

## Clostridioides difficile (CDI) - AT-A-GLANCE

DEFINITION	<ul> <li>3 or more episodes of loose stool within 24 hrs i.e. Bristol stool chart types 5-7</li> <li>Diarrhoea that is not attributable to any other cause or therapy, including medicines</li> <li>The presence of GDH positive and toxin positive assay, GDH positive but toxin negative assay and toxin PCR positive and/or endoscopic evidence of pseudo membranous colitis.</li> </ul>
SEVERITY	Always assess the severity of CDI:  Life-threatening CDI includes hypotension non-responsive to fluid filling, partial or complete ileus or toxic megacolon, or CT evidence of severe disease including colitis or bowel perforation.  Severe CDI is associated with:  Acute abdomen: Ileus, peritonitis, perforation
	<ul> <li>Temperature over 38.5°C</li> <li>White Cell Count (WCC) of 15 x10<sup>9</sup>/L or greater</li> <li>Acutely rising serum creatinine (more than 50% increase above baseline)</li> <li>Imaging: megacolon, colonic wall thickening, peri-colonic fat stranding</li> </ul>
	Moderate CDI is associated with a raised WCC that is less than 15x10 <sup>9</sup> /L. Typically associated with 3–5 stools per day.  Mild CDI is not associated with a raised WCC. Typically associated with less than 3 stools of type 5–7 on the Bristol Stool Chart per day.
MANAGEMENT	Patients should be monitored daily for frequency and severity of diarrhoea using the Bristol Stool  Chart please document stool chart on EPR  S Suspect that a case may be infective where there is no clear alternative cause for diarrhoea  I Isolate the patient and consult with Micro/ID while determining the cause of the diarrhoea – Refer to antimicrobial guide on the OUH intranet  G Gloves and aprons must be used for all contacts with the patient and their environment – Apply contact precautions signage and keep door to side room closed
	H Hand washing with soap and water should be carried out before and after each contact with the patient and the patient's environment  T Test the stool for CDI toxin, by sending a specimen immediately
CLEANING	First line treatment is Oral Vancomycin 125mg QDS  Request an additional daily enhanced clean whilst the patient has diarrhoea.  Equipment must be dedicated for that patient only and should be thoroughly cleaned with CLINELL
STOP ISOLATION WHEN?	RED SPORICIDAL WIPES after each use.  Isolation must continue until the diarrhoea has stopped for 48 hours and the patient has returned to
	their normal bowel habit.

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