



# Medicines Optimisation Key Messages – Bulletin 34

### Antimicrobial prescribing guidance to reduce the risk of *C.difficile*

# KEY MESSAGE: Prescribing antimicrobials wisely can help reduce the incidence of *Clostridium difficile* infection (*Cd*I)

*C.difficile* is a bacterium present in the gut flora in some people. Antimicrobials disturb gut flora balance allowing *C. difficile* to multiply causing symptoms which vary from mild diarrhoea to fatal bowel inflammation. The *C. difficile* spores are shed in the faeces and can survive for long periods in the environment and if ingested they can infect others.

#### Reducing the risk of Cdl.

#### Prudent Antimicrobial prescribing – using local formulary guidance<sup>1</sup>

- Only prescribe when indicated by clinical condition or from results of microbiological investigation.
- Do not prescribe for sore throat, coughs and colds in low risk patients
- Consider delayed prescriptions in case symptoms worsen or become prolonged.
- Choose a narrow spectrum agent where possible and prescribe a short course generally 3-7 days.
- Reserve broad spectrum antimicrobials for serious infections when pathogen is unknown.
- **Co-prescribing** with Proton Pump Inhibitor (PPI) may cause an increased chance of developing  $Cdl^2$ .

#### **Isolate infected patients**

• Reduces the spread of infection in areas where people are in close contact e.g., care homes.

#### **Good Hygiene**

- Everyone MUST wash their hands with soap and water before and after each contact with a *Cd* patient including at home. Alcohol gel is **NOT** effective against *C. difficile* spores<sup>3</sup>
- Carers MUST wear gloves and aprons when dealing with Cdl patients.
- Ensure toilets and commodes are cleaned well after use.
- Follow guidelines<sup>4</sup> where possible.

#### Patients are most at risk of *C. difficile* Infection if they are:

- Increased age (more than 65 years old)<sup>10</sup>
- Suffering from severe underlying diseases or Immunocompromised
- · Taking, or have recently taken antimicrobials, in particular repeat courses
- · In a close contact environment e.g. care homes and hospitals
- Taking a PPI
- Post gastrointestinal surgery or being fed via a nasogastric tube<sup>5</sup>
- Have had *Cd* in the past

Version: 2.2

#### Antimicrobials to avoid where possible as they are strongly associated with Cdl

- Cephalosporins second (cefaclor non-formulary), third generation (cefixime nonformulary) and fourth generation (cefepime - non-formulary): first generation (cefalexin) oral cephalosporins are lower risk but currently these should also be avoided unless treatment outweighs risk.
- **Clindamycin** (specialist advice only)
- Quinolones (associated with virulent 027 strain) e.g., ciprofloxacin, ofloxacin.
- Broad spectrum penicillins (e.g., co-amoxiclav)
- Longer duration of treatment, multiple courses, multiple antibiotics prescribed concurrently.

When can broad-spectrum antibiotics be recommended?<sup>7</sup>

As per the local antimicrobial formulary for all indications.

Where therapy has failed or in special circumstances, *i.e.* where patient has a history of C.difficile, seek advice from local microbiologist.

Counsel patients at risk to be alert for signs of *Cdl* and to seek medical help if diarrhoea develops.

Do not suggest / prescribe anti-motility drugs (e.g., loperamide) for diarrhoea where the patient has a recent history of antibiotic use - this will lengthen the patients' exposure to the bacterial toxic effect in the gut.

#### What should I do if I suspect C.difficile?

Clinicians should apply the following mnemonic protocol (SIGHT)<sup>8</sup> when managing suspected potentially infectious diarrhoea:

- S Suspect that a case may be infective where there is no clear alternative cause for diarrhoea
- I Isolate the patient and consult with the infection control team (ICT) while determining the cause of the diarrhoea.
- **G** Gloves and aprons must be used for all contacts with the patient and their environment
- **H** Hand washing with soap and water should be carried out before and after each contact with the patient and the patient's environment
- T Test the stool for toxin, by sending a specimen immediately\*

\*For adults with suspected Cd/l infection - send a stool sample to test for C.difficile. The container should be ideally 1/4 filled9

#### C.difficile treatment

Refer to local antimicrobial formulary

#### **References:**

- Local Antibiotic Formulary https://www.norfolkandwaveneyformulary.nhs.uk/chaptersSub.asp?FormularySectionID=5 [accessed 28/11/23] 1.
- Updated Guidance on the management and treatment of *Clostridium difficile* infection. PHE 2013. [accessed 29/4/21] NHS Choices, Preventing CDI Infections [accessed 29/4/21] 2.
- 3.
- Norfolk and Norwich University Hospitals NHS Foundation Trust » Clostridium difficile (nnuh.nhs.uk) 4.
- 5. UKMi Medicines Q&A CDI infection - are acid suppressant medicines a risk factor? Feb 2012 [accessed 29/4/21]
- 6. NICE evidence summary [ESMPB1] CDI: risk with broad-spectrum antibiotics-points-from-the-evidence March 2015 [accessed 29/4/21]
- 7. NICE CKS – Antibiotic associated diarrhoea [accessed 29/4/21]
- 8. DH & HPA CDI infection: How to deal with the problem [accessed 29/4/21]
- NICE CKS Antibiotic associated diarrhoea What tests should I perform if a Clostridium difficile infection is suspected? [accessed 29/4/21] 9
- Risk factors | Background information | Diarrhoea antibiotic associated | CKS | NICE [accessed 17/6/21] 10.

Title	KEY MESSAGES Bulletin 34 Antimicrobial prescribing guidance to reduce the risk of <i>C.difficile</i>
Description of policy	To inform healthcare professionals
Prepared by	Medicines Optimisation Team
Other relevant approved documents	Key Message Bulletin 30 – Proton Pump Inhibitors (PPIs): long term use
Evidence base / Legislation	Level of Evidence: A. based on national research-based evidence and is considered best evidence <b>B. mix of national and local consensus</b> C. based on local good practice and consensus in the absence of national research based information.
Dissemination	Is there any reason why any part of this document should not be available on the public web site?Yes / No
Approved by	V2.1 Norfolk & Waveney Medicines Optimisation Team
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Review date and by whom	December 2025- Norfolk & Waveney Medicines Optimisation Team
Date of issue	December 2023

## Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	July 2014	Prescribing & Medicines Management Team Marion Sully (MS)	Draft	To consider some wording and take to PRG.
0.2	07/08/2014	MS	Draft	To add treatment guidance for C Diff infection – include note not to stop PPI
1.0	October 2014	MS	Final	
1.1	February 2015	MS	Update	Remove campylobacter indication as not relevant added co- amoxiclav as potential to cause C di. Link to NICE URTI removed – now on static list. All links checked and updated. Updated to be in line with antimicrobial audit.
1.2	October 2016	MS	Update	List Co-amoxiclav alone as a drug which has a high chance of cause for D Diff. Add Nitrofurantoin, Pivmecillinam to the list of acceptable drugs. Update the current treatments

2.0     January 2018     MS     Update     Epiddymilis movel to second line to make more visible for these uses. Provisible for these uses.       2.1     July 2021     RP     Final     Update     Epiddymilis movel to second line for quinolone. Added PHE as reference.       2.1     July 2021     RP     Final     Update     Single formulary Norrolix & Waveney. Replaced broken link to single formulary Norrolix & Waveney.       2.1     July 2021     RP     Final     Patients are most at risk of C. difficie linection if they are added line for addach. broad       2.1     July 2021     RP     Final     Replaced broken link to single formulary Norrolix & Waveney.       Resplaced broken link in the intervent     Replaced broken link to single formulary Norrolix & Waveney.     Replaced separate links to single formulary Norrolix & Waveney.       Resplaced broken link in the intervent     References. Authiorobalis     References. Authiorobalis       references.     Authiorobalis     References. Authiorobalis       awoid where possible- wording changed in line adda. broad     References. Authiorobalis to choose where appropriate removed as agreed y JA.       When can broad-spectrum antibiotic     Inix to local antibiotic     Inix to local antibiotic       formulary added, wording amended. Where possible removed, as avised by JA.     Where possible removed as avised by JA.       Where can broad-spectrum antibiotic     Inith to local antibiotic       formul					
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2.2       December 2023       NC       Update       Logos updated. Summary Box with information to remember removed as advised by JA.         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.1       0.1       0.1       0.1         1       0.					
2.2       December 2023       NC       Update       Logos updated. Hyperlink to local antimicrobial formulary updated, reference also updated.         Image: Note of the subservation of the sub					
2.2       December 2023       NC       Update       Logos updated. Hyperlink to local antimicrobial formulary updated, reference also updated.         Image: Note of the image: state of the ima					-
2.2     December 2023     NC     Update     Logos updated. Hyperlink to local antimicrobial formulary updated, reference also updated.       Image: Note of the image: state of the image: stat					
2.2 December 2023 NC Update Logos updated. Hyperlink to local antimicrobial formulary updated, reference also updated. Introduced the abbreviation					
to local antimicrobial formulary updated, reference also updated. Introduced the abbreviation					removed as advised by JA.
formulary updated, reference also updated. Introduced the abbreviation	2.2	December 2023	NC	Update	
reference also updated. Introduced the abbreviation					to local antimicrobial
Introduced the abbreviation					formulary updated,
Introduced the abbreviation					
PPI on page 1 by providing					
					PPI on page 1 by providing

		the full former Directory Diverse
		its full form - Proton Pump
		Inhibitor (PPI). Restarted
		the version control table as
		unable to make additions
		to it. KMB 30 named as
		other approved relevant
		documents in table on
		page 3. Taking, or have
		recently taken
		antimicrobials, taking a PPI
		and having had Cd in the
		past all added as risk
		factors for Cd infection on
		page 1. Notes added after
		Cefaclor, Cefixime and
		Cefepime to sate non-
		formulary as per
		netformulary chapter 5
		infection. Note added after
		Clindamycin to state
		prescribing on specialist
		advice only. Advice for
		patients at risk of Cdl
		changed to 'Counsel
		patients at risk to be alert
		for signs of <i>Cd</i> and seek
		medical help if diarrhoea
		develops'. Previously said
		Counsel patients at risk to
		be alert for signs of Cdl
		and to STOP their
		antimicrobial and seek
		medical help if diarrhoea
		develops'.

Version: 2.2