Algorithm 2: Treatment of first recurrence 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.
- Colonic dilatation in CT scan/abdominal X-ray >6 cm.
- WBC >15 cells x 10⁹/L.
- Acute rising serum creatinine >1.5 x baseline.

**Patient has no severity markers:**
- Treat with oral vancomycin 125 mg four times a day for 10 days (IB), or oral fidaxomicin 200 mg twice daily for 10 days (on advice of local microbiologists or specialists in infectious diseases (II)).
- 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.
- If condition does not improve after five days, seek specialist advice (II).

**Patient has one severity marker:**
- Treat with oral vancomycin 125 mg four times a day for 10 days (IA). Consider treating severe first recurrence with oral fidaxomicin 200 mg two times per day for 10 days only on advice of local microbiologists or specialists in infectious diseases (II).
- 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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**ii** 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).