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| <b>DEFINITION</b>           | <p><i>Clostridium difficile</i> infection is defined as 3 or more episodes of loose stools (Bristol Stool types 5 – 7) not attributable to any other cause, (including medicines), within a 24 hour period and a confirmed positive <i>Clostridium difficile</i> result.</p>  |  |
| <b>MANAGEMENT</b>           | <p>If <i>Clostridium difficile</i> is suspected in a patient either in their home or in a care home</p> <ul style="list-style-type: none"> <li>• Send a sample only when the patient has had 3 or more episodes of loose stools within 24 hours and no other cause can be found</li> <li>• Review acid suppression treatments and discontinue if possible e.g. PPIs</li> <li>• Do <u>not</u> give antimotility agents such as loperamide or codeine</li> <li>• COMMENCE on oral metronidazole 400mg TDS for 10 - 14 days</li> <li>• Stop all other antibiotics and do not start any new antibiotics (if an antibiotic treatment is essential consult microbiology)</li> <li>• Send ONE specimen and FOLLOW UP RESULT within 48 hours</li> <li>• If the specimen is negative, and if a strong suspicion of <i>Clostridium difficile</i> continues a second sample may be sent and FOLLOW UP RESULT</li> <li>• If recurrence of symptoms occurs, treat empirically with oral vancomycin 125mg QDS for 14 days and send stool sample for m,c and s to rule out other faecal pathogens</li> </ul> |  |
|                             | <b>Patient at home</b>  | <b>Care home resident</b>  |
|                             | <ul style="list-style-type: none"> <li>• Wash hands with SOAP AND WATER after contact with the patient &amp; their environment</li> <li>• Give advice about <i>Clostridium difficile</i> management to carers                             <ul style="list-style-type: none"> <li>- The importance of hand hygiene as above</li> <li>- Clean toilets with diluted bleach</li> <li>- Bedding to be washed at 60°C (if not possible minimum 40°C)</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Wash hands with SOAP AND WATER after contact with the resident &amp; their environment</li> <li>• Staff must wear gloves and apron for contact with the resident &amp; their environment and dispose of as infectious (clinical) waste</li> <li>• Residents must remain isolated in a single room with an isolation sign</li> <li>• Provide resident with dedicated toilet or commode, cleaned daily with hypochlorite solution (bleach)</li> <li>• Maintain Bristol stool chart</li> <li>• Linen to be disposed of in red alginate bag within a red plastic bag</li> </ul> |
| <b>CLEANING</b>             | <ul style="list-style-type: none"> <li>• Give advice to patient and carers about cleaning the environment using diluted bleach</li> </ul>   | <ul style="list-style-type: none"> <li>• Additional cleaning regime using hypochlorite to be requested daily</li> <li>• Terminally clean room and all equipment using hypochlorite solution or sporicidal wipes when diarrhoea has ceased for 48 hours and a normal stool for that resident has been passed</li> </ul>   |
| <b>STOP ISOLATION WHEN?</b> | <ul style="list-style-type: none"> <li>• Isolation can be stopped after 48 hours and a formed stool has been achieved</li> <li>• Do not retest to achieve a <i>Clostridium difficile</i> negative sample as stool samples can remain positive for up to 6 months</li> </ul>   |  |