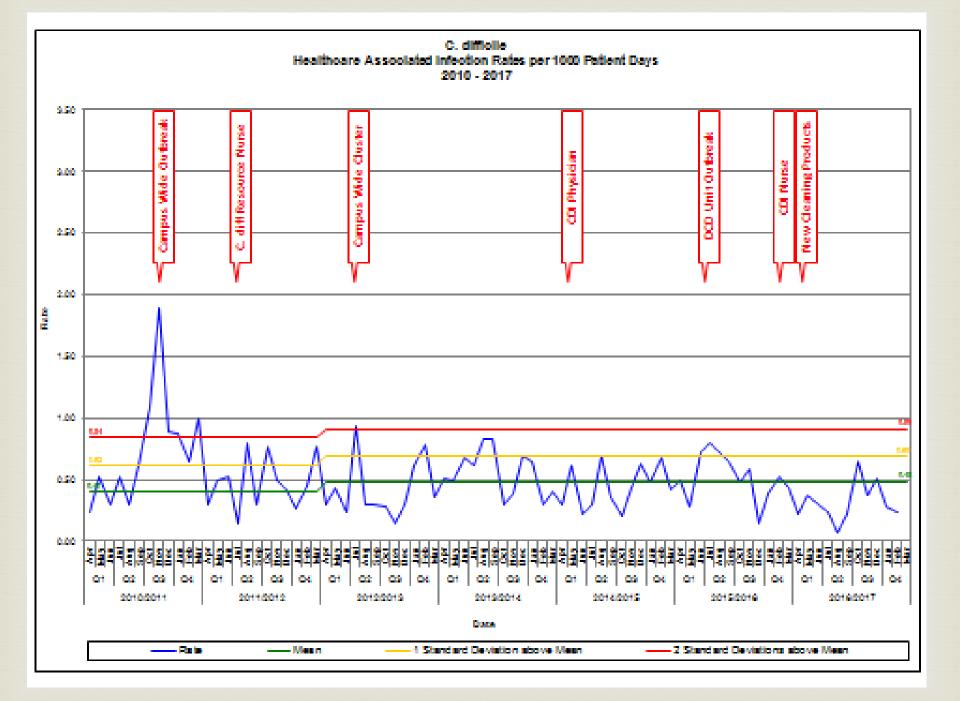
Role of IPAC in Management of patients with C. *difficile*

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IPAC / CDI team Rection Control Professionals 🛯 Anne, JoAnne, Kate, Maria, May, Nancy, Nicola, Tanya, Trish 3 Dr. Marek Smieja and Dr. Zain Chagla № 1 ID/C. difficile physician 🗷 Dr. Salah Abouanaser Resource team nurse Strish Beckett, Reg.N.



Hand Hygiene

Soap and water vs. ABHR
Meticulous hand hygiene
Glove removal

- Reference:
- SHEA/IDSA Compendium of Practice Recommendations to Prevent Healthcare Associated Infections
- Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings. 2012P Annex C: Testing, Surveillance and Management of Clostridium *difficile* In All Health Care Settings

Diarrhea Surveillance

Realized ICP to monitor all diarrhea in the facility

 Work collaboratively with nursing staff in monitoring patient's with diarrhea and C. *difficile* Monitor progress of patients and collaborate with ID/C. *difficile* Physician and Resource Nurse

		PCR	HAI Non-HAI	Daily Stool Report for the Week of: March 4-10 2017							C. diff Abx Treatment	Other Abx	FMT	WBC	
Name	Unit		Colonized Recurrence Relapse	SAT	SUN	MON	TUE	WED	THU	FRI	Yellow = Completed Abx	Mauve=Completed Abx	date	last updated Mar 6	Comments
				4	5	6	7	8	9	10					
Black, Jack	CCU	21-Dec	HAI	no BM	T6/7 x6	T6/7	10T7				Vanco PO Dec 21-Feb 1	Cefriaxone Dec 15-Jan 27		16.8 Jan 31	
1st episode	476					x10					Vanco PO 250mg Feb 1-21	Cipro Feb 19		15.5 Feb 2	
											Vanco PO March 2-9	Piptaz Feb 2-9			

C. difficile Tools

Representation of the set of the

- Review for Nursing staff
- **C**. *difficile* education to patient and family
 - G Fact sheets on My StJoes
 - CS Education for new positive CDI patients
- ∝ C. *difficile* education to staff

Diagnosing CDI

Use clinical and laboratory findings
Postive test result
Signs and symptoms

Diarrhea Type 6/7 on Bristol stool chart
3 or more stools in 24 consecutive hours or fewer

Other symptoms

Fever, cramping, abd pain, decreased appetite, decreased energy level
Elevated WBC, Low albumin, elevated creatinine

Medication Treatment

Metronidazole 500mg PO TID 10-14 days
 Vancomycin 125mg PO QID for 10-14 days
 Longer if severe illness is present
 Fidaxomicin 200mg PO BID for 10 days

 At St. Joes we offer FMT to recurrent/refractory C. diff infections
 Protocol
 Lyophilized

Fecal Transplant

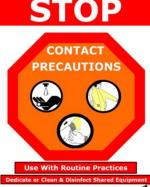
☑ 2 FMT about a week apart

Cure rate of 85-90%

Additional Precautions

Real Patients should be placed in Contact Precautions with the **first onset of unexplained diarrhea**

- A Maintain Contact Precautions while the patient is on treatment
- And continue for 5-7 days after treatment completed as this is the most likely time frame for relapse and return of CDI symptoms





http://www.cbc.ca/22minutes/videos/clips-season-20/fecaltransplant

