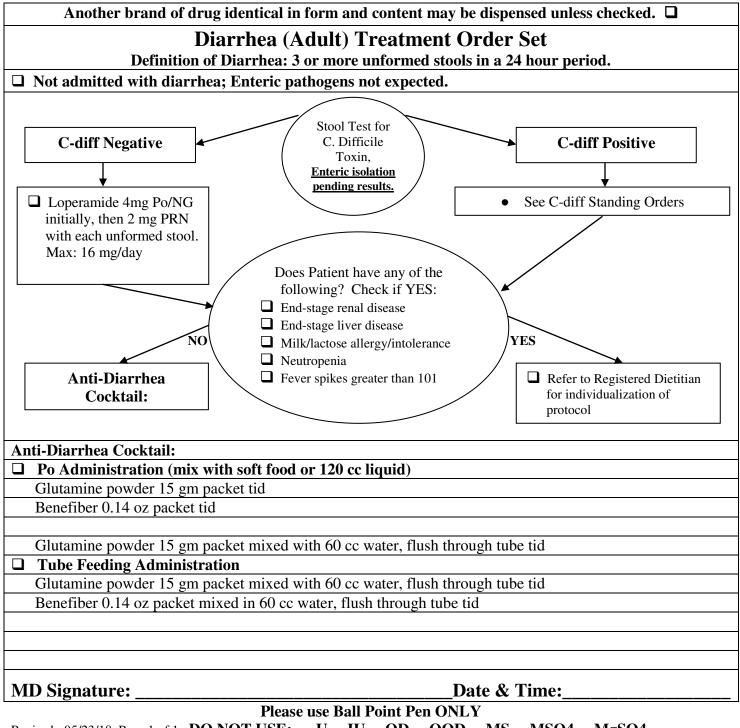
## **PHYSICIAN'S ORDERS**



NAME: ROOM NO: (ADDRESS) HOSP. NO. PHYSICIAN



Revised: 05/23/18 Page 1 of 1 DO NOT USE: U IU QD QOD MS MSO4 MgSO4



## **PHYSICIAN'S ORDERS**

NAME: ROOM NO: (ADDRESS) HOSP. NO. PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked.  C. Difficile Order Set	
• Leukocytosis with a white blood cell count of $\leq$ 15,000 cells/mL	and a serum creatnine level < 1.5 mg/dL.
□ Vancomycin 125 mg PO qid for 10 days.	
• For patient who is allergic to Vancomycin.	
□ Fidaxomicin (Dificid) 200 mg PO bid for 10 days.	
Initial Episode Severe Disease:	
• Leukocytosis with a white blood cell count of $\geq$ 15,000 cells/mL	and a serum creatnine level > 1.5 mg/dL.
□ Vancomycin 125 mg PO qid for 10 days.	
• For patient who is allergic to Vancomycin.	
□ Fidaxomicin (Dificid) 200 mg PO bid for 10 days.	
Initial Episode Fulminant Disease:	
• Hypotension or shock, ileus, megacolon.	
□ Vancomycin 500 mg PO qid.	
• If ileus, consider adding:	
□ Vancomycin 500 mg PR qid OR	
□ Metronidazole (Flagyl) 500 mg IV q8h.	
<ul> <li>Consult Surgery with patient who has fulminant disease</li> </ul>	
First Recurrence:	
Vancomycin 125 mg PO qid for 10 days if Metronidazole was used	d for the Initial Episode
OR	
Tapered/pulsed dose of Vancomycin:	
• <u>125 mg PO qid for 14 days</u>	
• 125 mg PO bid for 7 days	
• <u>125 mg PO daily for 7 days</u>	
• 125 mg PO every other day for 7 days	
• 125 mg PO every 3 days for 14 days	
OR	
□ Fidaxomicin (Dificid) 200 mg PO bid for 10 days if Vancomycin v	was used for the Initial Episode.
Second or Subsequent Recurrence:	
□ Tapered/pulsed dose of Vancomycin:	
<ul> <li><u>125 mg PO qid for 14 days</u></li> </ul>	
• <u>125 mg PO bid for 7 days</u>	
<ul> <li><u>125 mg PO daily for 7 days</u></li> </ul>	
<ul> <li><u>125 mg PO every other day for 7 days</u></li> </ul>	
• <u>125 mg PO every 3 days for 14 days</u>	
OR	
□ Vancomycin 125 mg PO qid for 10 days followed by rifAXIMin (	Xifaxan) 400 mg tid for 20 days
□ Fidaxomicin (Dificid) 200 mg PO bid for 10 days.	
Consult G.I. for possible fecal transplantation.	
Physician Signature:	Date & Time:



## **Clostridium Difficile Guidelines for Reference:**

- Only unformed stools should be tested for Clostridium difficile.
- Testing for cure should not be done.
- Inciting antibiotics should be discontinued, if possible.
- Use of anti-diarrheal agents should be avoided.
- Patients with severe disease should have CT scans.
- Limited evidence for use of probiotics to decrease recurrence (risk of causing bacteremia or fungemia associated with use).
- Contact precautions for patients with CDI-clostridium difficile infection. Wash hands with soap and water. Alcohol based hand sanitizers are not effective against C-diff.
- Anion binding resins (cholestyramine and colestipol) can bind Vancomycin and if used, must be dosed 3 hours after dose of Vancomycin. IV Vancomycin is not effective in treating CDI.

Resources:

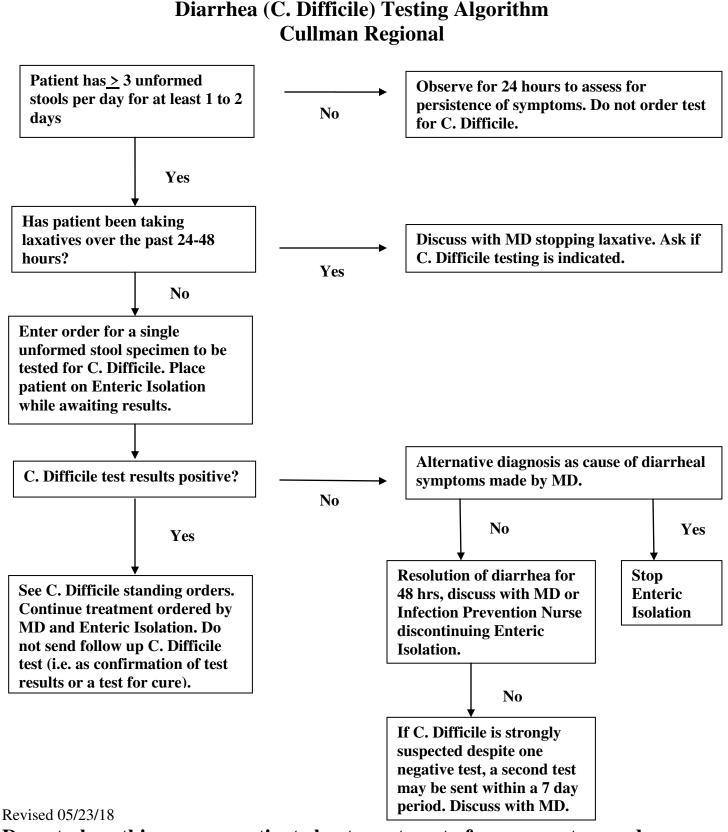
Clinical Practice Guidelines for Clostridium difficile Infection. CID 2018:XX (XXXXXX)

<u>www.uptodate.com</u> Clostridium difficile in adults: Treatment. Table: "Treatment of nonsevere Clostridium difficile associated diarrhea in adults". UpToDate 2017.

"Guidelines for Diagnosis, Treatment, and Prevention of Clostridium difficile Infections" <u>American College of</u> <u>Gastroenterology</u>, April 2013.

## Do not place this page on patient chart – not part of permanent record.

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