

- When *C. difficile* is proven or suspected in symptomatic patients, use:
metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 8-hourly for 7 to 10 days.
- If intolerant of metronidazole, a course of oral bacitracin (20 000 to 25 000 units
6-hourly for 7 to 10 days) provides similar rates of symptomatic relief as metronidazole.
However, the rate of clearance of both *C. difficile* toxin and culture is lower than for
metronidazole and since there is no commercial preparation available, bacitracin must
be prepared extemporaneously.
- The emergence of vancomycin resistance in enterococci makes it essential to reserve
vancomycin for other severe infections unresponsive to other drugs. However, if
unresponsive, relapsing or severe, oral vancomycin 125 mg (child: 3 mg/kg up to 125 mg)
orally 6-hourly for 7 to 10 days may be necessary, and an infectious diseases physician or
clinical microbiologist should be consulted.

treatment

pseudomembranous colitis

general

- In most cases of antibiotic-associated diarrhoea, no pathogen is identified.
- The first step is to cease treatment, if possible, with any antibiotic likely to
be causing the symptoms. There is some evidence that prophylactic probiotics
reduce the incidence of antibiotic-associated diarrhoea, but the appropriate
combination of organisms has not been established and probiotics cannot be
recommended for routine use.
- In immunocompromised patients, occasional cases of probiotic-associated
bacteraemia have occurred.
- *Clostridium difficile* is responsible in a minority of cases of antibiotic-associated
diarrhoea. *C. difficile* or its toxins can occasionally be demonstrated in infants,
especially newborns, and some adults in the absence of symptoms, and treatment
is unwarranted.

risk factors

- Patient exposure to broad-spectrum cephalosporins, quinolones, lincosamides and
some other broad-spectrum antibiotics (eg ticarcillin+clavulanate) is an important
predisposing factor for *C. difficile* disease.

infection control issues

- Control of hospital antibiotic use and infection control measures (additional contact
precautions) are necessary to prevent nosocomial spread and outbreaks.