APPENDIX 1

**Treatment algorithm:** First episode of *Clostridium difficile* infection - Adapted from Public Health England (2013)

- **Diarrhoea and one of the following:** Positive *C. difficile* toxin test or *C. difficile* toxin test pending and clinical suspicion of CDI

  - If clinically appropriate, discontinue non-*C. difficile* treatment antibiotics to allow normal intestinal flora to be re-established.

- **Symptoms/signs of non-severe CDI:**
  - Oral Metronidazole 400mg 8 hourly 10–14 days.

  - **Symptoms improving**
    - Diarrhoea should resolve in 1-2 weeks
    - Reoccurrence in ~ 20% after 1st episode

  - **Symptoms not improving or worsening** should not normally be deemed treatment failure until day 7 of treatment.

  - **Antimotility agents should not be prescribed in acute C. difficile infection**

- **Symptoms of severe CDI**
  - WCC > 15, acute rising creatinine and/or signs/symptoms of colitis
  - Oral vancomycin 125mg qds

  - **Symptoms not improving or worsening** not normally deemed treatment failure until day 7 of treatment. If evidence of severe CDI continues

  - Consider oral Fidaxomicin 200mg 12 hourly 10-14 days in patients with multiple co-morbidities who are receiving concomitant antibiotics

  - **Surgical assessment – arrange acute admission**

  - If evidence of severe CDI (WCC. 15, acute rising creatinine and/or symptoms of colitis)

  - Switch to oral Vancomycin 125mg 6 hourly 10-14 days
Recurrence of diarrhoea (at least 3 consecutive type 5-7 stools) within ~30 days of a previous CDI and positive C. difficile toxin test

- Must discontinue non C. difficile treatment antibiotics if at all possible to allow normal intestinal flora to be re-established
- Suspected cases must be isolated

Symptoms/signs: not-life threatening CDI: Oral fidaxomicin 200mg 12 hourly 10-14 days. (efficacy of fidaxomicin in recurrence is unclear)

Depending on local cost effectiveness decision making. Oral Vancomycin 125 mg 6 hourly for 14 days

DAILY ASSESSMENT
(Include review of severity markers, fluid/electrolytes)

Symptoms improving
Diarrhoea should resolve in 1–2 weeks

If multiple recurrences, especially if evidence of malnutrition, wasting etc.

Surgical assessment – arrange acute admission.

Review all drugs with gastrointestinal activity or side effects (stop PPIs unless required acutely.)