



## CLINICAL GUIDELINE

# Clostridioides difficile Infection (CDI) Audit Tool for the Care Home Environment

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

<b>Version Number:</b>	1
<b>Does this version include changes to clinical advice:</b>	N/A
<b>Date Approved:</b>	22 <sup>nd</sup> February 2022
<b>Date of Next Review:</b>	31 <sup>st</sup> March 2025
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<b>Approval Group:</b>	Name of approving group

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# **Clostridioides Difficile Infection (CDI) Audit Tool - Care Home Environment**

## **Background**

*Clostridioides difficile* infection (CDI) is an important cause of infectious diarrhoea, which usually follows the use of antibiotics. While CDI is mainly associated with the healthcare setting, there's also a significant impact in the community.<sup>1</sup> The antimicrobial team have asked for the prescribing support team to assist with the investigation process in the event of a CDI outbreak in a care /residential home setting.

The Health Protection Scotland CDI trigger tool states a pharmacist should:

- Review the antibiotic regimens of all patients in the clinical area ensuring consistency with local policy
- Provide recommendations for prescribing to reduce the risk of CDI to patients
- Report triggers to the Antimicrobial Management Team if required <sup>2</sup>

## **Definitions**

DEFINITIONS	
CDI Trigger:	The number of confirmed <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) infection (CDI) cases in a given time period which prompts immediate investigation by the Infection Prevention and Control Team (IPCT) to determine if interventions are necessary to ensure patient safety. Confirmed case: <sup>2</sup>
Confirmed case:	Any person whose stool has tested positive for <i>C. difficile</i> infection in a two-step laboratory testing algorithm (using a glutamate dehydrogenase (GDH) or polymerase chain reaction (PCR) screening test followed by a confirmatory test using toxin immunoassay or cell-culture cytotoxicity assay) at the same time as they have experienced diarrhoea not attributable to any other cause, or whose stool has tested positive at the same time as they have been diagnosed with pseudomembranous colitis (PMC) <sup>2</sup>
Suspected case:	Any person experiencing symptoms indicative of CDI not yet laboratory confirmed. <sup>2</sup>
Asymptomatic case:	Any person without symptoms whose stool has tested positive for <i>C. difficile</i> <sup>2</sup>
Healthcare associated case	Any person with onset of symptoms at least 48 hours (>48 hrs) following admission or up to 4 weeks following discharge from a healthcare setting. <sup>2</sup>
Community associated case:	Any person with onset of symptoms while outside a hospital and without discharge from a hospital within the previous 12 weeks, or with onset of symptoms within 48 hours ( < 48 hour ) following admission to a hospital without stay in a hospital within the previous 12 weeks. <sup>2</sup>

## **Process**

Public health will contact the prescribing support team via the NHSGGC pharmacy care home group contacts:

Stephanie McCallum – NHSGGC Pharmacy Care Home Group Admin - [stephanie.mccallum2@ggc.scot.nhs.uk](mailto:stephanie.mccallum2@ggc.scot.nhs.uk)  
Leanne Black- NHSGGC Pharmacy Care Home Group Chair - [leanne.black@ggc.scot.nhs.uk](mailto:leanne.black@ggc.scot.nhs.uk)  
Caroline Tunnock NHSGGC Pharmacy Lead for Care Home in NE HSCP – [caroline.tunnock@ggc.scot.nhs.uk](mailto:caroline.tunnock@ggc.scot.nhs.uk)

Provide details of the CDI trigger, this will be a minimum of two CDI cases within a care/ residential home. They will provide the care/ residential home and patient details. This information will be disseminated to the care home contact for the HSCP, who will be responsible for ensuring the below audit form is completed.

The audit form should be completed in line with current Antimicrobial Primary Care Guidelines.  
- <https://clinicalguidelines.nhs.gov.uk/media/1824/infection-management-in-adults-primary-care.pdf>

Decision on who undertakes the audit should be decided locally. The form should be completed within one month and returned to [ysobel.gourlay@ggc.scot.nhs.uk](mailto:ysobel.gourlay@ggc.scot.nhs.uk) and care home team contact involved in original request.

Primary Care NHS GG&C - Clostridioides Difficile Infection (CDI) Trigger Tool Care Home Environment

Date of Assessment	Care Home	Unit
Patient- CHI	GP	

Section 1 To be completed for each individual patient with CDI. Refer to Primary Care antimicrobial guidelines- <a href="https://clinicalguidelines.nhsggc.org.uk/media/1824/infection-management-in-adults-primary-care.pdf">https://clinicalguidelines.nhsggc.org.uk/media/1824/infection-management-in-adults-primary-care.pdf</a> Trigger cases will include at least two patients		Details/Comment / Action Required
Patient Age (years)		
Antibiotic prescribed		
Antibiotic indication ( include prophylaxis)		
Correct antibiotic prescribed in line with local guidance 1 <sup>st</sup> / 2 <sup>nd</sup> .Line	Y/N	
Antibiotic duration correct in line with NHSGG&C primary care antimicrobial guidelines( considering renal function etc... )	Y/N	
Antibiotic dose correct in line with NHSGG &C primary care antimicrobial guidelines (consider renal function etc)	Y/N	
Antibiotics prescribed within the last 3 months ( including prophylaxis) If yes please specific what antibiotics/ indication and if in line with NHS primary care antimicrobial guidelines	Y/N	
Antibiotic sensitivity reported in the last 3-6 months	Y/N	
Clinician who prescribed current and past antibiotic treatment		
Section 2 – Other medication that can worsen CDI		Details/Comments/Action Required
PPI, H2 antagonist prescribing reviewed	Y/N	
Laxative prescribing reviewed	Y/N	
Diuretic prescribing reviewed	Y/N	
ACE Inhibitor prescribing reviewed	Y/N	
NSAID prescribing reviewed	Y/N	
Section 3- Treatment		Comments/Action Required
Treatment prescribed for CDI. If yes please specific what treatment dose and duration	Y/N	

CDI Treatment is In line with NHSGG&C CDI Management Guidelines.	Y/N	
Any recommendations and action point discussed with GP practice	Y/N NA	

Completed by ..... Designation ..... Date .....

If concerns are raised around antibiotic prescribing after this audit consider undertaking a full antibiotic audit of the unit / care/ residential home which has a CDI outbreak

**References**

- 1 [www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection](http://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection)
- 2 Health Protection Scotland Clostridioides difficile Infection Trigger