Clinical Practice Guidelines: *Clostridioides difficile* infection (CDI) (1/2)

**Assess Severity of CDI** (peritonitis or multi-system organ failure) 1C

**Diagnosis** should include lab + stool testing. Two-step tests increase accuracy. 1A

**Endoscopy** to assess extent/severity is not recommended 1C

**Radiology** evaluation has limited utility. 2C

**Infection Control Measures** should be implemented 1B

Evidence-based Antibiotic Stewardship can decrease CDI rates. 1B

Poylin V et al. *Dis Colon Rectum* 2021;64
Clinical Practice Guidelines: *Clostridioides difficile* infection (CDI) (2/2)

**Oral vancomycin or fidaxomicin** is first-line treatment. *Metronidazole is no longer appropriate.* 1A

**Probiotics** may be useful in preventing (but not treating) CDI. 2A

**Surgery** reserved for colonic perforation or severe colitis not responsive to medical Tx 1C

**Subtotal colectomy + ileostomy** is the procedure of choice 1C, though loop ileostomy and antegrade lavage may be an alternative. 2C

**Refractory cases** treated by: prolonged vancomycin ± bezlotoxumab or fidaxomicin or consider fecal transplant if other means fail 1B

Poylin V et al. *Dis Colon Rectum* 2021;64

Copyright © Wolters Kluwer Health, Inc. All rights reserved.