

## LRI Children's Hospital

### Clostridioides (formerly Clostridium) Difficile in Children

Staff relevant to:	Clinical staff working within the UHL Children's Hospital.
Team approval date:	January 2023
Version:	V 3
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Written by:	R Radcliffe and D Harris
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#### 1. Introduction and Who Guideline applies to

This guideline is for Clinical Staff caring for children at Leicester Children's Hospital who may be at risk of diarrhoea related to Clostridioides Difficile infection (formerly Clostridium Difficile). Children, especially those aged less than two years, may have Clostridioides Difficile in their gut without any symptoms.

However, Clostridioides Difficile infection causing diarrhoea and dehydration, stomach cramps and associated intestinal inflammation may occur in children over 2 years, Consider the diagnosis in this clinical presentation, especially with the following risk factors.

- Children who have received antibiotics
- Had surgery on their digestive system
- Had a long stay in hospital
- Immune Deficiency

#### Related documents

[Infection Prevention UHL Policy](#)

Investigate and Manage according to the flow chart below.

Guidelines for Children with suspected or confirmed

## Clostridioides Difficile Infection (CDI)

If child (over 2 years old) has diarrhoea during or following antibiotic therapy.

STOP if possible ANTIBIOTICS, PROTEIN PUMP INHIBITORS (PPI's), OPIOIDS, STEROIDS, LAXATIVES.  
(Consult microbiology if antibiotics still required to treat original infection; consider alternatives to PPI's)

Send faeces for CDT test (for children over 24 months old only)

-ve  
CDT result

+ve CDT result and considered clinically significant result

Start Treatment with VANCOMYCIN PO for 10 DAYS

Dose as per BNFC - Max dose 125mg unless directed by CDI team

\$ -If features of life-threatening disease seek microbiology advice

Complete 10 day course of Vancomycin irrespective of child's response

Still diarrhoea

Cure of diarrhoea

Discuss with CDI team  
(Contacts on following page)  
for consideration of Fidaxomicin

No further action

If re-test +ve

Consider alternative diagnoses

Re-test after 72 hrs if CDI still suspected

If re-test -ve

No further stool samples to be sent if the child has a positive CDT result unless there is a relapse (i.e. symptoms recurring 4 or more weeks after 1st diagnosis) or recurrence (symptoms more than 12 weeks after 1st diagnosis)

Refer to microbiologist for persistent, relapsing or recurrent diarrhoea.

\$ - See next page for indicators of severe/life threatening disease

## Indicators of severe disease

- Profuse diarrhoea with systemic findings (fever >38.5°C, rigors, or severe abdominal pain, tenderness, or distention)
- Hypotension or shock
- Ileus or toxic megacolon
- Elevated white blood cell (WBC) count (>15x10<sup>9</sup>/L)
- Elevated age-adjusted serum creatinine level

## Life-threatening infection:

- symptoms and signs include hypotension,
- partial or complete ileus,
- toxic megacolon or
- CT evidence of severe disease.

## Clostridioides Difficile Infection (CDI) Team

Leslene Edwards (CDI Specialist nurse)
<a href="mailto:leslene.edwards@uhl-tr.nhs.uk">leslene.edwards@uhl-tr.nhs.uk</a>
David Jenkins (Consultant Microbiologist)
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## 3. Education and Training

Training in the management of Clostridioides Difficile infections is included in the mandatory anti-microbial prescribing training package for all prescribers.

## 4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Case Reviews	Reviews	CDI Specialist Nurse	Appropriate frequencies	Clinical teams/CMG/CCG – quarterly report
Appropriate treatment and medication.	MDT meetings	David Jenkins	Weekly	Clinical teams/ CMG
Serious untoward incidences	Root Cause Analyses for serious untoward incidences	Relevant CMG/Clinical Team	As appropriate	CCG/CMG/Clinical teams
	Thematic reviews	CDI Specialist Nurse/IP Lead Nurse	6-monthly	TIPAC/CCG

## **5. Supporting References**

NONE

## **6. Key Words**

Clostridioides Difficile, Clostridium Difficile, diarrhoea, antibiotics, faeces, metronidazole, CDT, Vancomycin, Microbiology

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**The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.**

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> R Radcliffe – Paediatric Consultant Sharon Koo - Microbiologist D Harris – Senior Pharmacist	<b>Executive Lead</b> Chief Medical Officer
<b>Details of Changes made during review: 2022</b> Added link to infection prevention policy Removed Metronidazole as first line treatment and replaced with Vancomycin – see BNFC for dose advice Added life threatening infection section Added contacts for CDI team	