



Management of Patient/Resident with *Clostridium difficile* (*C. diff*)














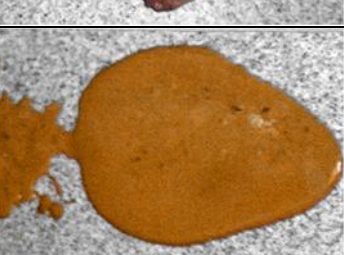
Initiation Date	Problem	Goal	Intervention	Signature	Discontinuation Date
	<p>Patient/resident has confirmed <i>C. diff</i> OR pseudomembranous colitis OR toxic megacolon. Potential for spread of <i>C. diff</i></p>	<p>Prevent spread of <i>C.diff</i> spores and risk of transmission <i>Due to the persistence and viability of this organism in the environment, special attention needs to be taken with relation to hand hygiene, personal protective equipment and cleaning.</i></p>	<ul style="list-style-type: none"> • Staff will adhere to Hand Hygiene policy • If patient/resident has diarrhea (not yet diagnosed) AND either positive result for <i>C.diff</i> toxin (with associated ongoing diarrhea, according to case definition) OR a diagnosis of pseudomembranous colitis OR toxic megacolon, apply <ul style="list-style-type: none"> ○ Contact Precautions (hand hygiene, gown and gloves) for all personal care/contact and/or contact with patient/resident environment <p>Precautions: Start _____ Discontinue _____</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Private room (preferred where possible), OR <input type="checkbox"/> Precautions in a multi-bed room • The patient/resident must remain in their room unless attending another department for tests or procedures, however, if the test or procedure can be provided in the room this should be the first consideration. The patient/resident must not visit public areas within the facility (unit kitchen, cafeteria, shops/kiosks in main entrance etc.) • Ensure Contact Precautions sign is displayed at entrance to room /bedside • Dedicate patient/resident toilet facilities and attach patient/resident identification (e.g. MRN & Bed#) • Dedicate equipment to the patient/resident and attach patient/resident identifier. Equipment not dedicated must be thoroughly decontaminated before being removed from the patient/resident's bed-space to be used by another patient/resident • Ensure clean bed linens are used daily • Linen, garbage and dishes are treated as routine • Ensure patient/resident information leaflet: <i>Clostridium difficile</i> is given to patient/resident/visitors <p>Housekeeping</p> <ul style="list-style-type: none"> • Cleaning according to VIHA Guidelines, Facility specific • On discharge or transfer from the room, or discontinuation of precautions, notify housekeeping that a clean must be completed according to current VIHA Guidelines • Housekeeping shall remove Precaution Sign on completion of designated Facility clean 		
	<p>Patient/resident has diarrhea</p>	<p>To establish/rule out diagnosis of <i>C. diff</i> (including pseudomembranous colitis or toxic megacolon)</p>	<ul style="list-style-type: none"> • Send a stool specimen if the patient/resident has: <ul style="list-style-type: none"> ○ Acute onset of diarrhea (3 or more liquid stools within a 24 hour period) without another etiology <ul style="list-style-type: none"> ▪ Liquid stool is defined as that which takes the shape of the container that holds it • Diagnosis of <i>C. diff</i> can be made if the patient/resident has: 		

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			<ul style="list-style-type: none"> ○ Acute onset of diarrhea (3 or more liquid stools within a 24 hour period) without another etiology ● And one or more of the following: <ul style="list-style-type: none"> ○ Laboratory confirmation (i.e. toxin positive) in a specimen taken on or after 2nd day of diarrhea OR ○ Diagnosis of typical pseudo-membranes on sigmoidoscopy or colonoscopy or histological/pathological diagnosis of <i>C. diff</i> infection OR ○ Diagnosis of toxic megacolon 		
		To prevent the spread of <i>C. diff</i> and reduce the risk of transmission associated with off Unit procedures or tests	<ul style="list-style-type: none"> ● A diagnosis of <i>C diff</i> must not delay or inhibit any procedure or test required for the care of the patient/resident ● Identify additional precautions required on the test/procedure requisition form and notify the receiving department in advance of the type of additional precautions and cleaning required ● Notify transport staff of additional precautions required 		
		Encourage patient/residents with hand hygiene	<ul style="list-style-type: none"> ● Hand washing is extremely important for staff, visitors and patient/residents, especially before meals and after using the toilet. Regular soap and water is recommended ● Teach patient/resident correct procedure to wash hands and when to perform hand hygiene ● Ensure patient/resident information leaflet: Hand Hygiene is given to the patient/resident/visitors 		
		To prevent spread of <i>C. diff</i> and reduce the risk of transmission associated with visitors	<ul style="list-style-type: none"> ● Provided visitors of patient/resident are healthy, there is no restriction on visiting. However, the following must be strictly adhered to: <ul style="list-style-type: none"> ○ Visitors must be directed to wash their hands with soap and water on entering and leaving the patient/resident room ○ Visitors must use gown and gloves in addition to hand washing if they are providing close personal care. Guidance must be given by the Most Responsible Nurse ○ Visitors must not visit public areas within the facility (unit kitchen, cafeteria, shops/kiosks in main entrance etc.) and SHALL NOT use the patient/resident bathroom 		
	<i>C. diff</i> infection	Treatment of infection	<ul style="list-style-type: none"> ● Physician to coordinate treatment regimen and may wish to discuss with Infection Prevention and Control ID Physician/Microbiologist or Pharmacy ● Avoid anti-diarrheal agents ● Observe and document progression or recurrence of symptoms in patient/resident chart and utilizing approved Bristol stool chart for standardization 		

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	Management of persistent diarrhea	Identify infection status	<ul style="list-style-type: none"> If previously negative and diarrhea persists and is highly suspicious of <i>C. diff</i> based on frequency, consistency and odour, maintain precautions and send supplemental stool sample which is done at least 48 hours after first specimen. No subsequent testing is done if results are negative. Maintain contact precautions for ongoing diarrhea not yet diagnosed If initial test is toxin positive, no further test is required Do NOT retest when stools are formed and normalized. Test may remain <i>C. diff</i> positive for long periods after symptoms resolve 		
	Discontinuation of precautions	To discontinue precautions at the appropriate time	<ul style="list-style-type: none"> Please refer to Table 11: Procedure for Discontinuing Additional Precautions in the Infection Prevention and Control Manual and, following a point of care risk assessment performed by the most responsible nurse, additional precautions may be removed 48 hours after formed/normalized stool whether or not CDI treatment is on-going or was initiated <ul style="list-style-type: none"> Date of first formed/normalized stools: _____ Most Responsible Nurse notifies Housekeeping a clean is required according to current VIHA Guidelines If precautions are discontinued prior to patient/resident discharge, ensure: <ul style="list-style-type: none"> Patient/resident is helped into a clean gown/clothes Hand hygiene is performed and the patient/resident brought out of room The bedspace/room is cleaned according to current VIHA Guidelines If possible, the patient/resident is showered/bathed and bathroom subsequently cleaned according to current VIHA Guidelines Patient/resident is helped into a clean gown/clothes Once bedspace/room has been cleaned by housekeeping in a timely manner, precautions can be formally discontinued, sign will be removed from entrance to room and at bedside by housekeeping and the patient/resident may return 		
	Discharge Planning	Ensure discharge of the patient/resident is done in a manner to ensure the risk of transmission is reduced, and the receiving facility is fully aware of the patient/residents diagnosis	<ul style="list-style-type: none"> May discharge home or transfer to another facility <ul style="list-style-type: none"> <input type="checkbox"/> Inform Infection Control Practitioner of any transfers/discharges <input type="checkbox"/> Inform receiving caregivers or receiving agency of additional precautions if required and course of treatment <input type="checkbox"/> Inform any transport services of additional precautions if required 		

See also the [Infection Prevention and Control Manual](#)

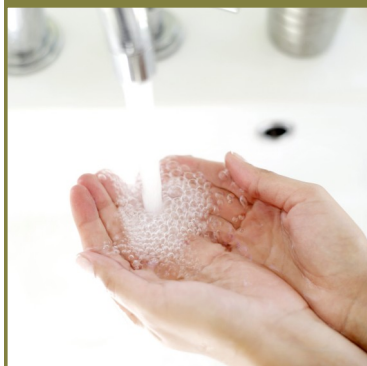
Bristol Stool Chart

<p>Type 1</p> 		<p><i>Separate hard dry lumps, like nuts, hard to pass</i></p>
<p>Type 2</p> 		<p><i>Sausage-shaped but lumpy</i></p>
<p>Type 3</p> 		<p><i>Like a sausage but with cracks on its surface</i></p>
<p>Type 4</p> 		<p><i>Like a sausage or snake, smooth and soft</i></p>
<p>Type 5</p> 		<p><i>Soft blobs with clear cut edges, passed easily</i></p>
<p>Type 6</p> 		<p><i>Fluffy pieces with ragged edges, a mushy stool</i></p>
<p>Type 7</p> 		<p><i>Entirely liquid and forms to the shape of the container holding it, no solid pieces</i></p>



Demystifying *C. difficile*

*Always wash
your hands
well with soap
and water,
particularly
after going to
the toilet and
before eating
food.*



What is *Clostridium difficile*?

Clostridium difficile (*C. difficile* or *C. diff*) is a type of bacteria found in the stomach and in the environment. *C. difficile* is normally kept under control by 'good' bacteria in the gut. However, anything that disrupts or destroys these 'good' bacteria can allow the *C. difficile* to multiply and cause illness. Recent treatment with antibiotics is the most common cause of *C. difficile* illness.

What are the symptoms of *C. difficile*?

Many people carry *C. difficile* without having any symptoms. Those with *C. difficile* illness may experience abdominal pain and tenderness, fever, loss of appetite and nausea. Diarrhea is a very common symptom and can vary in severity. Severe inflammation of the bowel is possible, but this is rare. For most people symptoms will begin to settle within a few days, for others it may be longer.

Who is most at risk of developing *C. difficile* illness?

People most at risk of *C. difficile* illness are:

- The elderly (over 65 age group)
- Those who are, or have recently been taking antibiotics
- Those with reduced immunity
- Those who have gastro-intestinal surgery

How is *C. difficile* spread?

C. difficile produces spores that can be spread in the environment in large numbers when a person has diarrhea. A spore is a germ with a coat that enables it to survive for a long time in the environment. Spores may be transported on the hands of people who have direct contact with infected people or with contaminated surfaces (e.g. bed frames, door handles).

How do I know if I have *C. difficile*?

C. difficile infection usually causes watery diarrhea. A sample of diarrhea will be sent to the laboratory for testing, and you will be informed of the result.

Clostridium difficile Patient Information

Can *C.difficile* be treated?

Yes. Fortunately, most people only develop mild illness and stopping antibiotics (if possible) usually results in rapid improvement. Sometimes it is necessary to give specific antibiotic therapy to treat the *C.difficile* infection itself. Drinking plenty of clear fluids (e.g. water) to avoid dehydration is also important. Medication to stop the diarrhea will not be prescribed, as it may cause further irritation to the bowel.

What happens in the hospital?

If *C.difficile* infection is confirmed and you have diarrhea, then you may be moved to another bed space. You will also be assigned a toilet/bathroom or commode specifically for your use. Staff will wear gloves and gown when they are engaged in caring for you or are in your room. Staff will wash and dry their hands before and after providing care and putting on/taking off gloves. This will help stop spread of *C.difficile* to patients in other areas.

How can I stop the spread of *C.difficile*?

It is important that you wash your hands thoroughly with soap and water, particularly after going to the toilet and before eating food. If you cannot reach a sink, ask a member of staff to bring you a bowl of soapy water and a cloth.

Will any of my treatments be delayed?

No. Most tests and treatments will continue, and staff will take the correct precautions. Sometimes, a non-urgent test may be delayed if you are experiencing severe diarrhea.

Can *C.difficile* come back ?

Yes. Some patients treated for *C.difficile* infection may have a repeat of their symptoms. You should contact your GP if you develop diarrhea after discharge from hospital.

How is VIHA preventing the spread of *C.difficile*?

VIHA takes *C.difficile* infections very seriously. We promote sensible use of antibiotics, rigorous cleaning procedures, and precautions for affected patients and thorough hand washing by all staff, patients and visitors to reduce the spread of *C.difficile* infection.

Can I go home with *C.difficile*?

Yes, as long as your symptoms are settling and your medical team is satisfied that you are well enough to go home. They will let you know if you need to continue treatment at home.

Can I have visitors if I have a *C.difficile* Infection?

Yes. *C.difficile* is not a risk to healthy people. If visitors are unwell or taking antibiotics, they should not visit until they are completely well.

It is essential that all visitors wash their hands with soap and water before entering and leaving your room or bed space. Visitors are not required to wear gloves and gowns unless they are helping with personal care.

Can my washing be sent home?

Yes. Laundry can be taken home and washed as usual. Where possible, wash laundry on a separate cycle at the highest temperature the fabric will tolerate. Hands should be washed with soap and water after handling soiled clothing.

If you have any questions that are not answered here, please ask a nurse on your ward, or ask to speak with a member of the Infection Prevention and Control team.

For more info, visit:
www.viha.ca