & water before and after examining the patient (alcohol rub not suffice to kill spores)
<p>Non-severe <i>C. difficile</i> infection:</p> <p>1st episode</p>	<p>Patient is asymptomatic</p>	<ol style="list-style-type: none"> 1. Wash your hands with soap & water before and after examining the patient 2. Review antimicrobials - Immediately discontinue unnecessary antimicrobial therapy 3. Review the requirement for and dose of proton pump inhibitors 4. Avoid antimotility or laxative medications 5. If symptoms have resolved – observe 6. Give patient information.
	<p>Patient is symptomatic i.e., diarrhoea</p>	<p>As above plus commence Oral metronidazole 400 mg TDS for 10 to 14 days (adult dose)</p> <p>Inability to take oral medication, metronidazole intolerance or contraindication, contact the Consultant Microbiologist / Infectious Disease Physician for advice</p>
<p>Non-severe <i>C. difficile</i> infection – 2nd or more episodes</p>		<p>Contact the Consultant Microbiologist / Infectious Disease Physician for advice. Options may include oral vancomycin or oral fidaxomicin.</p>