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NHS
Sheffield
Clinical Commissioning Group

Clostridioides *difficile* Good Practice Points November 2021

To reduce the incidence of community associated Clostridioides *difficile* (C. diff*)* notifications within Sheffield, all clinicians must consider the following areas of good practice:

Blue text denotes updates.

Antibiotic stewardship

- Please consult the Sheffield formulary Chapter 5 (Infections) Reference Document for the link to the NICE/PHE managing common infections guidance. https://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Sheffield%20Formulary/Current%20Formulary%20Chapters/5_Infections.pdf
- Always keep the duration of antibiotics to a minimum as per NICE/PHE National Guidance, e.g., 3 days for uncomplicated UTI management.
- Antibiotics should be prescribed only when there is clinical evidence of bacterial infection (e.g., not solely on the presence of bacteria in urine especially a catheter urine). Antibiotics started inappropriately or without sufficient evidence should be stopped before completion of the course.
- Antibiotics should be stopped where microbiology results do not support the diagnosis of bacterial infection in the suspected site or elsewhere.
- **Antibiotics should be stopped if resistance is identified by microbiology. If treatment is still required discuss with microbiology.**
- Use narrow spectrum antibiotics for empirical treatment where appropriate.
- **Cephalosporins, quinolones and co-amoxiclav must be avoided wherever possible to reduce the potential incidence of developing C. diff infection. Broad spectrum antibiotics should only be prescribed in line with recommendations within the national guidance or if sensitivity information suggests that these are the most appropriate antibiotics to use or following discussion with a microbiologist.**
- **Please use caution when prescribing co-amoxiclav as Root Cause Analysis has linked them to a number of C. diff infections. including:**
- Treatment for a soft tissue/skin infection - co-amoxiclav is not indicated in the NICE/PHE National Guidance for this type of infection.
- Treatment for a urine infection. Co-amoxiclav is not indicated in the NICE/PHE National Guidance for treatment of uncomplicated UTI
- Before prescribing antibiotics, where practicable, check if there is a previous history of Clostridioides difficile, if so, contact the microbiologist.

Microbiology Specimens

- Microbiology specimens should be taken wherever clinically indicated (note a positive urinalysis dipstick in a long-term catheterised patient is not a clinical indication to send a CSU, this should be requested on clinical grounds). Please see UTI awareness document (Be a UTI Super-Hero –don't use a dipstick go with the flow)
  https://www.sheffieldccgportal.co.uk/resources/diagnosing-urinary-tract-infection
  Microbiology results must be reviewed in order that antibiotic therapy can be adjusted according to culture results.

Documentation

- Evidence of infection, i.e., the reason for administering antibiotics, should be clearly documented in the patient's record.

If patient becomes symptomatic of diarrhoea

- THINK! - is there a possibility of C diff if other causes of the diarrhoea have been excluded? For example, does the patient have an altered bowel habit for them? Also exclude recently received enemas, suppositories, or laxatives as a cause for the diarrhoea.
- In accordance with DHSC guidelines on testing samples from the community:
  - All stool samples from patients aged 65 and over are tested for C. diff regardless of the clinical details.
  - Stool samples from patients under 65 are tested if the clinical details suggest possible C. diff e.g., if the clinician requests or if forms state that on antibiotics.
- Therefore, if C diff is suspected ALWAYS send a stool specimen (identified as type 5-7 stool on Bristol Stool Chart), clearly indicating clinical symptoms, any antibiotic history and request testing for "C diff Toxin" on the microbiology request form.
- Once the C. difficile infection has been successfully treated and the patient's diarrhoea has ceased for at least 48 hours, there is no need to send a stool sample for clearance as C. difficile can remain in the gut for weeks after the initial infection.

PPI usage and the associated increased risk of C. difficile infection

Please see link below:

https://www.intranet.sheffieldccg.nhs.uk/medicines-prescribing/prescribing-guidelines.htm

having accessed the above link please also click on the "Proton Pump Inhibitor (PPIs) Long term Safety and Gastroprotection" link below for further information.

https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5085%2f267-ppis-long-term-safety-and-gastroprotection-20.pdf

Information for patients with C. difficile

Please refer patients to the NHS Choices website:

https://www.nhs.uk/conditions/c-difficile/

The last section "how to stop C.difficile spreading"; is particularly useful environmental hygiene advice to try and prevent recurrence from the patient's environment.

Related reading:
Sheffield CCG (2021) Clostridioides difficile Management in the Community Guidance
Department of Health (2008) Clostridium *difficile* infection: How to deal with the problem

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