

Trés Difficile:

Diagnosis and Treatment of *C. Difficile*

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- Stool must be **loose** or **watery** to pass the stick test!
- Stool must be received by **11AM** for same day testing!
- **STAT** testing is available **24/7** and takes 40 minutes



BWH tiered-testing process

1. Glutamate Dehydrogenase Test

Interpretation

A positive result may be interpreted at any time during the 10 minute incubation. A test cannot be ruled negative or invalid until 10 minutes has passed.

If there are no dots at C (control) the test is invalid. See package insert for additional interpretation of results.

2. PCR or Nucleic Acid Amplification Testing (NAAT)

If **Antigen +, but Toxin -** additional PCR can be ordered through Infectious Disease if high clinical suspicion.

If **Toxin + and Antigen -** the test specimen is labeled "Indeterminate" and PCR will automatically be run on the sample.

2017 Updated IDSA Guidelines for *C. Diff* Treatment

Clinical Definition	Supportive Clinical Data	Recommended Treatment ^a	Strength of Recommendation/ Quality of Evidence
Initial episode, non-severe	Leukocytosis with a white blood cell count of $\leq 15,000$ cells/mL and a serum creatinine level < 1.5 mg/dL	<ul style="list-style-type: none"> • VAN 125 mg given 4 times daily for 10 days, OR • FDX 200 mg given twice daily for 10 days • Alternate if above agents are unavailable: metronidazole, 500 mg 3 times per day by mouth for 10 days 	<p>Strong/High</p> <p>Strong/High</p> <p>Weak/High</p>
Initial episode, severe ^b	Leukocytosis with a white blood cell count of $\geq 15,000$ cells/mL or a serum creatinine level > 1.5 mg/dL	<ul style="list-style-type: none"> • VAN, 125 mg 4 times per day by mouth for 10 days, OR • FDX 200 mg given twice daily for 10 days 	<p>Strong/High</p> <p>Strong/High</p>
Initial episode, fulminant	Hypotension or shock, ileus, megacolon	<ul style="list-style-type: none"> • VAN, 500 mg 4 times per day by mouth or by nasogastric tube. If ileus, consider adding rectal instillation of VAN. Intravenously administered metronidazole (500 mg every 8 hours) should be administered together with oral or rectal VAN, particularly if ileus is present. 	<p>Strong/Moderate (oral VAN);</p> <p>Weak/Low (rectal VAN);</p> <p>Strong/Moderate (intravenous metronidazole)</p>

When it's fulminant you need consultants!

1. Infectious Disease
2. Surgery
3. Gastroenterology

When should you consider Fecal Microbiota Transplant?

- Relapsing *C. difficile*
- Fulminant *C. difficile* colitis