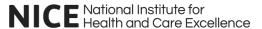
## Clostridioides difficile infection: antimicrobial prescribing





### Assessment

For suspected *C. difficile* infection, follow Public Health England's guidance on diagnosis and reporting, and on how to deal with the problem

#### Assess:

- whether it is a first or recurrent episode
- · the severity of infection
- individual factors such as age, frailty or comorbidities, which may affect the risk of complications or recurrence



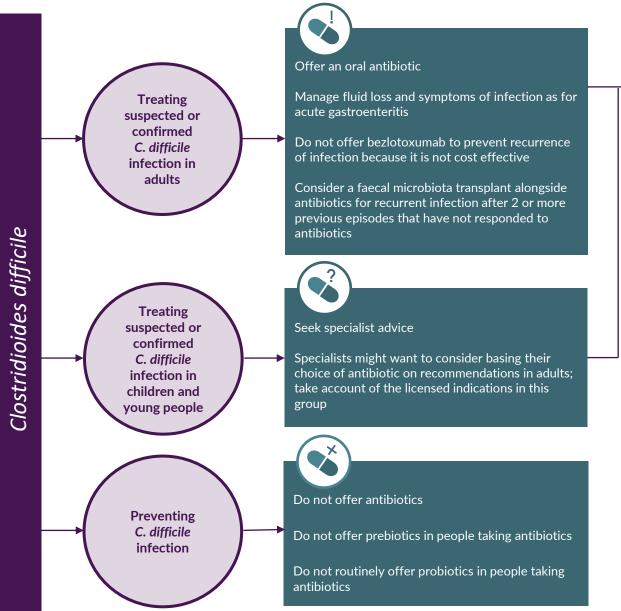
### **Prescribing considerations**

Review the need to continue any existing:

- antibiotics
- proton pump inhibitors

If a person cannot take oral medicines, seek specialist advice about alternative enteral routes for administering antibiotics, such as a nasogastric tube or rectal catheter

Avoid using antimotility medicines such as loperamide



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

Reassess people during antibiotic treatment (for example, between days 3 to 5 after starting antibiotics for *C. difficile* infection)

If antibiotics have been started for suspected *C. difficile* infection, and subsequent stool sample tests do not confirm infection, consider stopping these antibiotics



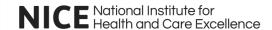
If symptoms are severe, or worsen rapidly or significantly at any time, refer people in the community with *C. difficile* infection to hospital

Consider referral or seeking specialist advice for people who may be at high risk of complications or recurrence because of individual factors such as age, frailty or comorbidities

Refer people in hospital with *C. difficile* infection to a microbiologist or infectious diseases specialist if symptoms worsen rapidly or significantly at any time

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When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.



# Clostridioides difficile infection: antimicrobial prescribing Choice of antibiotic for adults aged 18 years and over

Treatment	Antibiotic, dosage and course length
Antibiotic for life-threatening Clostridioides difficile infection	Seek specialist advice
First-line antibiotic for a first episode of mild, moderate or severe <i>C. difficile</i> infection	Vancomycin:  125 mg orally four times a day (using either powder for solution given orally or capsules) for 10 days
Second-line antibiotic for a first episode of <i>C. difficile</i> infection if vancomycin is ineffective	Fidaxomicin: 200 mg orally twice a day for 10 days
Antibiotic for C. difficile infection not responding to a first- or second-line antibiotic	Seek specialist advice
Antibiotic for a further episode of <i>C. difficile</i> infection within 12 weeks of symptom resolution (relapse)	Fidaxomicin: 200 mg orally twice a day for 10 days
Antibiotic for a further episode of <i>C. difficile</i> infection more than 12 weeks after symptom resolution (recurrence)	Vancomycin: 125 mg orally four times a day (using either powder for solution given orally or capsules) for 10 days Fidaxomicin (for severe infection): 200 mg orally twice a day for 10 days

See the BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.