

Updated advice on antimicrobial management of *Clostridioides difficile* (C.diff) Infection (CDI)

Action Required: Antimicrobial Management Teams should review current CDI prescribing guidance

The National Institute for Health and Care Excellence (NICE) guideline on [Clostridioides difficile infection: antimicrobial prescribing](#) was published in July 2021. Scottish Antimicrobial Prescribing Group (SAPG) has reviewed the guidance and has made updated recommendations below. These antibiotic choice recommendations supersede those included in [Scottish guidance on Clostridioides difficile infection \(CDI\)](#) published by the Scottish Health Protection Network (SHPN). Only antibiotic prescribing advice has been updated and the remainder of the guideline remains relevant to clinical practice and will be updated within the full guideline review.

These recommendations for first and second line treatments differ from current guidance and clinical practice in Scotland and SAPG recommends boards review their current recommendations and update guidance locally.

Changes in recommendation:

First line treatment	First line treatment of CDI is now oral vancomycin irrespective of severity
Second line treatment	Definition: Patients who fail to improve after 7 days or worsen with oral vancomycin Discuss with an infection specialist. Treatment will depend on severity and clinical setting Either: Fidaxomicin <i>or</i> Higher dose vancomycin with or without intravenous metronidazole
Recurrence of CDI within 12 weeks (relapse)	Treat with fidaxomicin Exception – treatment failure identified as incomplete treatment course (treat as per first line treatment)
Recurrence of CDI after 12 weeks (recurrence)	Treat with oral vancomycin as per first line treatment
Second recurrence of CDI	Second recurrence of CDI: Discuss with infection specialist and consider: Faecal Microbiota Transplant (FMT) (Supply: FMT - University of Birmingham , consider cost and expiry date) Pulse/tapered vancomycin if FMT not available

Metronidazole may be prescribed in community settings if delays in supply of oral vancomycin would result in delayed initiation of treatment. Metronidazole should be substituted with oral vancomycin as soon as availability is resolved to complete a total of 10 days treatment

Treatment of suspected or confirmed *Clostridioides difficile* (C.diff) Infection (CDI) in adults (>18years)

1st Episode

mild/moderate or severe infection

1st Line Option

Oral vancomycin 125mg Four times a day
Duration : 10 days

2nd Line Option:

Patients who fail to improve after 7 days or worsen with oral vancomycin

Discuss with infection specialist

(choice may depend on clinical setting)

Oral Fidaxomicin 200mg twice a day

Duration : 10 days

OR

Oral vancomycin 500mg

Four times a day

With or without

IV metronidazole 500mg

Three times daily

Duration : 10 days

(IV metronidazole can be reviewed and discontinued if patient improving)

Life threatening infection

Seek urgent specialist advice, including surgical review

Life-threatening CDI is when a patient has any of the following attributable to CDI:

admission to ICU, hypotension with or without need for vasopressors, ileus or significant abdominal distension, mental status changes, WBC ≥ 35 cells or $< 2 \times 10^9$, serum lactate greater than 2.2 mmol/L or end organ failure (mechanical ventilation, renal failure).

Specialists may offer:

Oral vancomycin 500mg

Four times a day

With or without

IV metronidazole 500mg

Three times daily

Duration : 10 days

(IV metronidazole can be reviewed and discontinued if patient responds well)

Recurrent infection

1st Recurrence

Within (\leq) 12 weeks (Relapse)

More than ($>$)12 weeks (recurrence)

If initial treatment course wasn't completed treat as 1st episode

Oral vancomycin 125mg Four times a day
Duration : 10 days

Oral fidaxomicin 200mg

Twice a day

Duration : 10 days

2nd Recurrence

Discuss with infection specialist and consider:

Faecal microbiota transplant (FMT)

(Supply: [FMT - University of Birmingham](#))

Pulse/tapered vancomycin if FMT not available

Review and document severity of disease DAILY

- Evidence of severe colitis in CT scan or X-ray
- Temperature $> 38.5^{\circ}\text{C}$
- Suspicion of/confirmed pseudomembranous colitis, toxic megacolon or ileus
- Acute rising serum Creatinine $> 1.5 \times$ baseline
- WBC $> 15 \times 10^9 /\text{L}$

Advise on:

- drinking enough fluids to avoid dehydration
- preventing the spread of infection
- seeking medical help if symptoms worsen rapidly or significantly at any time

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For more details on evidence supporting the guideline please refer to the [NICE guidance](#)