

Guidelines for Treatment of *C. difficile* Disease

Diarrhea and colitis caused by *C. difficile* is a common occurrence in hospitalized patients, particularly in those receiving antimicrobial therapy.

Effective therapies exist to treat this condition with response rates of >95%. In comparative trials, oral **metronidazole is comparable in efficacy to oral vancomycin**, and given its good tolerability, lower cost and reduced likelihood to select for colonization/infection with vancomycin-resistant enterococci (VRE), metronidazole is the preferred therapy.

A. Initial episodes of *C. difficile* diarrhea:

Adults: **Metronidazole** 500 mg PO TID for 10-14 days

Children: **Metronidazole 15 - 35** mg/kg/day given PO TID

B. Recurrent episodes of *C. difficile* diarrhea:

Metronidazole 500 mg PO TID for 10-14 days

C. *C. difficile* diarrhea in patients who are NPO:

Metronidazole 500 mg IV q 6 hours for 10-14 days.

D. or Vancomycin rectal enema (500 mg diluted in 500 mL of 0.9% sodium chloride injection) with caution:

However, IV therapy is likely to be less effective than PO therapy.

Indications For Use Of Oral Vancomycin:

- 1) Patients who are documented to be allergic to or intolerant of metronidazole
- 2) Patients who have at least 2 recurrent episodes treated with oral metronidazole
- 3) Patients who are NPO and have failed a single course of IV metronidazole
- 4) Patients receiving warfarin
- 5) Woman who are pregnant or lactating
- 6) Patients whose current episode is a documented failure (positive *C. diff* after > 5 days of therapy)

Intravenous vancomycin therapy is not adequate because no significant delivery of vancomycin to the bowel lumen occurs.

In instances where oral vancomycin is deemed appropriate, the **recommended dose is 125-250 mg PO QID.**

In children, the recommended dose of vancomycin is 40 mg/kg/day PO in divided doses up to a maximum of 125 mg PO QID.

Doses higher than these have not been proven to be more effective and are appreciably more costly.

Adjuncts: Lactobacillus or Cholestyramine ??? These are adsorbing agents to which CD toxins attach so as not to cause diarrhea and cramping. They do not eradicate CD but can reduce the effects of the toxins. The powders can be difficult to mix with fluids and may cause nausea.