

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

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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