

***Clostridium difficile* Infection (CDI)
Patient Care Orders - Initial Episode or First Recurrence
South Zone**

Date (yyyy-Mon-dd)		Time (hh:mm)	
Ht: _____ cm	Wt: _____ kg	Allergies: List or <input type="checkbox"/> Up to date in electronic system	Executed By (Initials/Designation/ Date & Time)
Initial Procedures <input type="checkbox"/> Initiate contact precautions <input type="checkbox"/> Begin stool charting using Bristol Stool Chart			
Investigations <input type="checkbox"/> <i>C. difficile</i> toxin assay <input type="checkbox"/> Baseline vital signs, CBC & differential, electrolytes, serum creatinine, albumin Repeat every 2 days x 2			
Assess Severity (see side B) Criteria: Age, WBC, Serum Creatinine, Albumin, Immune status, Abdominal exam Classifications (please indicate): <input type="checkbox"/> Mild-moderate <input type="checkbox"/> Severe <input type="checkbox"/> Severe Complicated (Fulminant)			
Treatment & Consult (by severity class) (see Side B for notes on duration for all severity classes) <u>Mild-Moderate Infection:</u> <input type="checkbox"/> metronIDAZOLE 500 mg PO/NG TID x 10 days (IV only if NPO) <u>Severe Infection:</u> <input type="checkbox"/> vancomycin 125 mg PO/NG QID x 10 days Consider specialist consult: <input type="checkbox"/> General Surgery <input type="checkbox"/> Internal Medicine <u>Severe Complicated (Fulminant) Infection:</u> <input type="checkbox"/> vancomycin 125 mg (see Side B for notes on dosing) PO/NG QID x 10 days PLUS <input type="checkbox"/> metronIDAZOLE 500 mg IV Q8H x 10 days Consult required: <input type="checkbox"/> General Surgery <input type="checkbox"/> Internal Medicine IF Severe Complicated Infection AND impaired gut transit (i.e.: profound ileus) consider the addition of: <input type="checkbox"/> vancomycin retention enema: 500 mg in solution PR Q6H			
Review Contributing Factors Reassess current antimicrobials for other conditions; if possible: Discontinue: _____ Discontinue: <input type="checkbox"/> PPI/H2 receptor blocker <input type="checkbox"/> Antidiarrheal agents <input type="checkbox"/> Laxatives			
Monitor and Assess Response <input type="checkbox"/> Abdominal exam/assessment <input type="checkbox"/> Vital signs, CBC & differential, electrolytes, serum creatinine, albumin every _____ days (please indicate) <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Continue stool charting using Bristol Stool Chart			
Review Therapy Patient responding to treatment by Day 3 - 5: continue current treatment Patient fails to respond to treatment by end of day 4 (see criteria Side B): <input type="checkbox"/> If on metronIDAZOLE, change to vancomycin 125mg PO QID x 10 days <input type="checkbox"/> If on vancomycin, consult Internal Medicine/Infectious Diseases			
Physician Signature			

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Affix patient label within this box

<p>Side B: Additional Information & Notes</p>
<p>Initial Procedures See CDI checklist re: contact precautions, isolation cleaning, etc. See CDI toolkit regarding Bristol Stool Chart</p>
<p>Investigations</p> <ul style="list-style-type: none"> • <i>C. difficile</i> toxin test not indicated in patients with solid stool or on patients less than 12 months of age • Repeat testing not recommended within 7 days of previous sample, or as a test of cure • Samples to be transported to lab within 2 hours of collection
<p>Assess Severity</p> <p><u>Criteria:</u> Age greater than 65, WBC greater than $15 \times 10^9/L$, Serum Creatinine 1.5x baseline, Albumin less than 30g/dL, Immunosuppression, Abdominal examination consistent with peritonitis, Presence of pseudo membranes or thickened colon</p> <p><u>Classification:</u></p> <ul style="list-style-type: none"> • Mild-Moderate Infection: Patient has less than 2 severity criteria • Severe Infection: Patient has 2 or more severity criteria • Severe-Complicated (Fulminant) Infection: Severe classification PLUS patient is hemodynamically unstable/shock or has toxic megacolon or has ileus
<p>Treatment & Consult (by severity class)</p> <p>Duration 10 - 14 days: if diarrhea unresolved but the patient is not clinically deteriorating by day 7, consider extending duration to 14 days. Orders will automatically be initiated with a 10 day duration unless otherwise indicated</p> <p>Mild Moderate: metronIDAZOLE may be given IV only if patient is NPO. Switch to PO when possible</p> <p>Severe: General surgical consult if any of the following:</p> <ul style="list-style-type: none"> ➤ Abdominal tenderness, distention or obstruction, ICU admission due to <i>C. difficile</i> infection, Obtundation, progressive disease despite therapy <p>Severe-Complicated: vancomycin doses from 125 mg up to 500 mg PO/NG QID have been used and reported in the literature in this severity class. Dose will be initiated at 125 mg PO QID unless otherwise indicated.</p>
<p>Review contributing Factors</p> <p>High risk antibiotics for CDI: clindamycin, ampicillin/amoxicillin, 3rd generation cephalosporins, fluoroquinolones</p>
<p>Monitor and Assess Response</p> <p>For definition of diarrhea, refer to the Bristol Stool Chart for description of stool characteristics</p>
<p>Review Therapy</p> <p>Failure to respond to treatment if any of the following occurs:</p> <ul style="list-style-type: none"> • No change in frequency/volume of loose bowel movements • Fever greater than 38°C • WBC greater than $15 \times 10^9/L$ • Worsening symptoms/deterioration <p>Discontinue precautions after patient has been without symptoms for 48 hours and patient has had at least one normal stool (based on patient's normal bowel habits). *IPC Approval required</p>

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