

CLOSTRIDIUM DIFFICILE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF INFECTIOUS DISEASE) • 887 CONGRESS ST, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Profuse watery diarrhea

Significant abdominal pain
Unable to tolerate oral medications
WBC > 15,000 OR Creatinine > 50%
baseline

May have abnormal abdominal
imaging

Stool (non-formed)-C diff toxin positive

SUGGESTED PREVISIT WORKUP

If patient severely ill, would refer for admission

If not hypotensive/signs of severe illness, but abnormal labs, would recommend urgent referral (207) 662-5522 and ask for on call pediatric ID physician

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

3 or more unformed stools in 24 hours

Recurrent symptoms

Normal CBC

Normal Creatinine

Stool C diff positive

SUGGESTED WORKUP

Referral to pediatric infectious disease: (207) 662-5522, option 9

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Child < 4 years of age

Child has received course of therapy for C diff and diarrhea has resolved

SUGGESTED MANAGEMENT

C diff testing should be performed cautiously in children < 4 years of age- asymptomatic colonization is common

Testing should not be performed as test of cure

CLINICAL PEARLS

- Testing for C difficile should only be done in patients with frequent loose stools.
- C diff testing should be interpreted with caution in children < 4 years of age as asymptomatic colonization is common
- “Test of cure” testing is not recommended.
- Mild to moderate disease may be treated with Metronidazole 10-14 days, more severe disease with vancomycin PO x 10-14 days.
- Probiotics, binding agents, PPI’s, rifampin, and rifaximin are not recommended for C diff diarrhea.
- There is no role for metronidazole or oral vancomycin in prevention of C diff diarrhea in patients receiving antibiotics.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.