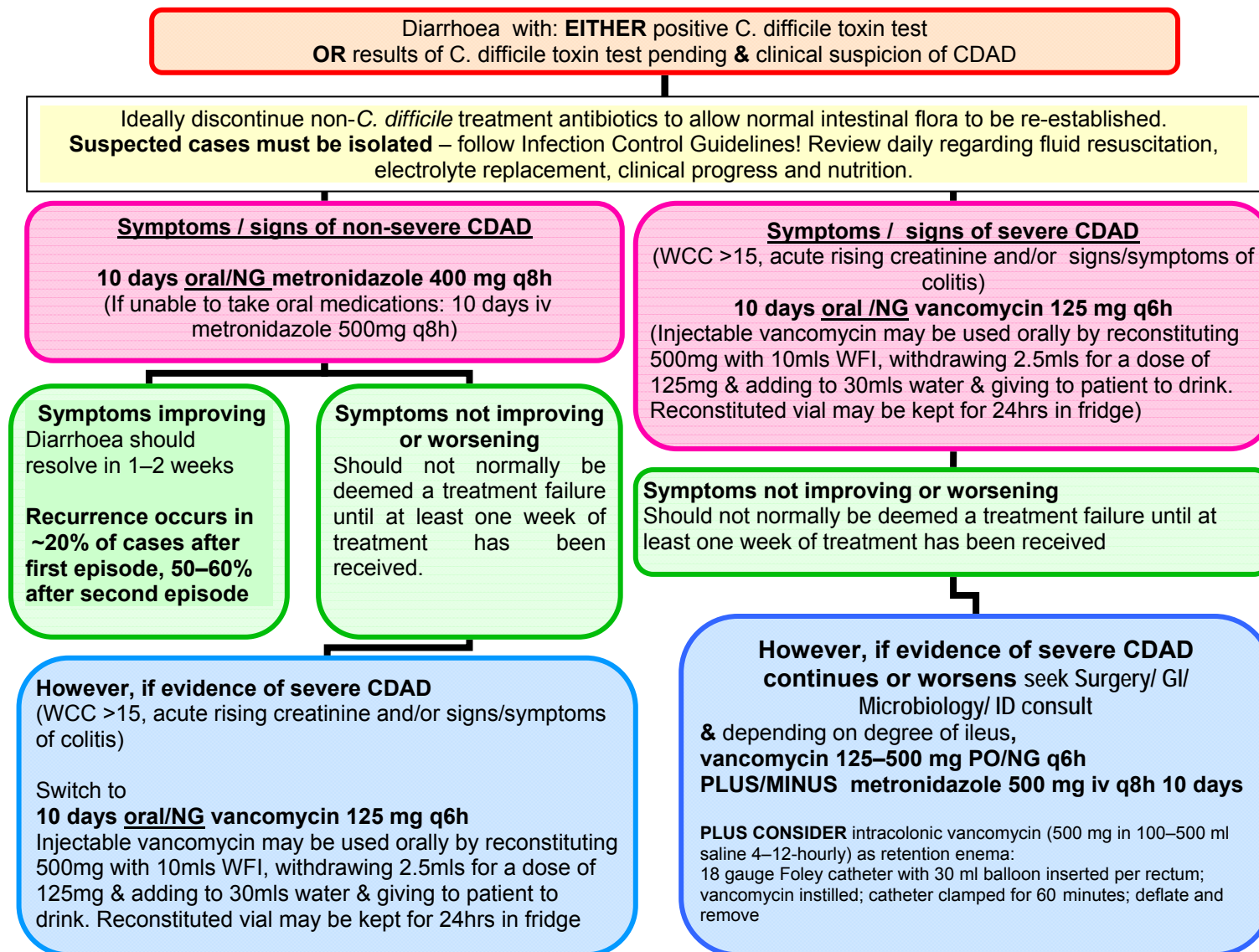


APPENDIX 4: MANAGEMENT OF CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHOEA (cont'd)

Management and treatment of CDAD

- Refer to local infection control guidelines on isolation and precautions to be used for patients with CDAD.
- Asymptomatic carriers of *C. difficile* should not be treated
- Antiperistaltic agents (e.g. loperamide and Lomotil®) should be avoided because of lack of evidence that they improve diarrhoea in this situation and the theoretical risk of precipitating toxic megacolon by slowing clearance of *C. difficile* toxin from the intestine.
- Refer to local infection control guidelines on isolation and precautions to be used for patients with CDAD.
- Patients should be monitored daily for frequency and severity of diarrhoea using the Bristol Stool Chart
- There is no need to check for microbiological clearance of *C. difficile* toxins as a patient can remain toxin positive for an indefinite period. Resolution of symptoms is the main clinical consideration.
- **See the following algorithms:**
 - **Treatment algorithm for first and second episode of CDAD: p58**
 - **Treatment of third and subsequent (i.e. recurrent) episodes of CDAD: p59**

Treatment algorithm for first and second episodes of CDAD



Treatment algorithm for third & subsequent (i.e. recurrent) episodes of CDAD

