

Think C. diff

There is currently a national increase in C. diff rates and Cornwall has some of the highest figures in community onset cases.

Signs and symptoms:

diarrhoea which may contain blood or mucus, abdominal pain, fever, nausea, and vomiting.

Risk factors:

aged over 65, co-morbidities, frailty, healthcare contact and previous colonisation or infection of C. diff.

S Suspect that a case of diarrhoea may be infective where there is no clear alternative for cause of diarrhoea, such as recent laxative administration.

I Isolate. Implement contact precautions and decontaminate environment and equipment with a sporicidal cleaning agent. Please contact the infection prevention and control team (IPC) ciosicb.ipc@nhs.net for further IPC advice.

G Gloves and aprons must be used for all contacts with the patient and their environment.

H Hand washing with soap and water should be carried out after each contact with the patient and the patient's environment. Alcohol based hand rub will not kill C. diff.

T Test the stool for C. diff, by sending a specimen immediately and follow microbiology guidance. NB: C. diff toxin tests may remain positive for 28 days after the start of treatment. Please contact microbiology for advice for any ongoing symptoms.

Treatment

Assess severity and treat in line with [NICE guidance](#), and [local prescribing C. diff guidance](#), according to first infection, relapse, or recurrent disease.

Review medicines in line with NICE guidance; antibiotics, PPI's, medicines with gastrointestinal activity such as laxatives. Anti-motility agents (such as loperamide) should not be prescribed in an acute infection.

Recurrent disease: 1 in 5 C. diff infections are recurrent and require further treatment. Recurrent C. diff often happens more than once, and sometimes long-term treatments are required or faecal transplantation.

NHS Cornwall and Isles of Scilly

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