Role of IPAC in Management of patients with C. difficile

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IPAC / CDI team

- Infection Control Professionals
  - Anne, JoAnne, Kate, Maria, May, Nancy, Nicola, Tanya, Trish
- 2 ID/IPAC physician
  - Dr. Marek Smieja and Dr. Zain Chagla
- 1 ID/C. difficile physician
  - Dr. Salah Abouanaser
- IPAC/C. difficile Resource team nurse
  - Trish Beckett, Reg.N.
C. difficile
Healthcare Associated Infection Rates per 1000 Patient Days
2010 - 2017

Data

Rate
Mean
1 Standard Deviation above Mean
2 Standard Deviations above Mean
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

- Daily dedicated 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
C. difficile Tools

- Physician order set
- Daily C. difficile Management Review for Nursing staff
- C. difficile education to patient and family
  - Fact sheets on My StJoes
  - Education for new positive CDI patients
- C. difficile education to staff
Diagnosing CDI

- Use clinical and laboratory findings
  - Positive 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

- Treatment depends on the severity of illness and if first episode or recurrence of illness
Fecal Transplant

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

Protocol

Lyophilized

2 FMT about a week apart

Cure rate of 85-90%
Additional Precautions

- Patients should be placed in Contact Precautions with the **first onset of unexplained diarrhea**
- 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
Thank you

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