SYMPTOMS AND LABS

- Profuse watery diarrhea
- Significant abdominal pain
- Unable to tolerate oral medications (WBC > 15,000 OR Creatinine > 50% baseline)
- May have abnormal abdominal imaging
- Stool (non-formed)-C diff toxin positive

SUGGESTED PREVISIT WORKUP

If patient severely ill, would refer for admission
If not hypotensive/signs of severe illness, but abnormal labs, would recommend urgent referral (207) 662-5522 and ask for on call pediatric ID physician

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

- 3 or more unformed stools in 24 hours
- Recurrent symptoms
- Normal CBC
- Normal Creatinine
- Stool C diff positive

SYMPTOMS AND LABS

- Child < 4 years of age
- Child has received course of therapy for C diff and diarrhea has resolved

SUGGESTED WORKUP

Referral to pediatric infectious disease: (207) 662-5522, option 9

SUGGESTED MANAGEMENT

C diff testing should be performed cautiously in children < 4 years of age as asymptomatic colonization is common
Testing should not be performed as test of cure

CLINICAL PEARLS

- Testing for C difficile should only be done in patients with frequent loose stools.
- C diff testing should be interpreted with caution in children < 4 years of age as asymptomatic colonization is common
- “Test of cure” testing is not recommended.
- Mild to moderate disease may be treated with Metronidazole 10-14 days, more severe disease with vancomycin PO x 10-14 days.
- Probiotics, binding agents, PPI’s, rifampin, and rifaximin are not recommended for C diff diarrhea.
- There is no role for metronidazole or oral vancomycin in prevention of C diff diarrhea in patients receiving antibiotics.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinicians. No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.