Algorithm 1: Treatment of first episode of CDI in adults

TREATMENT OF CDI SHOULD BE INITIATED BASED ON ASSESSMENT OF SYMPTOMS AND SEVERITY OF DISEASE WHILE TAKING INTO ACCOUNT INDIVIDUAL RISK FACTORS OF THE PATIENT (II).

**Severity markers:**
- Temperature >38.5°C.
- Suspicion of PMC, toxic megacolon, ileus.
- Evidence of severe colitis in CT scan/Xray.
- WBC >15 cells x 10⁹/L.
- Acute rising serum creatinine >1.5 x baseline.

**Patient has no severity markers:**
- Treat with oral metronidazole 400-500 mg three times a day for 10 days (IA).
- Rehydrate patient.

**Daily assessment of patient with mild to moderate disease:**
- Observe bowel movement, symptoms (e.g. WBC, fever and hypotension), nutrition and fluid balance and for signs of increasing severity (II).
- If condition does not improve after five days of treatment with metronidazole or worsens at any time, patient should be switched to treatment with vancomycin (125 mg four times a day for 10 days) (II).
- If oral route not available: metronidazole i.v. 500 mg three times a day 10 days (IB).
- If after 10 days treatment, diarrhoea still persists, seek specialist advice (II).

**Patient has one severity marker:**
- Treat with oral vancomycin 125 mg four times a day for 10 days (IA).
- Rehydrate patient.
- **Surgical consultation** should be obtained on all patients with life threatening disease, i.e. if any one of the following: admission to ICU for CDI; hypotension with or without required use of vasopressors; ileus or significant abdominal distension; mental status changes, WBC ≥35 cells x 10⁹/L or <2 cells x 10⁹/L; serum lactate >2.2 mmol/l; end organ failure (mechanical ventilation, renal failure, etc (IB).
- If oral route is not available or ileus is detected, treat with 500 mg metronidazole i.v. three times a day for 10 days plus vancomycin 500 mg four times a day (intracolonic or nasogastric) until ileus is resolved (II).

**Daily assessment of patient with severe disease:**
- Observe bowel movement, symptoms (e.g. WBC and hypotension), nutrition and fluid balance and for signs of increasing severity (II).
- Supportive care: intravenous fluid resuscitation, electrolyte replacement, and pharmacological venous thromboembolism prophylaxis. In the absence of ileus or significant abdominal distension, oral or enteral feeding should be continued (II).
- Gastroenterology and microbiology consultations. CT scanning/abdominal X-ray; consider PMC, toxic megacolon, ileus or perforation.

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i For treatment of mild to moderate CDI in children please refer to: [https://bnfc.nice.org.uk/drug/metronidazole.html#indicationsAndDoses](https://bnfc.nice.org.uk/drug/metronidazole.html#indicationsAndDoses).

For treatment of severe and life threatening CDI in children please refer to: [https://bnfc.nice.org.uk/drug/vancomycin.html#indicationsAndDoses](https://bnfc.nice.org.uk/drug/vancomycin.html#indicationsAndDoses).