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

**INTRODUCTION**
- Caused by the stool bacteria *Clostridium difficile*
- 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**
- 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 *C. difficile*
- 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 *C. difficile* 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

*AAP Policy statement on pediatric CDI:*
http://pediatrics.aappublications.org/content/131/1/196

*IDSA Guidelines:*
http://www.idsociety.org/Guidelines/Patient_Care/IDSA_Practice_Guidelines/Infections_by_Organism/Bacteria/Clostridium_difficile/

**WHEN TO REFER**
- 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**
- 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**
- 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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