

**Consider CDI in residents with unexplained diarrhoea
especially if recent antibiotic exposure, and/or history of CDI**

Clostridioides difficile Infection (CDI) is a type of bacteria that can cause diarrhoea. It often affects people who have been taking antibiotics. CDI can cause serious illness.

Common symptoms of CDI:

- Diarrhoea
- High temperature
- Loss of appetite
- Stomach cramps
- Nausea

Commence a Bristol Stool Chart for any resident with altered bowel habit.

Consider any medication they maybe on such as laxatives or antibiotics and discuss this with a GP as required.

Risk factors for CDI:

- Age 65 years or over
- Recent treatment with broad spectrum antibiotics
- Recent contact with healthcare settings
- On proton pump inhibitors (PPI) e.g lansoprazole
- Enteral nutrition
- Inflammatory bowel disease
- Previous gastrointestinal surgery/malignancy/ileostomy/colostomy
- Other gastrointestinal infection e.g. Norovirus
- Serious underlying disease
- Other immunosuppressive illness or therapies e.g. steroids, chemotherapy
- History of previous CDI

Use the **SIGHT** acronym when infected diarrhoea is suspected.

S Suspect that a case may be infective when there is no clear alternative cause for diarrhoea.

I Implement appropriate Infection control precautions.

G Gloves and apron must be used for all contact with patients and their environment.

H Hand washing with soap and water should be carried out before and after each contact with the patient and the patient's environment.

T Test the stool for *C. difficile** by sending a specimen Immediately.

Did You Know:

- If the resident is **less than 65 years of age and CDI is suspected**, you must request the CDI test on the form, otherwise it will not routinely be tested for CDI
- **Loperamide** (Immodium) should not be prescribed until infection has been ruled out. Discuss with clinician (G.P).
- **Alcohol gel** is not effective against CDI therefore it is advised to use liquid soap and water to perform hand hygiene when caring for a resident with unexplained diarrhoea
- **Characteristic Smell** – Not every resident with CDI infection will have faeces with the 'characteristic smell'.
- **Cleaning with a detergent and disinfection** of the environment is vital and should be increased in frequency when CDI is present or suspected. Ensure you have suitable chlorine-based product for disinfection (diluted 1000 parts per million of available chlorine).

Top Tips for sample collection:

- The laboratory will only test for CDI if the specimen is liquid, **types 5-7** on the Bristol Stool Chart (takes the shape of the pot)
- If specimen is generated **outside of normal working hours**, you can deliver the specimen to Arrowe Park Hospital Laboratory or Bassendale Laboratory (CH62 3QL Unit 11)
- Samples must be **clearly labelled** with Name, DOB, Location, NHS Number, Specimen
- Sending a stool sample to check for clearance is not required
- If antibiotics are prescribed whilst awaiting a sample always check that the sample has been reviewed as this may result in the antibiotics being changed

If you are concerned that more than 1 resident has unexplained diarrhoea, please escalate this to:

- IPCT in hours 0151 604 7750
- UKHSA out of hours 0151 434 4819