

Clostridium difficile Colitis Protocol

(prepared by Department of Surgery)

Clostridium difficile colitis is common among hospitalized patients. Although most patients can be adequately treated with medical therapy, 15-20% of patients will progress to fulminancy requiring surgical intervention in the form of a subtotal colectomy. To reduce the morbidity and mortality associated with fulminant C-diff colitis, a prompt surgical consultation is necessary. The Department of Surgery proposes the following recommendations to guide other services in identifying patients with or at risk of developing FCDC

These recommendations applied to all patients who are confirmed (by endoscopy findings or positive for toxin) or suspected to have C-diff colitis.

Surgical consult is mandatory:

- 1) ICU admission due to C-diff colitis
- 2) Hemodynamic instability with pressor requirements
- 3) Respiratory compromise requiring intubation
- 4) Mental status changes
- 5) Peritonitis
- 6) Persistent abdominal pain and tachycardia after 24hrs of therapy

Surgical consult should be considered:

- 1) Failure of medical therapy
- 2) WBC > 16,000
- 3) History of inflammatory bowel disease
- 4) History of IVIG use
- 5) Pancolitis on CT scan

Reference:

Byrn JC, Divino CM, et al. Arch Surg. 2008; 143(2): 150-154

Greenstein AJ, Divino CM, et al. Surgery. 2008; 143(5): 623-629