Example 6.3 Electronic Health Record *Clostridium difficile* Orderset, Dominican Hospital, Dignity Health (1 of 2)

Clostridium difficile Associated Diarrhea (CDAD) Orderset

General Guidelines/Patient Care:

- Acute onset diarrhea (≥3 unformed/watery stools in 24 hours) AND Positive stool *C.difficile* toxin test OR pseudomembranous colitis on endoscopy OR high clinical suspicion.
- Vancomycin given orally (PO) is effective—not IV.
- Cholestyramine, Rifampin or Probiotics such as *Saccharomyces boulardii* (Florastor) are not recommended as adjunctive treatment or for prevention of recurrent CDAD as evidence regarding their efficacy is unclear.
- Frequent hand washing: Use soap and water (*C. difficile* spores are resistant to alcohol based hand sanitizer.

☑ Contact isolation.

Pharmacy Communication

☑ Contact physician to determine unnecessary antibiotics or use lower risk agents if possible (high risk antibiotics include clindamycin, ampicillin, fluoroquinolones, second and third generation cephalosporins)

☑ Contact physician to consider to avoid proton pump inhibitors (PPIs), pro-motility agents and anti-peristaltic agents, including opiates and others such as loperamide.

Case Management Communication

☑ Evaluate for possible discharge on vancomycin for need for TAR or financial aid.

Labs/Testing:

- Unpreserved stool specimen for molecular *C. difficile* toxin test.
- If initial test is negative and clinical suspicion remains high, a second stool specimen test may be warranted after 7 days.
- After initial positive result, repeat testing is NOT indicated to monitor response or carriage
- A positive test for *C. difficile* without symptoms does NOT require treatment

☑ Clostridium difficile Antigen, stool, priority, routine, x 1.
☑ Clostridium difficile Toxin, stool, priority, routine, x 1.
☑ Molecular C. difficile assay, stool, priority, routine, x 1.
NOTE: Molecular C. diff assay detects the presence of the PaLoc gene; the gene segment which codes for all known toxigenic strains of C. Diff.

IV Therapy:

☐ Normal Saline 1000ml. Infuse at 125ml/hr.
☐ Normal Saline 1000ml with KCl 20mEq. Infuse at 125ml/hr
☐ Lactated Ringers 1000ml with 20mEq. Infuse at 125lm/hr

For more info about this example contact Glenn Robbins at glenn.robbins@dignityhealth.org

Example 6.3 Electronic Health Record *Clostridium difficile* Orderset, Dominican Hospital, Dignity Health (1 of 2 continued)

Medications/Treatment:

Mild CDAD: First episode and first recurrence: ≥ 3 unformed/watery stool in 24 hr; No features of severe or fulminant disease; WBC < 15 x 10^9, No rise in SrCr >50%, able to take oral. Up to 20% of cases recur within 60 days after treatment.

- ☐ Metronidazole 500 mg PO TID x 10-14 days (drop down for 10 and 14 days).
- ☐ Vancomycin 125 mg PO QID x 10-14 days ONLY IF, patient intolerant to metronidazole, pregnant or lack of clinical response after 3-5 days. (drop down for 10 and 14 days).

Mild or Moderate CDAD: Second recurrence: ≥ 3 unformed/watery stool in 24 hr; No features of severe or fulminant disease; WBC < 15 x 10^9, No rise in SrCr >50%, able to take oral. Up to 20% of cases recur within 60 days after treatment.

- ☐ Vancomycin 125 mg PO QID x 10-14 (drop down for 10 and 14 days).

Severe CDAD: First episode or any recurrence: Any of the following: Pseudomembranous colitis on endoscopy OR ICU admission due to CDAD OR clinical judgment OR Any 2 of the following: Age > 60 years, Temp > 38.4 °C and WBC > 15 x 10^9. Consider surgery consult for possible colectomy or antegrade perfusion.

- ☐ Vancomycin 500 mg (PO or intragastric) QID x 14 days
- ☐ Vancomycin 500 mg in 100ml by retention enema QID if significant ileus present
- ☐ Metronidazole 500mg IV q8h (in addition to vancomycin as above).

Fulminant CDAD: Any of the following: Ileus OR toxic megacolon OR perforation OR peritonitis OR septic shock, hypotension. Consider surgery consult for possible colectomy or antegrade perfusion.

- ☐ Vancomycin 500 mg (PO, intragastric) or 500 mg in 100ml (by enema) QID;

PLUS

- ☐ Metronidazole 500 mg IV q8h x 14 days.

Multiple recurrences (> 3 episodes): There is no standard or proven therapy. Recurrence is almost never the result of antibiotic resistance. Consult Infectious diseases if severe CDAD. Consider prolonged tapering course of Vancomycin as follows:

- ☐ Vancomycin 125 mg PO QID x 7 days
- ☐ Vancomycin 125 mg PO BID x 7 days
- ☐ Vancomycin 125 mg PO daily x 7 days
- ☐ Vancomycin 125 mg PO every 2 days x 8 days (4 doses)
- ☐ Vancomycin 125 mg PO every 3 days x 15 days (5 doses)

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