

(Patient ID Label)

Clostridium difficile Infection (CDI) Orders

1. All orders must be completed and signed by the prescriber.
2. All co-signatures must be timed and dated within **24 hours**.
3. Orders may be deleted by stroking the order out and initialing the entry or by leaving prompts blank (boxes).

Date/Time	Wt:(kg) _____	BMI: _____
	<input checked="" type="checkbox"/> Initiate contact precautions for confirmed or suspected <i>C. difficile</i> .	
	<input checked="" type="checkbox"/> Stool for <i>C. difficile</i> toxin, if not already ordered or a known positive. <i>C. difficile</i> fecal assays are not indicated in patients with solid stool. Repeat testing is not recommended if symptoms have resolved. Test of cure is recommended for IBD patients if symptoms are ongoing for 8 weeks. If stool is solid, no retest is required.	
	<input checked="" type="checkbox"/> CBC + differential, electrolytes, serum creatinine today then Q2days x 2.	
	Mild to moderate infection (see p.3 for details): <input type="checkbox"/> First or second episode: metronidazole 500 mg PO/NG TID x 14 days. NOTE: Consider Vancomycin 125 mg PO QID x 14 days for first episode for any IBD patient and all IBD patients on immunosuppression OR <input type="checkbox"/> Failure to respond to metronidazole in 3-5 days: discontinue metronidazole and give vancomycin 125 mg PO/NG QID x 14 days. OR <input type="checkbox"/> Third or greater episode: vancomycin 125 mg PO/NG QID x 14 days followed by vancomycin 125 mg PO/NG BID x 7 days then 125 mg PO/NG daily x 7 days then 125 mg PO/NG Q2days x 7 days then 125 mg PO/NG Q3days x 7 days. End date: _____	
	Severe infection or severe complicated infection (see p.3 for details): <input type="checkbox"/> Serum lactate <input type="checkbox"/> 3 views abdominal Xray or <input type="checkbox"/> CT Abdomen <input type="checkbox"/> Consult _____ (Suggest: General Surgery, ID, GI and/or ICU) <input type="checkbox"/> vancomycin 125 mg PO/NG QID x 14 days and <input type="checkbox"/> if impaired gut transit (eg. ileus), add metronidazole 500 mg IV Q8H x 14 days.	
	Assess whether any medications can be discontinued. (Consider: antimicrobials, anti-diarrheal medications, laxatives, stool softeners, pro-motility agents, proton pump inhibitors or H2 receptor blockers) Please specify agent(s) below:	
	<input type="checkbox"/> Discontinue _____	
	<input type="checkbox"/> Discontinue _____	
	<input type="checkbox"/> Discontinue _____	
	<input type="checkbox"/> Discontinue _____	
	<input type="checkbox"/> Discontinue _____	
	<input type="checkbox"/> Consult Pharmacist to review antimicrobial use with attending team.	
	Other Orders:	

Do Not Write in This Space – Will Not Scan

	Prescriber's Signature: _____
	Prescriber's Printed Name: _____

Do Not Write in This Space – Will Not Scan

Mild-moderate *C. difficile* infection:

- cases which do not meet the criteria for severe or severe-complicated *C difficile* infection

Severe *C. difficile* infection criteria include:

- WBC greater than $15 \times 10^9/L$ OR
- Acute kidney injury with serum creatinine greater than 1.5 times baseline OR
- Pseudomembranous colitis

In addition to above, patients greater than 65 years of age and with fever are at higher risk of severe disease.

Severe complicated *C. difficile* infection criteria include:

- Any of the signs and symptoms associated with severe disease

AND

- Signs of toxic mega-colon OR
- Peritonitis OR
- Ileus* OR
- Signs of septic shock

* For patients with known/suspected ileus, vancomycin 500 mg PR Q6H x 14 days may be used for severe complicated infection.

Note:

Fecal transplant for refractory CDI has been used with some success in preliminary investigations. The availability of this procedure and its placement among CDI therapy options is evolving. Consult Gastroenterology and/or Infectious Diseases for further information.