



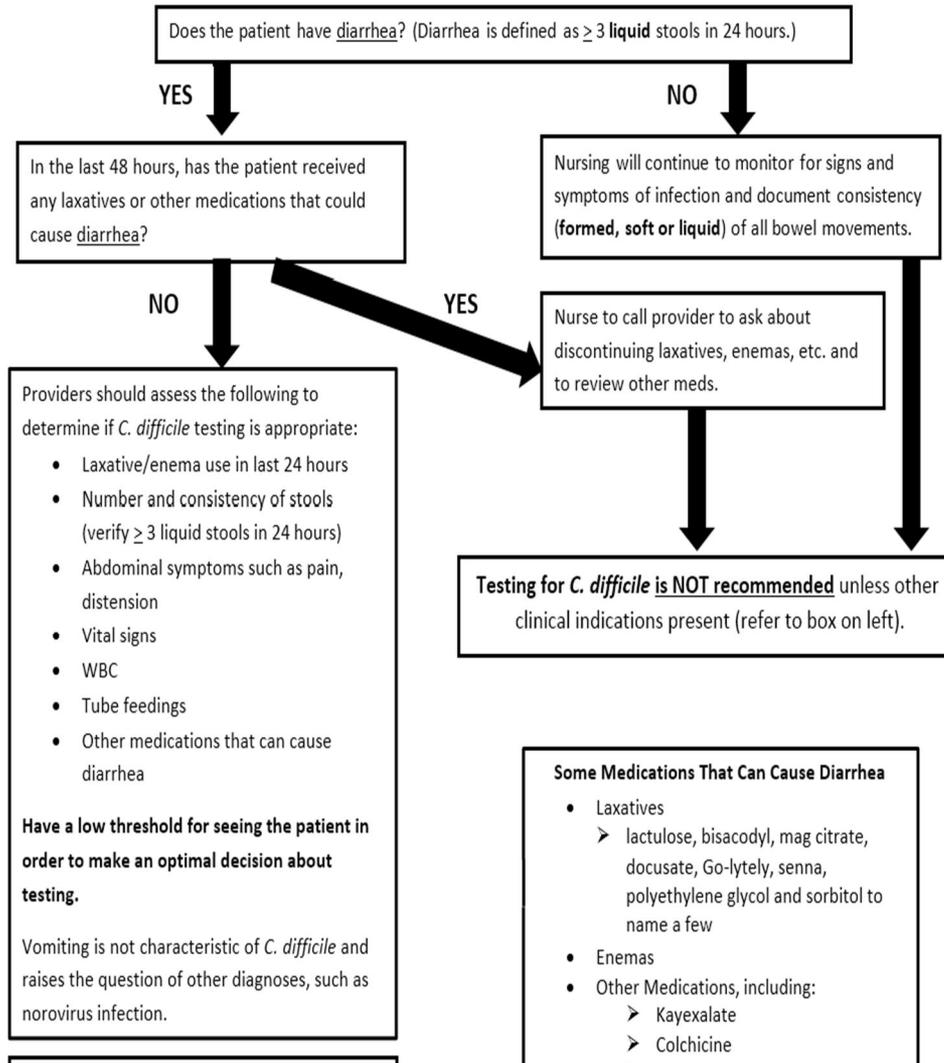
C difficile initiative

Children's of Alabama

Updated 9/28/2018
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Provider Flowchart for Appropriate *C. difficile* Testing

Testing should be correlated with the clinical condition of the patient because current test can detect *C. difficile* infection OR colonization.



Nursing Flowchart has same information, and includes graphical descriptions of stool

Clostridium difficile Initiative

Taking it one step further

Development of a diagnostic and treatment

Supportive Care C. Difficile Diagnostic Pathway 05 [0 orders of 68 are selected]

Click Box To Deselect PreChecked Orders

Indication: Who to test? Stool testing should ONLY be ordered in patients who fit a clinical suspicion for C Diff infection (to avoid false positives, due to relatively high rate of C Diff colonization in certain patient populations)

Clinical Symptoms:
 1. NEED Diarrhea (except in rare circumstances - patient with toxic megacolon who is in hypotensive shock may have an ileus without diarrhea); 2. Diarrhea generally defined as passage of 3 or more unformed stools in 24 or fewer consecutive hours. (For those who do not have this at baseline); 3. CDI in addition to diarrhea is usually accompanied by fever, abdominal discomfort / cramping and peripheral leukocytosis (except in neutropenic patients); 4. Patients with diarrhea (3 or more loose stools / 24 hours) at baseline - consider CDI if acute worsening of diarrhea and or abdominal pain / cramping

Patients at Increased Risk of CDI:
 1. Antibiotic exposure; 2. Healthcare facility exposure; 3. Inflammatory bowel disease; 4. Gastrostomy / jejunostomy; 5. Immunocompromised patients, particularly oncology patients on chemotherapy and post transplant patients on continued immunosuppression; 6. Patients with Hirschprung's Disease; 7. Patients with a prior history of CDI

Hard Stop to C Diff Stool Testing:
 1. Laboratory to reject formed stool sample; 2. Patient has received a laxative within the preceding 48 hours; 3. Patient has initiated tube feeding in the preceding 24 hours; 4. Patients less than 1 year of age - will require ID consultation; 5. Within 7 days of starting treatment for a positive C Diff test

Consider ID/GI Consultation For:
 1. CDI diagnosis in children less than 2 years of age (due to high rate of colonization); 2. Concomitant stool pathogens identified; 3. Second recurrence (recurrence defined as CDI within 8 weeks of completion of appropriate CDI treatment); 4. Third or more recurrence

ISOLATION

	Isolation	Contact	Droplet	Clostridium Difficile	Contact - Cystic Fibrosis	Airborne	Airborne - Negative Pressure
- Isolation - 1 item(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LABS - ROUTINE

Clostridium Difficile Toxin Molecular Test

Additional Lab Orders

MEDICAL CONSULTS

Order	Requested Date	Primary Service Attending	Reason for Consult	Action	Additional Instrs
- Consult Orders - 3 item(s)					
<input checked="" type="checkbox"/> Pediatric Surgery Consult	T				
<input checked="" type="checkbox"/> Gastroenterology Consult	T				

Medication Order Set - C. Difficile Infection [0 orders of 76 are selected]

Click Box To Deselect PreChecked Orders

Indicate Patient Condition

Indicate Patient Occurrence

Indicate Severity

Combined Measurements (Weight type: WEIGHT)
 Height (cm)
 80
 08/07/2015 08:10

Medication	Default (Reference)	Route	Dose	Units	Frequency	Infuse Over	Stop After	Priority
- Vancocycin - 2 item(s)								
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 125 mg/dose)	Oral		milliGRAM(s)	4 times per day		40 Doses	Routine
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 500 mg/dose)	Oral		milliGRAM(s)	4 times per day		40 Doses	Routine
- Metronidazole - 2 item(s)								
<input checked="" type="checkbox"/> Metronidazole	7.5 mg/kg/dose (Max: 500 mg/dose)	Oral		milliGRAM(s)	3 times per day		30 Doses	Routine
<input checked="" type="checkbox"/> Metronidazole IV	10 mg/kg/dose (Max: 500 mg/dose)	IV Intermittent		milliGRAM(s)	3 times per day	60 Minute(s)	30 Doses	Routine

Medication	Default (Reference)	Route	Dose	Units	Frequency	Infuse Over	Stop After	Priority
- Vancocycin - 4 item(s)								
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 125 mg/dose)	Oral		milliGRAM(s)	4 times per day		56 Doses	Routine
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 125 mg/dose)	Oral		milliGRAM(s)	2 times per day		14 Doses	Routine
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 125 mg/dose)	Oral		milliGRAM(s)	Daily		7 Doses	Routine
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 125 mg/dose)	Oral		milliGRAM(s)	Q4H			Routine

Medication	Default (Reference)	Route	Dose	Units	Frequency	Infuse Over	Stop After	Priority
- Vancocycin - 1 item(s)								
<input checked="" type="checkbox"/> Vancocycin	10 mg/kg/dose (Max: 500 mg/dose)	Oral		milliGRAM(s)	4 times per day		40 Doses	Routine
- Rifaximin - 1 item(s)								
<input checked="" type="checkbox"/> Rifaximin Liquid	10 mg/kg/dose (10-20 mg/kg/dose)Max: 400...	Oral		milliGRAM(s)	Q8H		60 Doses	Routine

MEDICAL CONSULTS

Order	Requested Date	Primary Service Attending	Reason for Consult	Action	Additional Instructions
- Consults - 2 item(s)					
<input checked="" type="checkbox"/> Infectious Disease Consult	T		Management of recurrent c diff. request for...		
<input checked="" type="checkbox"/> Gastroenterology Consult	T		Need for colonoscopy for confirmed C difficile.		