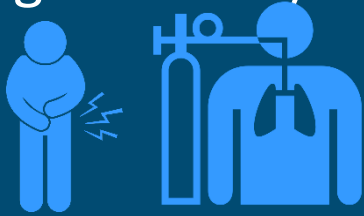




Clostridioides difficile infection (CDI) (1 / 2)

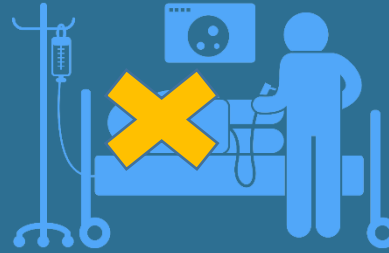
Assess Severity of CDI
(peritonitis or multi-system organ failure) **1C**



Diagnosis should include lab + stool testing. Two-step tests increase accuracy. **1A**



Endoscopy to assess extent/severity is not recommended **1C**



Radiology evaluation has limited utility. **2C**



Infection Control Measures should be implemented **1B**



Evidence-based Antibiotic Stewardship can decrease CDI rates. **1B**





Clostridioides difficile infection (CDI) (2/2)

Oral vancomycin or fidaxomicin is first-line treatment. *Metronidazole is no longer appropriate.* 1A



Probiotics may be useful in preventing (but not treating) CDI. 2A



Surgery reserved for colonic perforation or severe colitis not responsive to medical Tx



Subtotal colectomy + ileostomy is the procedure of choice 1C, though loop ileostomy and antegrade lavage may be an alternative. 2C



Refractory cases treated by: prolonged vancomycin ± bezlotoxumab or fidaxomicin or consider fecal transplant if other means fail 1B

