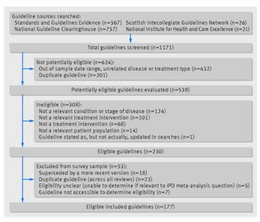
76901672608 84857502534 132243306112 15167171424 10999947184 4074165.1111111 2981387.7619048 5839484 128125695108 113068762800 666559312 11439481886 25069499346 16936455.531915 120152326590 196493148.33333 6467403600 13570147136 1399501.3647059 13053725.987179 19482115819 21067614.707865 23371572.775281 9369598.75 3085183.75

Idsa c difficile guidelines 2018



Take Home Points

- The **biggest risk factor** for CDI is antibiotics and the most common offenders include clindamycin, fluoroquinolones, cephalosporins (3rd/4th gen), and penicillins.

- **Nosocomial CDI** occurs within 1 year of hospitalization.
→ A medication that is a **risk factor for both nosocomial and community** acquired CDI is PPI.

- **50%** of Pts have positive stool PCR for as long as 6 weeks **after abx completion**.

- **2 main lab tests** that differentiate non-severe from severe infection are WBC >15 and Cr >1.5x baseline.

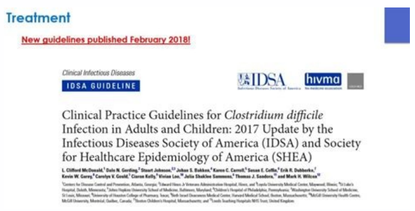
- New **2018 first line Tx** for an initial, non-severe infection is Vancomycin PO or Fidaxomycin PO x10 days.
→ Metronidazole PO can still be used if these are not available.

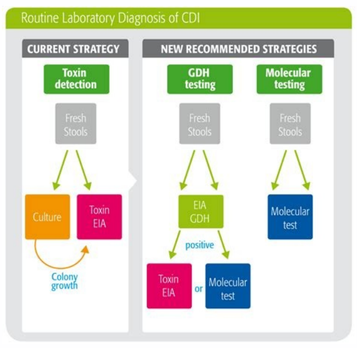
- **For fulminant colitis**, Vancomycin PO AND Metronidazole IV are given x14 days.
→ One can also consider Vancomycin enemas vs surgery in appropriate clinical situations.

- **Recurrent infection** is thought to result from persistent spores from the initial infection.
→ 1st **recurrence** can be treated with fidaxomicin or a prolonged PO vancomycin pulse taper.

Treatment

New guidelines published February 2018!





2017 idsa c diff guidelines. C difficile idsa guidelines.

Also noteworthy, in the above mentioned study of oral vancomycin and metronidazole IV combination, 60% of combined group patients received oral vancomycin at 125 mg QID instead of 500 mg. Nevertheless, the combined group was associated with an absolute risk reduction of 20% in mortality! As the authors communicate, oral vancomycin 125 mg every 6 hours reaches fecal concentration in excess of what needed to inhibit C. differentiating. Diphacile tests. Institutional Criticians for the Submissive of Important Absent Fools, if an institution does not implement strategies to improve the characteristics of the patients who are being tested for CDI-for example the laboratory We are not in the sagging data and accept all the feces not formed to test the guidelines for the guidelines to recommend that a sensitive and specific test be implemented [to a "multi-step" approach]. What is said tests? This is complicated, as there are commercially disposed of these tests, the guidelines characterize the following as sensitive, but less specific in an institution with relatively indiscriminate tests: -GDH [Glutamato Deshyrogenase], which is one Highly conserved enzyme present at high in all isolates of C. difficile - both in the toxigence and toxigence. Best, Je Dr. Kenny is the co -founder and director of the Medical Flyosonics; He is also the creator and author of a free hemodinhine curriculum in Heart-Lung.org C. Thus, therapy for all CDI sensalities must now begin with oral vancomycin or fidaxomycin. The dosage for oral vancomycin is 125 mg 4 times a day for 10 days for light or severe disease. If there has been a good clinical journey without complete resolution for 10 days, the extension of two weeks of therapy is an option. The oral vancomycin dose should increase to 500 mg only if there is a fulminant CDI [previously called severe, hypotensive or shock, ãleo or megacolon]; In this situation, it is also recommended that metronidazole IV is added [see flowchart]. The previous guidelines were also based on the risk assessment to guide the treatment of infection by C. Diffficile [CDI] is acquired through fecal-oral pathway, although the phase through exceptionally resistant spores that populate almost all hospital superfanies. With aggressive fluoroquinolone restrictions, infection recognition and isolation strategies, the prevalence of riban 027 has decreased in Europe since 2007, although it remains a formidal enemy in North American places. JON-EMILE S. First and second recipients of CDI is inhared the scope of this brief post; It is important to emphasize that for ICU professionals, vancomycin or fidaxomycin dosage remains the same for acute recall; These patients may require a longer and more vancomycin course. For the foregoing, the less sensitive but more specific tests should be added, the tests A and B; These tests use monoclonal or polyclonal antibodies to detect C. difficile toxins - there are also numerous displayable commercial tests. Finally, there are no robust evidence for fecal microbiota transplantation [FMT] in acute and intensive care and FMT caregiving should be considered in the patient's third patient episode. Interestingly, in the ICU, the criteria of frequently cited gravity used used to guide treatment in the previous iteration of the IDSA borrowed from a study with a subpopulation of only 2 patients critically from the Ill. Diagram] In the current directives, it was based on a 2015 ICD article with the following Critions of Includes: Ã ¢ â € ¦ 3 of the following 7 following had to be present within 24 hours ap. CDI Treatment UNOCIUM: Albumin 90 bpm, Mother Arterial Pressure (map)