



PREVENT CDI



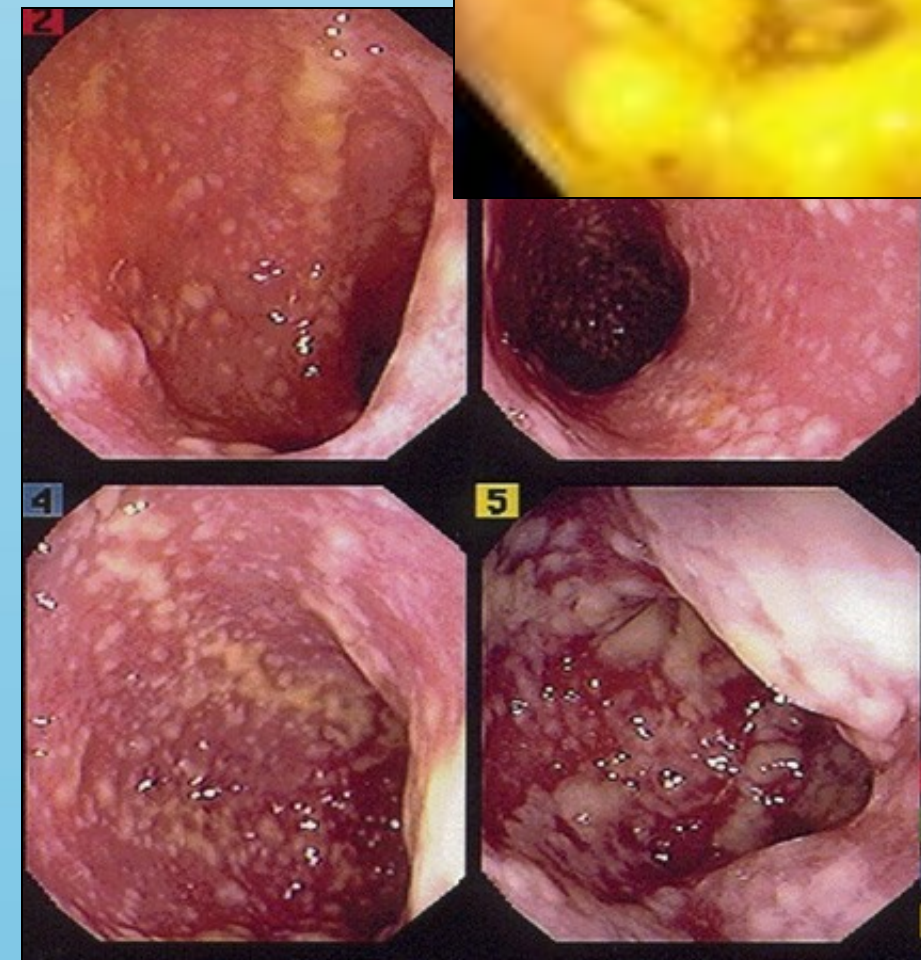
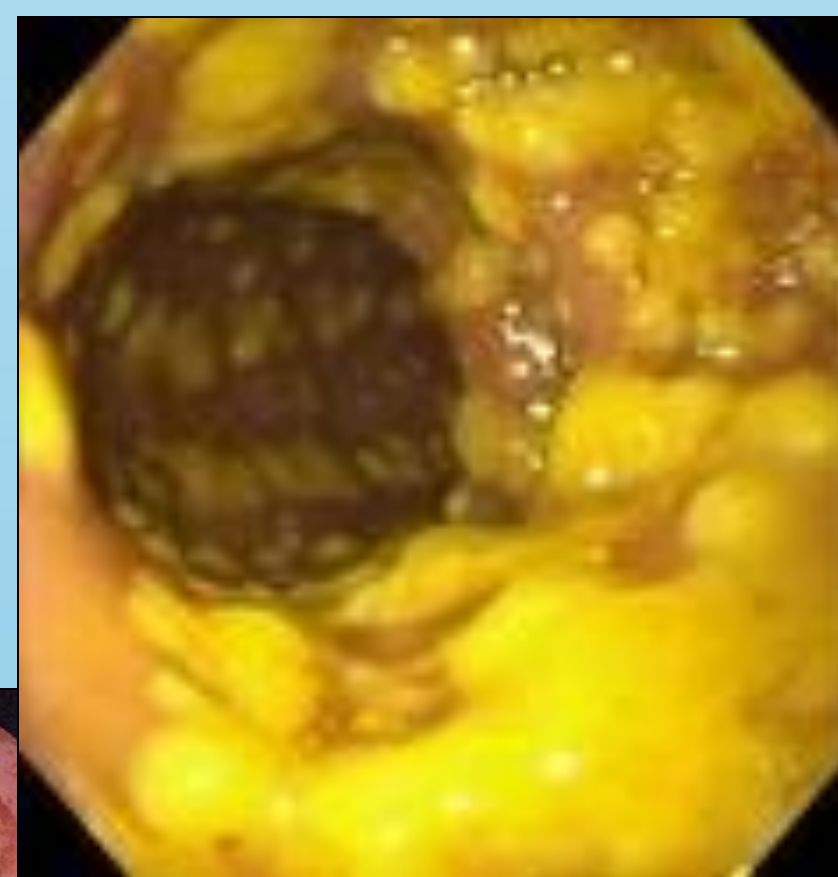
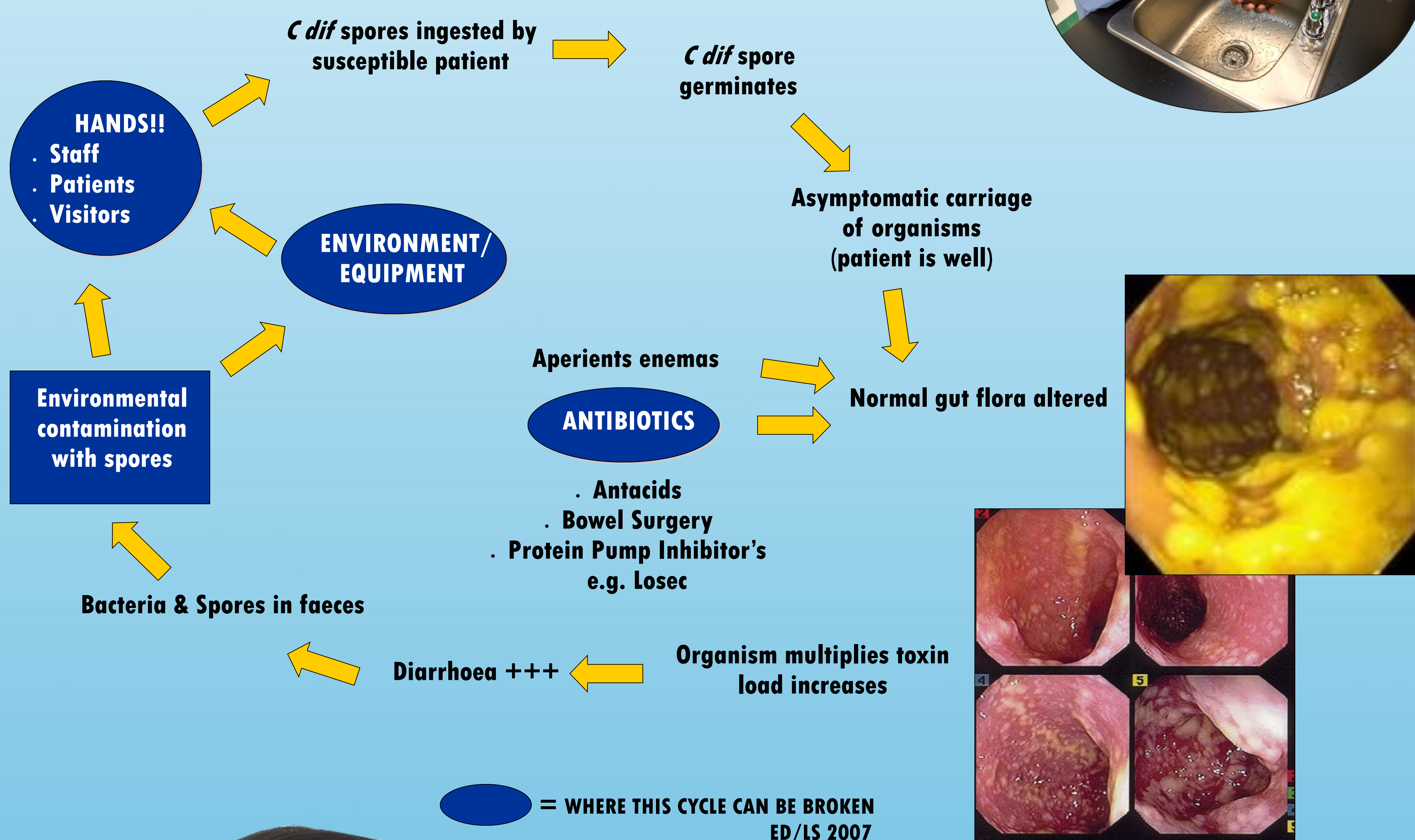
THE CASE FOR CDI PREVENTION

- *Clostridium difficile* (CDI) causes 300,000 cases of antibiotic-associated colitis per year across healthcare facilities in the United States.¹
- Conditions that result from CDI include:²
 - Pseudomembranous colitis (PMC)
 - Toxic megacolon
 - Perforations of the colon
 - Sepsis
- Cost management of this infection exceeds \$3.2 billion annually.³

CDC GUIDELINES

- Use antibiotics judiciously.
- Use contact precautions (for patients with a known or suspected CDI-associated disease).
- Implement an environmental cleaning and disinfection strategy.¹

THE CDI CYCLE



BEST PRACTICES FOR CDI

- Place CDI patients in private rooms. Co-hort with other patients with CDI if necessary.
- Perform **HAND HYGIENE** using either an alcohol-based hand rub or soap and water.
 - If your institution experiences an outbreak, consider using only soap and water for hand hygiene when caring for a patient with a CDI-associated disease; alcohol-based hand rubs may not be as effective against spore-forming bacteria.
- **USE GLOVES WHEN ENTERING A PATIENT'S ROOM AND DURING PATIENT CARE!**
- **USE GOWNS IF SOILING OF CLOTHES IS LIKELY!**
- Dedicate equipment whenever possible, such as stethoscopes, blood pressure cuffs or thermometers.
- **CONTINUE THESE PRECAUTIONS UNTIL DIARRHEA CEASES!**
- Ensure adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently.
- Use an Environmental Protection Agency (EPA)-registered hypochlorite-based disinfectant for environmental surface disinfection after cleaning in accordance with label instructions; generic sources of hypochlorite (e.g., household chlorine bleach) also may be appropriately diluted and used. (Note: alcohol-based disinfectants are not effective against CDI and should not be used to disinfect environmental surfaces.)¹

RISK FACTORS

- FOR CDI-ASSOCIATED DISEASES**
- The risk for disease increases in patients with:
- Antibiotic exposure
 - Gastrointestinal surgery/manipulation
 - Long length of stay in healthcare settings
 - A serious underlying illness
 - Immunocompromising conditions
 - Advanced age¹



SPECIAL CONSIDERATION

ANTIBIOTIC STEWARDSHIP

In 23% of patients, *C. difficile*-associated disease will resolve within 2-3 days of discontinuing the antibiotic to which the patient was previously exposed. The infection can usually be treated with an appropriate course (about 10 days) of antibiotics including metronidazole or vancomycin (administered orally). After treatment, repeat *C. difficile* testing is not recommended if the patients' symptoms have resolved, as patients may remain colonized.¹



IMPROVING QUALITY
REDUCING INFECTION

¹ CDC Information for Healthcare Workers. Release August 2004, Updated 7/22/2005
²McFarland LV, Mulligan ME, et al. Nosocomial acquisition of *Clostridium difficile* infection. *New Engl J Med* 320(4):204-10, 1989
 Johnson S, Clabots CR, et al. Nosocomial *Clostridium difficile* colonisation and disease. *Lancet* 336(8707):97-100, 1990
 Kelly CP, LaMont JT. *Clostridium difficile* infection. *Ann Rev Med* 49:375-90, 1998
³APIC Guide to the Elimination of *Clostridium difficile* in Healthcare Settings, 2008

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