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 Fidaxomicin 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 10⁹, 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 improves)*

### Recurrent infection

#### 1st Recurrence
- Within (≤) 12 weeks *(Relapse)*
  - Oral fidaxomicin 200mg
    - Twice a day
    - **Duration**: 10 days

- More than (>12) weeks *(recurrence)*
  - 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/tapered vancomycin if FMT not available

### Review and document severity of disease DAILY
- Evidence of severe colitis in CT scan or X-ray
- Temperature > 38.5°C
- Suspicion of/confirmed pseudomembranous colitis, toxic megacolon or ileus
- Acute rising serum Creatinine > 1.5 x baseline
- WBC > 15 x 10⁹/L

### 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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Created by: Scottish Antimicrobial Prescribing Group (SAPG) | Approved by SAPG: Feb 2022 | Review date: Feb 2025