

PRACTICAL PEARLS: *C. difficile* infection (CDI)

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| INTRODUCTION | <ul style="list-style-type: none">• Caused by the stool bacteria <i>Clostridium difficile</i>• Increasing incidence in pediatrics over the past 15-20 years• Presenting symptoms: watery diarrhea (with or without blood), crampy abdominal pain, and fevers that may range from low-grade to high-grade |
| INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE | <ul style="list-style-type: none">• Risk factors for pediatric CDI: antibiotic use within the past 30 days, current/recent inpatient hospitalization > 7 days, recent bowel surgery/GI tract manipulation (including prolonged NG tube insertion, tube feedings, and gastrostomy tube presence), immune suppression, exposure to those infected and/or colonized with <i>C. difficile</i>• Consider obtaining stool testing from children older than 12 months with suspicious clinical symptoms and ≥ 1 risk factors for CDI• Testing is not recommended for children < 12 months, due to high rates of asymptomatic <i>C. difficile</i> carriage in this age group• Oral metronidazole – initial treatment for mild-to-moderate disease, while oral vancomycin – initial therapy for severe disease, or for those who do not respond to metronidazole <p>AAP Policy statement on pediatric CDI: http://pediatrics.aappublications.org/content/131/1/196</p> <p>IDSA Guidelines: http://www.idsociety.org/Guidelines/Patient_Care/IDSA_Practice_Guidelines/Infections_by_Organism/Bacteria/Clostridium_difficile/</p> |
| WHEN TO REFER | <ul style="list-style-type: none">• Questions about appropriate indications for testing, alternative diagnoses, optimal antibiotic selection and duration of treatment• Previously treated patients with refractory or recurrent CDI |
| HOW TO REFER | <ul style="list-style-type: none">• 794-KIDS – Request Pediatric Infectious Diseases appointments• For more urgent access, please call the Pedi ID doctor on call |
| WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT | <ul style="list-style-type: none">• Current patient information and pertinent medical records from the primary care office will be requested prior to the visit for review• Due to the nature of some patients' symptoms, other referrals such as gastroenterology, or possible inpatient admission for additional evaluation and treatment may be recommended |

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