

Treatment in community setting

Drug	Dose	Duration	+/- Notes
Non-severe CDI			
<ul style="list-style-type: none"> Mildly symptomatic patients (positive test result but less than 3 episodes of diarrhoea in 24 hours): 			
<p>It is recommended to discontinue antibiotic therapy with the inciting antibiotic if possible and closely monitor the patient for 48 hours. <i>C. difficile</i> treatment should be initiated if any signs of clinical deterioration are observed.</p>			
<ul style="list-style-type: none"> Positive test result and 3 or more episodes of diarrhoea in 24 hours, follow treatment options below: 			
1st line option:			
Metronidazole oral	400mg every 8 hours	10 days	
2nd line option:			
Vancomycin oral	125mg every 6 hours	10 days	
Severe CDI			
<ul style="list-style-type: none"> Refer to hospital 			
First recurrence of CDI			
<ul style="list-style-type: none"> If non-severe CDI: see treatment recommendation below If severe CDI: refer to hospital 			
1st line options:			
Vancomycin oral	125mg every 6 hours	10 days	Only use if metronidazole was used for treatment of the first episode
<i>or</i>			
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes* If initial CDI episode was treated with fidaxomicin, seek micro/ID advice.

*Fidaxomicin prescribing: Fidaxomicin should only be initiated on the recommendation of a consultant microbiologist or infectious diseases physician. It may be considered as a treatment option for patients at high risk of recurrent CDI. It should be noted that in the community fidaxomicin is only available in community pharmacy through the High Tech Drug scheme. For community patients, a GP prescription will be accepted provided the name and base hospital of the consulting Consultant Microbiologist or Infectious Diseases Physician is noted by the GP on the prescription. For hospital patients, follow the normal procedure for prescription of high tech drugs.

Treatment in hospital setting

Drug	Dose	Duration	+/- Notes
Non-severe CDI			
<ul style="list-style-type: none"> Mildly symptomatic patients (positive test result but less than 3 episodes of diarrhoea in 24 hours): 			
It is recommended to discontinue antibiotic therapy with the inciting antibiotic if possible and closely monitor the patient for 48 hours. <i>C. difficile</i> treatment should be initiated if any signs of clinical deterioration are observed.			
<ul style="list-style-type: none"> Positive test results and 3 or more episodes of diarrhoea in 24 hours, follow treatment options below: 			
1st line options:			
Metronidazole oral <i>or</i>	400mg every 8 hours	10 days	
Vancomycin oral	125mg every 6 hours	10 days	
Treatment option for patient at high risk of recurrence supported by age over 65 years <u>plus</u> the presence of one or more of these additional risk factors (healthcare associated CDI, prior hospitalisation in the last 3 months, use of concomitant antibiotics, PPI started during/after CDI diagnosis or prior CDI episode)			
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes*
Severe CDI			
<ul style="list-style-type: none"> Early surgical opinion Patients with severe CDI should be managed by a multidisciplinary team to include a clinical microbiologist and/or infectious diseases physician, gastroenterologist, surgeon and pharmacist as needed 			
1st line options:			
Vancomycin oral <i>or</i>	125mg every 6 hours	10 days	
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes*
Severe complicated/fulminant CDI			
<ul style="list-style-type: none"> Early surgical opinion Patients with severe CDI should be managed by a multidisciplinary team to include a clinical microbiologist and/or infectious diseases physician, gastroenterologist, surgeon and pharmacist as needed 			
1st line option:			
Vancomycin oral <i>plus</i> metronidazole intravenous	500mg every 6 hours 500mg every 8 hours	10 days	
2nd line option:			
Other therapeutic options may be considered on a case-by-case basis and after multidisciplinary discussions. This is beyond the scope of this guidance.			

First recurrence of CDI

1st line options:			
Vancomycin oral <i>or</i>	125mg every 6 hours	10 days	Only use if metronidazole was used for treatment of the first episode
Fidaxomicin oral	200mg every 12 hours	10 days	Discuss with a clinical microbiologist or infectious diseases consultant. High Tech item, see prescribing notes* If initial CDI episode was treated with fidaxomicin, seek micro/ID advice.

*Fidaxomicin prescribing: Fidaxomicin should only be initiated on the recommendation of a consultant microbiologist or infectious diseases physician. It may be considered as a treatment option for patients at high risk of recurrent CDI. It should be noted that in the community fidaxomicin is only available in community pharmacy through the High Tech Drug scheme. For community patients, a GP prescription will be accepted provided the name and base hospital of the consulting Consultant Microbiologist or Infectious Diseases Physician is noted by the GP on the prescription. For hospital patients, follow the normal procedure for prescription of high tech drugs.