

C. DIFF INFECTION – IS YOUR PATIENT AT RISK?

Consider your patient's risk of *C. diff* infection before prescribing an antibiotic.

C. diff can affect anyone, especially people with the following risk factors:



Antibiotic exposure



Extended stay in healthcare settings, such as hospitals and nursing homes



Previous history of *C. diff* infection



Serious underlying and immunocompromising conditions



Older age

Higher-risk antibiotics that are more likely to predispose your patient to *C. diff* infection include:



Clindamycin

Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)

Third/fourth generation cephalosporins (e.g., cefepime, ceftriaxone, cefdinir, cefixime)

Optimize antibiotic therapy to minimize the risk of *C. diff* infection:

- **Prescribe the most targeted and safe antibiotic.**
 - In patients with a history of *C. diff* infection, avoid the use of higher-risk antibiotics when other effective therapy is available.
 - If a penicillin allergy is listed in the medical record, determine whether your patient is truly allergic to decrease unnecessary use of higher-risk antibiotics.
- **Use the shortest effective antibiotic duration.**
- **Reassess antibiotic therapy based on your patient's clinical condition and relevant culture results.¹**

Clostridioides difficile (*C. diff*) is estimated to cause almost half a million infections in the United States each year.

This document is meant to provide general guidance and does not apply to all clinical scenarios. Always assess the individual patient, use your clinical judgment, and follow your institution's treatment guidelines and protocols when applicable.

Reference:

1. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs, 2019. <https://www.cdc.gov/antibiotic-use/core-elements/hospital.html>.

