

IPC Guidance: C. Difficile management

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Patient develops diarrhoea (3 or more episodes of type 5-7 stool / day)

- Clean and disinfect all equipment with chlorine based solution (Tristel solution)
- Inform the CNS-IPC of the suspected case of C. Difficile

Assessment (Staff and IPC) Staff to inform family/relatives

1. History of onset
2. Stool characteristics i.e. consistency (refer to Bristol Stool Chart – appendix 1)
3. Symptoms associated with diarrhoea i.e. pain, vomiting, fever
4. Current medication i.e. antibiotics, laxatives and proton pump inhibitors (PPI)

Send stool sample for C. Difficile screening

C. Difficile not detected

C. Difficile Toxin positive

Monitor patient and refer to IPC and MDT for further assessment.

ACTION PLAN:

1. Medical team to prescribe antibiotic treatment as indicated – please refer to the Antimicrobial formulary (IPC guidance 37)
2. Isolation precaution* (IPC to consider transmission risk)
3. Hand washing with soap and water – 5 moments of HH must be strictly observed.
4. Cleaning and disinfection of environment and equipment using chlorine based solution (Tristel fuse).
5. Request for Chlorine – based room cleaning to Domestic services for 14 days using the room cleaning request form (appendix 4)
6. Waste management – dispose of offensive waste in the yellow tiger bags and tie at point of care to reduce cross infection.
7. Laundry management – place all soiled items in a red alginate bag and tie at point of care before putting it in the correct outer plastic laundry bag (BLUE or WHITE as per laundry management guidance 33)
8. IPC team and Ward Manager to complete post infection review (appendix 3) as a form of audit and record for the episode of C. Difficile infection.