

**Clostridium difficile associated diarrhoea**  
**Guidance on treatment for adults in Community Hospitals and Primary Care.**

Before commencing treatment consider the following points:

- Review the use of laxatives - are these the cause of the diarrhoea and is their use necessary.
- Review antibiotic usage - if the patient is taking antibiotics, stop if possible. (Do not use cephalosporins or fluoroquinolones as evidence suggests that these antibiotics particularly are linked with the development of diarrhoea associated with *Clostridium difficile*).
- Review use of proton pump inhibitors - consider alternatives to PPI if acid suppression is required because evidence suggests that these may be linked with the development of diarrhoea associated with *Clostridium difficile*.
- Cautiously review the use for any ongoing prescription for opioids or steroids.
- Consider other underlying disease - is there anything else that may be causing the diarrhoea or contributing to the development of *Clostridium difficile* associated diarrhoea.

---

**TREATMENT**

- Metronidazole 400mg 8-hourly for 10 days
- If the patient fails to respond by day 5 of treatment or diarrhoea is severe consider the alternative regimen of vancomycin 125mg 6-hourly for 10 days.
- Complete a full course of treatment.
- Do not use anti-motility agents including codeine phosphate, co-phenotrope (Lomotil<sup>®</sup>) or loperamide (Imodium<sup>®</sup>) in patients with active colitis.

---

If after 10 days, the patient remains symptomatic, the doctor in charge of the patients care should consult either a Consultant in Communicable Disease Control (HPA 0116 2631400) or Consultant Microbiologist (Kettering 01536 492697, Northampton 01604 545138 or 545043) to review the patient's condition and decide on what further action may be necessary.

---

**REMEMBER INFECTION CONTROL**

Infection Control action to prevent the spread of spores and therefore to prevent further cases is important. Make sure that you have implemented appropriate infection control procedures. If in doubt contact your Infection Control Nurse.

Effective action includes ensuring that staff wash hands with soap and water - do not rely on alcohol hand gel as alcohol does not kill *Clostridium difficile* spores.

*The guidance has been produced by the Northamptonshire C. difficile Working Party and agreed with the Health Protection Agency. It will be reviewed annually.*