UMC Health System

ASP THERAPY FOR CLOSTRIDIOIDES DIFFICILE INFECTION (CDI)

Patient Label Here

PHYSICIAN ORDERS					
Diagnosis					
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific orde	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Systemic Antibiogram T;N, Routine, See link for reference text.				
	Antibiogram Education T;N, Routine, See link for reference text.				
	Isolation ☐ Type of Isolation: Contact				
	Based on a combination of SHEA/IDSA and ACG treatment guidelines for Clostridoides difficile infection (CDI) in adults				
	If results from C. diff test results as PCR positive and EIA toxin negative, consider alternative cause for diarrhea and/or consult Infectious Disease for further investigation and recommendations.				
	Based on a combination of SHEA/IDSA and ACG treatment guidelines for Clostridioides difficile infection (CDI) in adults				
	Medications				
	Medication sentences are per dose. You will need to calculate a total	daily dose if needed.			
	Medication Management Start date T;N Pharmacist MUST contact provider to determine if PPI (pantoprazole, etc.) are therapeutically necessary unless patient has a documented Gi Pharmacist to discontinue loperamide, diphenoxylate/atropine, or other other bile acid sequestrants, laxatives and stool softeners.	bleed.			
	Discontinue any order for loperamide, diphenoxylate/atropine, or other antidiarrheal agents.				
	Discontinue any order for colestipol, cholestyramine or other bile acid sequestrants.				
	Discontinue any order for laxatives and stool softeners.				
	Consider discontinuing any order for PPI (pantoprazole, omeprazole, etc) or H2 Antagonists (famotidine, ranitidine, etc)				
	Consider discontinuing antibiotics. Broad spectrum antibiotics, especially fluoroquinolones, clindamycin, and 3rd generation cephalosporins contribute to CDI.				
	Consider discontinuing opiates due to potential for toxic megacolon.				
	Fidaxomicin (Dificid) is restricted to Infectious Disease use only.				
	Select only ONE treatment regimen below				
	Treatment regimen for INITIAL episode				
	Leukocytosis WBC less than 15,000 K/uL				
	AND SCr less than 1.5 mg/dL.				
	Clinical Status: Initial episode, non-severe				
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan		

_____ Date _____ Time ____

Physician Signature: _____

Order Taken by Signature: _____ Date _____ Time

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	PHYSICIAN ORDERS					
	T	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS					
	vancomycin (vancomycin oral) 125 mg, NGT/PO, liq, QID, x 10 days, Colitis					
		1.				
	Treatment regimen for INITIAL episode, or FIRST RECURRENCE of CDI:					
	Leukocytosis WBC greater than or equal to 15,000 K/uL					
	OR	OR OR				
	SCr greater than or equal to 1.5 mg/dL.					
	Clinical Status: Severe					
	vancomycin (vancomycin oral) 125 mg, NGT/PO, liq, QID, x 10 days, Colitis					
	Fidaxomicin can be considered, but requires ID consult and approval					
	Bezlotoxumab outpatient therapy may be considered if recurrent episode within last 6 months, but requires ID consult and approval					
	Treatment regimen for INITIAL FULMINANT episode defined as C. difficile colitis with hypotension or shock, ileus or megacolon					
	Select both metronidazole and vancomycin below					
	metroNIDAZOLE 500 mg, IVPB, ivpb, q8h, Colitis Do NOT switch to oral regimen. Do not refrigerate. Do not give with d	rugs containing alcohol.				
	vancomycin (vancomycin oral) 500 mg, NGT/PO, liq, QID, x 10 days, Colitis					
	If complete ileus consider adding rectal instillation of vancomycin.					
	vancomycin ENEMA 500 mg/100 mL NS 500 mg, rectally, QID	☐ 100 mL, Every Bag				
	Consult MD Service: Infectious Disease					
	If toxic megacolon suspected, consult surgery					
	Consult MD Service: Surgery General					
	Treatment regimen for second or subsequent recurrence. Select ALL FOUR orders for vancomycin to initiate tapered/pulse regimen. If vancomycin has been previously used, fidaxomicin can be considered, but requires ID consult and approval.					
	vancomycin (vancomycin oral) 125 mg, NGT/PO, liq, QID, x 10 days, Colitis					
□ то	Read Back	Scanned Powerchart	☐ Scanned PharmScan			
Order Take	en by Signature:	Date	Time			

Date _

Physician Signature: _

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Patient Label Here

	PHYSICIAN ORDERS				
	PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	vancomycin (vancomycin oral) 125 mg, NGT/PO, liq, BID, x 7 days, Colitis				
	vancomycin (vancomycin oral) ☐ 125 mg, NGT/PO, liq, Daily, x 7 days, Colitis				
	vancomycin (vancomycin oral) 125 mg, NGT/PO, liq, Every other day, x 42 days, Colitis				
	For treatment of any subsequent recurrence beyond the second, consider Fecal Microbiota Transplant.				
	Consult MD ☐ Service: Infectious Disease				
	Laboratory				
	CBC Routine, T;N, Every AM for 3 days Routine, T;N	☐ Routine, T;N, Every AM for 1 da	ays		
	Comprehensive Metabolic Panel Routine, T;N, Every AM for 3 days Routine, T;N	☐ Routine, T;N, Every AM for 1 da	ays		
	Stool C. difficile by PCR ☐ Specimen Type: C diff Stool, Routine, T;N				
	Albumin Level ☐ Routine, T;N				
□ то	☐ Read Back	☐ Scanned Powerchart ☐	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		