



# LRI Children's Hospital

# Clostridioides (formerly Clostridium) Difficile in Children

Staff relevant to:	Clinical staff working within the UHL Children's Hospital.	
Team approval date:	January 2023	
Version:	V 3	
Revision due:	January 2026	
Written by:	R Radcliffe and D Harris	
Trust Ref:	C1/2018	

## 1. Introduction and Who Guideline applies to

This guideline is for Clinical Staff caring for children at Leicester Children's Hospital who may be at risk of diarrhoea related to Clostridioides Difficile infection (formerly Clostridium Difficile). Children, especially those aged less than two years, may have Clostridioides Difficile in their gut without any symptoms.

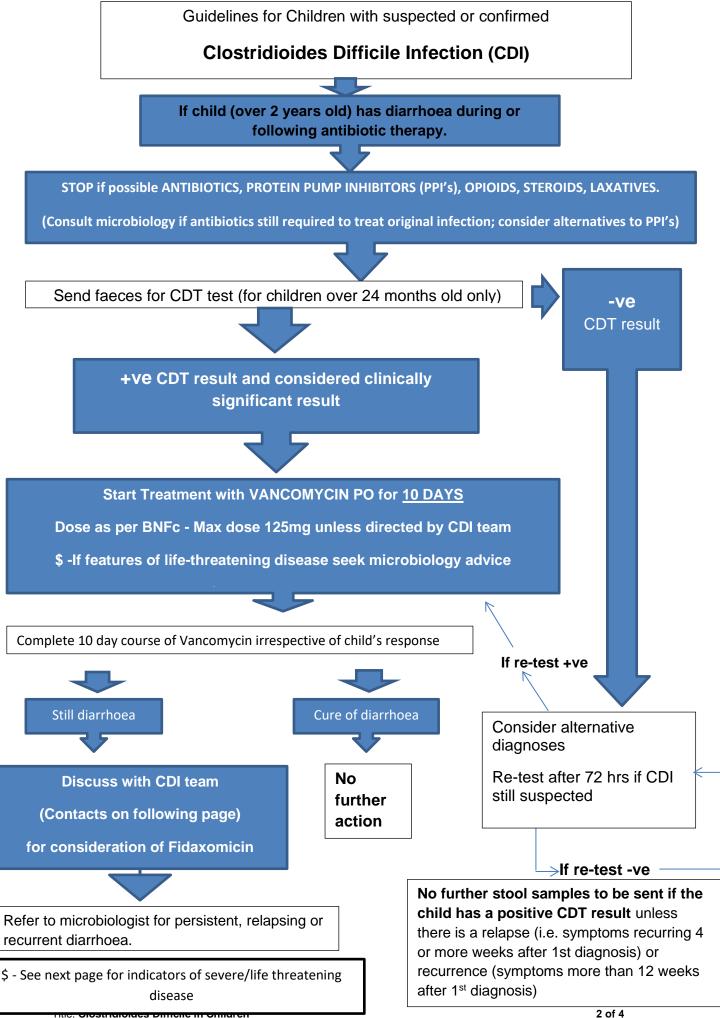
However, Clostridioides Difficile infection causing diarrhoea and dehydration. stomach cramps and associated intestinal inflammation may occur in children over 2 years, Consider the diagnosis in this clinical presentation, especially with the following risk factors.

- Children who have received antibiotics
- Had surgery on their digestive system
- Had a long stay in hospital
- Immune Deficiency

#### **Related documents**

Infection Prevention UHL Policy

Investigate and Manage according to the flow chart below.



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#### Indicators of severe disease

- Profuse diarrhoea with systemic findings (fever >38.5°C, rigors, or severe abdominal pain, tenderness, or distention)
- Hypotension or shock
- Ileus or toxic megacolon
- Elevated white blood cell (WBC) count (>15x10<sup>9</sup>/L)
- Elevated age-adjusted serum creatinine level

## Life-threatening infection:

- symptoms and signs include hypotension,
- partial or complete ileus,
- toxic megacolon or
- CT evidence of severe disease.

# Clastridicides Difficile Infection (CDI) Team

Clostridioldes Difficile Infection (CDI) Team	
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### 3. Education and Training

Training in the management of Clostridioides Difficile infections is included in the mandatory anti-microbial prescribing training package for all prescribers.

### 4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Case Reviews	Reviews	CDI Specialist Nurse	Appropriate frequencies	Clinical teams/CMG/ CCG – quarterly report
Appropriate treatment and medication.	MDT meetings	David Jenkins	Weekly	Clinical teams/ CMG
Serious untoward incidences	Root Cause Analyses for serious untoward incidences	Relevant CMG/Clinical Team	As appropriate	CCG/CMG/Clinical teams
Thema	Thematic reviews	CDI Specialist Nurse/IP Lead Nurse	6-monthly	TIPAC/CCG

### 5. Supporting References

**NONE** 

#### 6. Key Words

Clostridioides Difficile, Clostridium Difficile, diarrhoea, antibiotics, faeces, metronidazole, CDT, Vancomycin, Microbiology

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS				
Guideline Lead (Name and Title)	Executive Lead			
R Radcliffe - Paediatric Consultant	Chief Medical Officer			
Sharon Koo - Microbiologist				
D Harris – Senior Pharmacist				

### Details of Changes made during review: 2022

Added link to infection prevention policy

Removed Metronidazole as first line treatment and replaced with Vancomycin - see BNFc for dose advice Added life threatening infection section

Added contacts for CDI team