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## Aide Memoire for General Practitioners on Management of Care Home Resident(s) with Diarrhoea and *Clostridium difficile* infection (CDI)

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The following advice should be used in conjunction with local protocols for management of CDI and the Health Protection Network Guidance on Prevention and Control of CDI in care settings in Scotland.

[www.documents.hps.scot.nhs.uk/about-hps/hpn/clostridium-difficile-infection-guidelines.pdf](http://www.documents.hps.scot.nhs.uk/about-hps/hpn/clostridium-difficile-infection-guidelines.pdf)

This guidance was developed to be used alongside a guidance document for Care Home staff.

Both documents can be accessed via the SAPG website:

[www.scottishmedicines.org.uk/SAPG/Quality\\_Improvement/Infection\\_Management](http://www.scottishmedicines.org.uk/SAPG/Quality_Improvement/Infection_Management)

### Review of prescribed medication

- Check there are no other medicines prescribed that could cause diarrhoea e.g. laxatives and stop if appropriate
- Check there are no medicines prescribed which may exacerbate the condition e.g. anti-hypertensives particularly ACEIs, diuretics, metformin and stop if appropriate
- Check no other medicine changes that could have changed bowel habit e.g. codeine
- Check if any medicine that could cause immunosuppression (may be associated with more severe disease) and consider withholding.
- Review the prescription of any antimicrobial and only continue if clinical benefit outweighs risk
- Review any prescription of a proton pump inhibitor or H2 antagonist with a view to stopping if possible

### Initial management

- Consider cause of diarrhoea e.g. medicines, norovirus, impaction with overflow, chronic disease e.g. inflammatory bowel disease
- Consider CDI if any of the following: antibiotic within last 3 months, recent surgical procedure, recent prolonged hospital stay, serious underlying disease, PPI or H2 antagonist prescribed
- As soon as CDI suspected commence empiric treatment as per local protocol and ensure Infection Prevention and Control Measures are in place. Do not wait on microbiology laboratory result.
- Advise care home if stool sample required and next steps – e.g. treatment and monitoring requirements
- Determine if hospitalisation is required based on severity markers e.g. temp > 38.5°C, pulse > 100, BP < 100 systolic, suspicion of ileus or megacolon

### Ongoing management

- Review person after 3 days to determine response to treatment and be alert to signs of increasing severity (as above) reported by the care home
- Follow local CDI protocol if no improvement after 3 days treatment
- Contact Microbiology for advice on management if required
- Isolation precautions may be discontinued when the person has been symptom free for 48 hours and bowel movements have returned to normal
- Repeat CDI faecal sampling only required if recurrence suspected; test of cure should not be performed
- Consider checking infection markers such as WCC and CRP and renal function
- Prescribe antibiotic treatment for CDI following local policy and based on severity of symptoms
- In cases of recurrent CDI discuss further treatment with Microbiology