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:**

<table>
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<tr>
<th>First line treatment</th>
<th>First line treatment of CDI is now oral vancomycin irrespective of severity</th>
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| 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  
or  
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 |

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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 (>18 years)

#### 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 fidaxomycin 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 x 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 (<)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

- **2nd Recurrence**
  - Discuss with infection specialist and consider:
    - Faecal microbiota transplant (FMT)
    - (Supply: FMT - University of Birmingham)
    - Pulse tapering vancomycin if FMT not available

#### Review and document severity of disease DAILY
- Evidence of severe colitis in CT scan or X-ray
- Acute rising serum Creatinine > 1.5 x baseline
- Temperature > 38.5°C
- Suspicion of/confirmed pseudomembranous colitis, toxic megacolon or ileus

#### 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](#)