

# Clostridium difficile

## Single Point Lesson

C difficile is a bacterium which is resistant to many antibiotics. It is present in the bowel of 3% of healthy adults and 66% of healthy infants under 2 years of age. The organism rarely causes illness in children or healthy adults as it is kept in check by the normal bacterial population of the gut. When a patient is given antibiotics, this organism can multiply in the bowel and can produce toxins which cause colitis.

### Symptoms

Profuse watery foul smelling diarrhoea  
Abdominal pain  
Fever  
May vary from mild diarrhoea to very severe illness e.g. colitis, perforated colon.

### Risk factors

Antibiotics – risk greatest with broad spectrum antibiotics.  
Age – more common in elderly  
PPI's  
Immunosuppression.

### What is the treatment?

The treatment for C difficile varies in each borough  
**Warrington** – Metronidazole 400mgs tds for 10-14 days. If does not settle, contact the microbiologist.  
**St Helens** – Metronidazole 400mgs tds for 10days . If does not settle -Vancomycin 125mg or 250mgs qds for 10 days.  
**Halton** - treat depending on which hospital the sample was sent to.

### Patient management

- Commence treatment as per formulary:  
**Warrington** – Metronidazole 400mgs tds for 10-14 days. If does not settle ,contact microbiologist.  
**St Helens** – Metronidazole 400mgs tds for 10days . If does not settle then Vancomycin 125mg qds for 10 days.  
**Halton** - treat depending on which hospital the sample was taken too.
- Re assess patient after 3-4 days to ensure symptoms are resolving – if not discuss case with microbiologist as treatment may need to be changed.
- Take routine bloods if patient doesn't improve.



**Contact the community infection control nurses for any advice or support on 01744 457 314**

### Potential toxin producers

Sometime the lab detects C difficile which has the capability to produce toxin but it is not producing toxin at the time of testing. These are called potential toxin producers or PCR positive. If patient has diarrhoea treat.

**Recurrence** – occurs in about 20% of patients after 1<sup>st</sup> episode and 50-60% after 2<sup>nd</sup> episode.

C difficile may persist in the gut long after the infection has resolved. There is no need to send clearance specimens. As long as patient clear of diarrhoea for at least 48hrs they are not infectious.

### CDI Important Information

- Please show this card to any Doctor, Pharmacist, Dentist or other healthcare provider.
- Contact your GP without any delay if symptoms persist or recur.



The infection control team will monitor each toxin positive patient in the community and are required to complete a root cause analysis on each patient. Your help with this is appreciated.

### To prevent recurrence

- Review PPI where possible stop the PPI if it is no longer indicated.
- Be cautious when prescribing antibiotics in the future. Avoid unnecessary broad spectrum antibiotics. If antibiotics are required to treat other infections, try to choose low risk antibiotics.