



Title	Management of patients with <i>Clostridium difficile</i> Infection (CDI)
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MANAGEMENT OF PATIENTS WITH CLOSTRIDIUM DIFFICILE INFECTION (CDI)

CDI is associated with considerable morbidity and risk of mortality.

Unless carefully managed, CDI can be a devastating illness particularly in the frail and elderly. It can lead to malnutrition, dehydration and more serious complications resulting in death.

To acquire the organism, spores must enter the mouth and be swallowed. Normal healthy bacteria in the colon maintain a balance that protects against the development of infection but when these protective mechanisms are disrupted, *Clostridium difficile* can colonise, or existing colonies increase in size, resulting in infection.

Treatment of other infections, for example urinary tract infections with broad spectrum antibiotics makes the colon more susceptible to the development of CDI by eradicating many normal bacteria.

NB follow this protocol if you suspect CDI, please do not wait for laboratory confirmation,

Transmission

- By hands of staff, patients and visitors
- Contaminated environment and equipment, particularly toilets, commodes, bedrails and other frequently touched surfaces
- Infected linen

Care of patient with suspected or confirmed CDI

- Isolate patient, preferably in room with hand wash basin and ensuite facilities
- Ensure the use of dedicated toilet facilities; ensuite or commode
- Adhere to [Standard Infection Control Precautions \(SICP\) and Transmission Based Precautions](#). Thorough handwashing with soap and water is considered more effective than hand gel to remove cdiff
- Ensure adequate supply and access to PPE
- Ensure the use of dedicated care equipment where possible

- Inform a member of the [Infection Prevention Control Team](#)
- Send stool specimens to microbiology laboratory: request C&S and C.diff. toxin (CDT). Also consider requesting Norovirus test
- Document patient's bowel movements with reference to [Bristol Stool Chart](#)
- Treat linen as infected
- Provide [CDI leaflet](#) to the patient or carer (if appropriate) and explain diagnosis and prognosis. Document pertinent communications in case notes
- If the patient dies, ensure relatives are provided with a clear explanation of the role played by CDI in the patients death
- Food & drink should not be consumed in the isolation room except by the patient

Cleaning and Laundering

For relatives wishing to take patients clothing home to launder, they must be informed of the precautions to take and supplied with the '[Washing Clothes at Home](#)' leaflet

- Ensure commodes are cleaned thoroughly with [Actichlor Plus](#) or Fuse solution after each use.
- Ensure patient care equipment is cleaned thoroughly with [Actichlor Plus](#) or Fuse solution after each use.
- [Actichlor Plus](#) or Fuse solution should be used for routine cleaning purposes in the affected room.
- When patient is 48 hrs asymptomatic, single room isolation and enteric precautions may be stopped. If patient is to remain in single room, then a terminal clean must still be attempted in that room using Actichlor Plus or Fuse solution.
- Terminal cleaning of single room and all patient equipment is essential following discharge, using Actichlor Plus or Fuse solution.

There is no need to send further stool specimens unless patient becomes symptomatic again. Clearance specimens are not required.

Treatment

Treatment for C. diff is only necessary if symptoms are severe or are continuing with no improvement.

Stop administering or prescribing

- PPIs
- Aperients
- Anti-motility drugs (e.g Immodium)

Where possible antibiotic therapy should be discontinued

For advice on clinical management please refer to treatment guidelines in NHS Borders [Antimicrobial Guidelines](#) (Pages 17 -18)

Severe Case Investigation [SCI]

Serious cases of CDI including where the patient dies may result in a CDI SCI led by the Infection Prevention and Control Team. It is important that the clinical staff who cared for the patient are involved in this review process.