

Algorithm 3: Treatment of second and subsequent recurrence of CDI in adultsⁱⁱⁱ

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 a **tapered and/or pulsed regimen of vancomycin** such as **125 mg four times daily for one week, 125 mg three times daily for one week, 125 mg twice daily for one week, 125 mg once daily for one week, 125 mg on alternate days for one week, 125 mg every third day for one week** (IB).
- **Oral fidaxomicin 200 mg twice daily for 10 days** may be preferred (on advice of local microbiologists or specialists in infectious diseases (II)).
- If second recurrence, begin consultation with patient/relative on suitability for faecal transplantation (II).
- Multiple recurrent CDI (third and subsequent episodes) may then be treated with faecal transplantation (nasogastric infusion of faeces), including vancomycin 500 mg four times a day for four days (IA).
- If treatment with faecal transplant is not possible treat with vancomycin or fidaxomicin as above.
- 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, 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). If patient no longer shows any more severity markers treat as in left-hand box of this algorithm).
- 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.

iii For treatment of mild to moderate CDI in children please refer to: <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>.