

We seek your help and support in improving our *C. difficile* prevention processes. Opportunities identified are:

1. Hand Hygiene
2. Environmental Cleaning
3. Consistent stool documentation
4. Recognition of signs and symptoms on admission
5. Antibiotic use
6. Proton pump inhibitor use

To prevent or manage *C. difficile* infection (CDI), take the following steps:

1. Patient Care:

- **Assess** for CDI signs & symptoms on admission: Loose stools 3 or more times / day. Other symptoms can include: abdominal pain and tenderness, fever, nausea, and/or elevated WBC with no other diarrhea cause identified.
 - **Test** on admission if CDI suspected to identify community acquired CDI
- **Stop or de-escalate** antibiotic therapy as quickly as possible. Antibiotic use is the largest modifiable risk factor for CDI
- **Limit** necessary antibiotic therapy to the shortest duration clinically appropriate
- **Evaluate** if gastric acid suppression is necessary. Stop proton pump inhibitors or switch to H₂ Antagonist if clinically appropriate.
 - Proton pump inhibitors (PPIs) increase the risk of CDI
 - Antibiotics PLUS PPIs greatly increase the risk of CDI

2. *C.difficile* Testing:

- ***C. diff* BPA** screens the profile for reasons why *C.diff* testing may not need to be performed
 - **Criteria include:** medications that cause diarrhea, tube feeds, prior *C.diff* test results, and lack of stool documentation
- **READ** the *C.diff* BPA carefully to assess if testing is warranted

3. Isolate:

- **Order** Contact-Enteric Precautions for SUSPECTED CDI cases
- **Clean hands with soap and water.**
- **Don gowns and gloves** in isolation rooms or during patient contact

4. Treatment of CDI:

- **Utilize** the CDI treatment order-set to guide appropriate evidence based therapy
- **Stop** unnecessary antibiotic therapy
- **Stop** unnecessary gastric acid suppression agents, especially PPIs

If you have any questions, suggestions, or concerns regarding *C.difficile* prevention, management, or transmission, please reach out to any member of the Infection Prevention team or call the Patient Safety Hotline at 455-7475. Thank you!

***C.difficile* Testing BPA Details:**

- ***C.diff* testing ordered** EPIC screens profile for:
 - **Laxatives**/stool softeners/enemas (Fleet)/bowel prep/magnesium oxide >800 mg (in a 24 hour period) **administered** in the last 48 hours
 - Laxatives are listed in the alert
 - **Tube feed** initiation or rate change in the last 48 hours
 - **Stool documentation**, less than 3 unformed (Bristol 5-7) in past 24 hours
 - Fecal management system/rectal tube present, alert will not fire for lack of stool documentation
 - **Prior *C.diff* test results**
 - Positive C diff test in past 30 days (any positive test, GDH, Toxin, PCR)
 - If patient has symptoms, no need to retest, just treat. If no symptoms, do not test, do not treat. Do not test for cure.
 - Negative *C.diff* test within past 7 days
 - No need to test, unless clinical status has worsened
- Above criteria **NOT MET**
 - *C.diff* testing order will be placed with no further documentation required
 - Order will expire automatically after ~24 hours if sample is not collected
 - An additional BPA fires to notify prescriber to place patient on Contact-Enteric precautions
- **ANY** of the above criteria **MET** (can meet 1 or more criteria), BPA fires and notifies prescriber of criteria met
 - Option to discontinue *C.diff* order from the BPA
 - Option to continue with the order, but a reason must be documented
 - Diarrhea more severe than would be expected
 - Change in clinical status since recent negative result
 - Concern for concurrent ileus limiting diarrhea
 - Documentation of loose stools is under reported
 - Other (must document a reason)

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