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| | CONTROL OF INFECTION COMMITTEE | Effective | July 2022 | | | | |
| | | From | | | | | |
| Creater Classes | Clostridioides difficile Infection (CDI) in | Review | July 2024 | | | | |
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| and ciyae | Children (3 -16 years) | Version | 4 | | | | |
| | STANDARD OPERATING PROCEDURE | | | | | | |
| The most up-to-date version of this policy can be viewed at the following web page: | | | | | | | |
| ww | w.nhsggc.scot/hospitals-services/services-a-to-z/infection-preven | www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control | | | | | |

SOP Objective

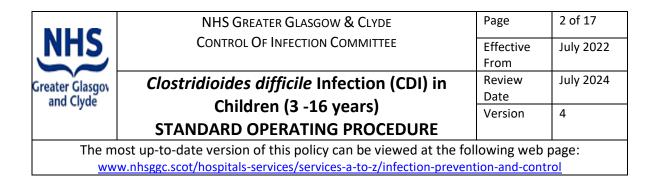
To provide Healthcare Workers (HCW) with details of the care required to prevent crossinfection in children with *Clostridioides difficile* Infection (CDI).

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

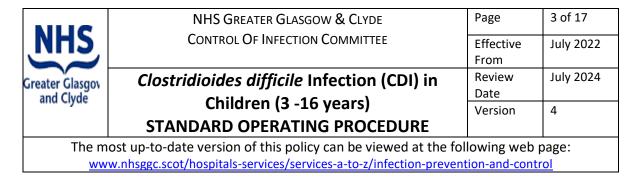
| Document Control Summary | | | |
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| Approved by and date | Board Infection Control Committee 18 th August 2022 | | |
| Date of Publication | 22 nd August 2022 | | |
| Developed by | Infection Control Policy Sub-Group | | |
| Related Documents | National Infection Prevention and Control Manual | | |
| | NHSGGC SOP CDI (Adults) | | |
| | NHSGGC Hand Hygiene Guidance | | |
| | NHSGGC Outbreak Incident Management Plan | | |
| | NHSGGC SOP Cleaning of Near Patient Equipment | | |
| | NHSGGC SOP Terminal Clean of Ward/Isolation Rooms | | |
| | NHSGGC SOP Twice daily Clean of Isolation Rooms | | |
| | Antimicrobial Prescribing Policies | | |
| Distribution/ Availability | NHSGGC Infection Prevention and Control web page: | | |
| | www.nhsggc.scot/hospitals-services/services-a-to-z/infection- | | |
| | prevention-and-control | | |
| Lead Manager | Director Infection Prevention and Control | | |
| Responsible Director | Executive Director of Nursing | | |

Document Control Summary

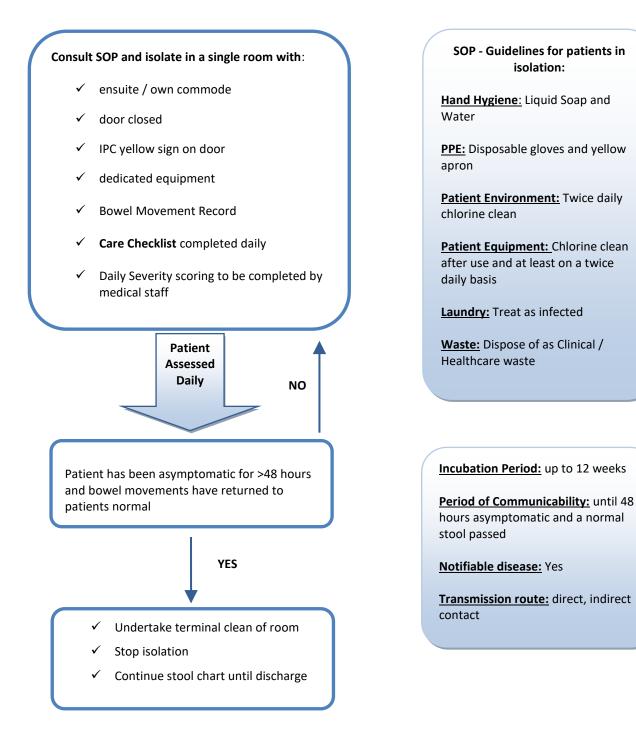


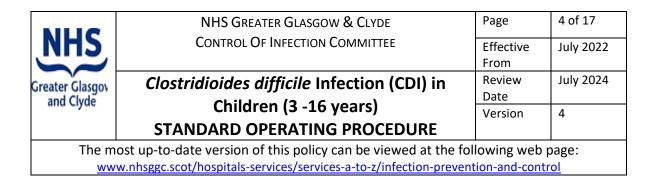
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CDI Paediatric Aide Memoire





1. Responsibilities

Healthcare Workers (HCWs) must:

• Follow this SOP.

Commence a CDI Care Checklist while patient is symptomatic, update daily and complete the risk assessment for any aspect of transmission based precautions (TBP) for CDI that cannot be implemented

<u>Clostridioides Difficile – IPC Care checklist</u>

- Inform their line manager and a member of the Infection Prevention and Control Team if this SOP cannot be followed.
- Provide written and verbal information on CDI for patients and their relatives as appropriate

Clostridioides Difficile Fact Sheet

Senior Charge Nurse (SCN) must:

- Ensure that the IPC Care checklist is in place while patient is deemed infectious.
- Ensure that written information is provided / available for patients and relatives.
- Ensure a failure to isolate risk assessment is in place if any aspect of TBPs for CDI cannot be implemented

Managers must:

- Support HCWs and IPCTs in following this SOP.
- Cascade new SOPs to clinical staff after approval by the Board Infection Control Committee (BICC).

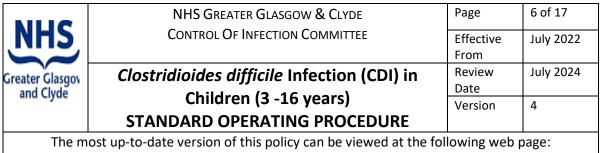
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Infection Prevention and Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Monitor epidemiology of *Clostridioides difficile* Infection (CDI) within healthcare facility(ies) and advise on infection prevention and control precautions as necessary.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this SOP.

Occupational Health Service (OHS) must:

• Advise HCW regarding possible infection exposure and return to work issues as necessary

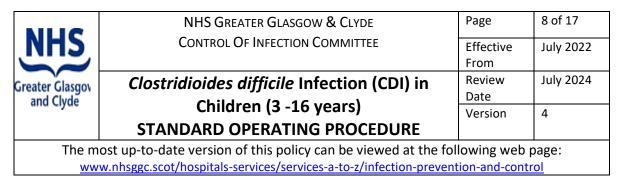


www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

2. General Information on Clostridioides difficile Infection (CDI)

| Commission 11 Discont | | | | |
|-------------------------|--|--|--|--|
| Communicable Disease/ | Clostridioides difficile is a Gram positive, anaerobic, spore | | | |
| Alert Organism | forming, toxin producing gastrointestinal bacillus. Recent | | | |
| | studies have shown that C. difficile is an emerging pathogen | | | |
| | in the paediatric setting, causing a range of illness; from mild | | | |
| | diarrhoea to life changing conditions such as pseudo- | | | |
| | membranous colitis, toxic megacolon, intestinal perforation | | | |
| | and septic shock. It is imperative that clinical judgement is | | | |
| | exercised in order that aetiologies are appropriately | | | |
| | investigated. | | | |
| Case Definition | A child (3-16 years of age) has a diagnosis of CDI if they have | | | |
| | a stool specimen positive for CD toxin, diarrhoea (Bowel | | | |
| | Movement Record <u>5-7</u>) and one or more of the following: | | | |
| | | | | |
| | Significant co-morbidities i.e. haematology/oncology ; | | | |
| | gastrointestinal | | | |
| | | | | |
| | Severe GI disease with bloody diarrhoea and an | | | |
| | unlikely alternative diagnosis | | | |
| | | | | |
| | Strong clinical suspicion | | | |
| | | | | |
| | Antibiotic therapy in the last 4 weeks (especially | | | |
| | ciprofloxacin) | | | |
| | | | | |
| Case Definition : | Hospital acquired CDI is defined as when a patient has had | | | |
| Determination of source | onset of symptoms at least 48 hours following admission to a | | | |
| | hospital | | | |
| | | | | |
| | Healthcare associated CDI is defined as when a patient has | | | |
| | had onset of symptoms up to four weeks after discharge | | | |
| | from a hospital | | | |
| | | | | |
| | Indeterminate cases of CDI is defined as a patient who was | | | |
| | discharged from a hospital 4–12 weeks before the onset of | | | |
| | symptoms. | | | |
| | | | | |
| | Community associated CDI Is defined as a patient with onset | | | |
| | of symptoms while outside a hospital and without discharge | | | |
| | from a hospital within the previous 12 weeks – or with onset | | | |
| | | | | |

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| Tho m | | ARD OPERATING PROCEDURE ersion of this policy can be viewed at the fo | | |
| | | spitals-services/services-a-to-z/infection-prevention | - | |
| | | of symptoms within 48 hours following hospital without stay in a hospital with weeks | - | |
| Mode of Spread | | There is evidence of both direct and in the hands of HCWs and patients; and e contamination via equipment and inst commodes, bedpans and washbowls. spores which can survive for long perio Environmental cleaning is paramount. | environmen ruments, e. C. difficile p | tal g. roduces |
| Incubation I | Period | Potentially up to 12 weeks. | | |



3. Transmission Based Precautions for CDI

| Accommodation (Patient Placement) | The patient should be placed in a single room, preferably with ensuite or own commode. The door to the room should be closed when not in use and a yellow IPCT sign placed on the door. If a side room is unavailable the IPCT will help the clinical team to undertake a risk assessment and advise where to nurse the patient. |
|--------------------------------------|---|
| | Precautions should continue until the patient has been asymptomatic for 48 hours and bowel movements have returned to normal or, on the advice of a member of the IPCT. |
| Care Checklist available | Yes. CDI Care Checklist |
| Clinical/ Healthcare Waste | All non-sharps waste should be designated as Healthcare/Clinical Waste (HCW) and placed in an orange clinical waste bag within the room. Please refer to the <u>NHSGCC Waste Management Policy</u> |
| Contacts | Specimens should not be sent from patients deemed to be contacts unless they develop loose stools, where there is no other cause for this. |
| Domestic Services/ Facilities | Domestic staff must follow the <u>NHSGGC SOP for Twice Daily</u> <u>Clean of Isolation Rooms</u> Cleans should be undertaken at least four hours apart |

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| | v.nhsggc.scot/hospitals-services/services-a-to-z/infection-preven | - | | | |
| Equipment | Patient equipment, e.g. commode, BP cu allocated to the patient until no longer co Consider single-use or single patient use should be decontaminated after each use detergent, 1,000 ppm, with 10 minute co <u>Twice Daily Clean of Isolation Rooms SOF</u> | onsidered in equipment. e with chlori ontact time. | fectious. Commodes | | |
| Hand Hygier | Alcohol gel hand rub and chlorhexidine against CDI: Soap and water must be with loose stools. | | | | |
| | prevent cross infection with CDI. Hands decontaminated before and after each after contact with the environment, aft fluids and before any aseptic tasks. Pat encouraged to carry out thorough hand unable to decontaminate their hands th | Hand hygiene is the single most important measure to prevent cross infection with CDI. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. If a child is unable to decontaminate their hands then hand hygiene should be carried out by a HCW or patient carer for them. | | | |
| | | Please refer to <u>NHSGGC Hand Hygiene Guidance</u> Visitors should also be instructed to wash their hands with | | | |
| ARHAI Trigger Tool | The ARHAI Trigger Tool must be comple Clinical Staff if there are two or more H same ward in a two week period. IPCNs complete the <u>trigger tool checklist</u> daily longer in place i.e. one or both patients symptomatic or have been discharged. | The ARHAI Trigger Tool must be completed by the IPCT and Clinical Staff if there are two or more HAI CDI cases in the same ward in a two week period. IPCNs and ward staff will complete the <u>trigger tool checklist</u> daily until the trigger is no longer in place i.e. one or both patients are no longer symptomatic or have been discharged. The following actions will be taken by the IPCT when a trigger is met: | | | |
| | Request a terminal clean of the trigger Advise on enhanced IPC precaut Undertake SIPC's audit hand hypering | ions to be i giene audit | | | |

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| <u>ww</u> | w.nnsggc.scot/no | ospitals-services/services-a-to-z/infection-preven | ntion-and-con | <u>trol</u> | |
| | | Findings will be reported to the SCN ar | nd ward staf | f who | |
| | | should liaise with IPC and pharmacy co | lleagues on | any | |
| | | actions required as a result. | | | |
| | | Following this, should another case of HAI CDI emerge, the IPCT will complete a PAG to determine the requirement for an IMT and ward closure. | | | |
| Linen | | Treat used linen as soiled/ infected, i.e soluble bag then a clear plastic bag, tie laundry bag. (Brown bag used in Ment Please refer to <u>National Guidance on t</u> of linen. | d and then al Health ar | into a eas) | |
| Moving between wards, hospitals and departments (including theatres) | | Except in clinical emergencies, transfer they are symptom-free for 48-hours ar normal stool is not advisable. | | | |
| | | However, acute receiving units have a high patient turnover and transfer of patients is necessary for effective patient flow and to ensure that patients receive the appropriate care within their specialty. Therefore, Receiving areas MUST be informed of the patient's condition before the patient is transferred and the requirement for a single room. | | | |
| | | Please follow <u>NHSGGC SOP Terminal C</u> <u>Rooms</u> | lean of War | <u>d/Isolation</u> | |

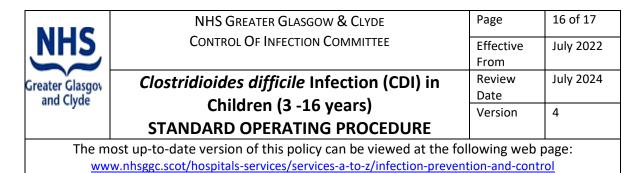
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| | | ospitals-services/services-a-to-z/infection-preven | - | | |
| Notice for De | oor | The yellow IPC isolation sign must be pl | aced on the | e door to | |
| | | the patient's room. | | | |
| | | | | | |
| Patient Clotl | hina | In Mental Health Services (MHS), on ad | | | |
| | iiriy | Whilst patients are very symptomatic to wear hospital gowns. | ney should | De auviseu | |
| | | | | | |
| | | If relatives or carers wish to take person | nal clothing | home, | |
| | | staff must place clothing into a domest | | - | |
| | | then into a patient clothing bag and sta Washing Clothes at Home Patient Infor | | | |
| | | issued. | | | |
| | | | | | |
| | | NB: It should be recorded in the nursing notes that both the | | | |
| Dationt Info | | advice and information leaflet has been | | | |
| Patient Infor | mation | Inform the patient and / or if relevant, the patient's relative/ carer of their condition and the necessary precautions if | | | |
| | | required. Answer any questions and concerns they may have. A | | | |
| | | CDI Fact sheet for patients and their relatives is available to | | | |
| | | download from the IPCT website. | | | |
| | | | | | |
| | | NB: It should be recorded in the nursing notes or Care Checklist that the fact sheet has been issued. IPCTs are | | | |
| | | available to speak to patients or relatives/ carers if required. | | | |
| | | | | | |
| | | CDI Fact Sheet | | | |
| Personal Pro Equipment (| | To prevent spread through direct contact and yellow apron) must be worn for all d | • • | - | |
| Lquipinent (| FFLJ | patient or the patient's environment/equ | | | |
| | | If there is a risk of splashing of blood/boo | • | | |
| | | protection i.e. mask/visor should also be considered. Hand | | | |
| | | hygiene must be performed using liquid s donning and after doffing PPE. Alcohol ba | • | | |
| | | effective against CDI. | | | |
| Precautions | required | Precautions should continue until the p | | | |
| until | | asymptomatic for 48 hours and bowel movements have returned to the patient's normal or, on advice of a member | | | |
| | | of the IPCT. | auvice of a | member | |
| | | | | | |
| | | If symptoms recur, reinstate precaution | ns immediat | ely, send | |

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| | | further specimens and inform a me | | | |
| | | | | | -1. |
| Daily and we | eekly check | IPCNs will check daily (Monday -Frida | | | |
| by IPCT | | patients with CDI until TBPs are no lo | nger requ | uired a | nd |
| | | thereafter weekly for 4 weeks. | | | |
| Daily assess | • | If the patient is confirmed as CDI, and | | | |
| severity by c | ciinical team | symptomatic of loose stools, medic | | • | |
| | | undertake a daily severity assessme | - | | |
| | | tool below. Daily severity assessme | | | |
| | | patient has been asymptomatic for | | | |
| | | Medical staff should consider the ne | eeu to ta | Ke DIO | ous to |
| | | complete the severity score. | | | |
| | | Severity assessment in paediatric po | opulatior | า (3-16 | years) |
| | | Criteria | Yes I | No | Score if Yes |
| | | Diarrhoea >5 times per day | | | 1 |
| | | Abdominal pain and discomfort | | | 1 |
| | | | | | |
| | | Rising white cell count | | | 1 |
| | | Raised C-reactive protein | | | 1 |
| | | Raised C-reactive protein Pyrexia >38 C | | | 1 1 |
| | | Raised C-reactive proteinPyrexia >38 °CEvidence of pseudo membranous colitis | | | 1 1 2 |
| | | Raised C-reactive proteinPyrexia >38 CEvidence of pseudo membranous colitisIntensive care unit requirement | | | 1 1 |
| | | Raised C-reactive proteinPyrexia >38 °CEvidence of pseudo membranous colitisIntensive care unit requirementTotal score | | | 1 1 2 |
| | | Raised C-reactive proteinPyrexia >38 CEvidence of pseudo membranous colitisIntensive care unit requirement | | | 1 1 2 |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease | | | 1 1 2 |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the | | | 1 2 2 |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a | lgorithm | (paed | 1 2 2 |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases | lgorithm to the Se | (paed nior | 1 1 2 2 s) |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases the Management Team/ Microb | lgorithm to the Se | (paed nior | 1 1 2 2 s) |
| | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases | lgorithm to the Se | (paed nior | 1 1 2 2 s) |
| Clinical royid | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases f Management Team/ Microb • IPCT will generate a datix | lgorithm to the Se biology ar | (paed nior | 1 1 2 2 s) |
| Clinical revie | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases to Management Team/ Microb • IPCT will generate a datix | lgorithm to the Se biology ar tient: | (paed nior | 1 1 2 2 |
| assessment | (CRA) and | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases f Management Team/ Microb • IPCT will generate a datix A Clinical Review is required if the pa • Has severe or life threatening | lgorithm to the Se biology ar tient: g CDI | (paed nior nd Clin | 1 1 2 2 s) ical Teams |
| assessment Reporting of | | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases to Management Team/ Microb • IPCT will generate a datix A Clinical Review is required if the pa • Has severe or life threatening • Was admitted to ITU for treat | lgorithm to the Se biology ar tient: g CDI | (paed nior nd Clin | 1 1 2 2 s) ical Teams |
| assessment | (CRA) and | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases f Management Team/ Microb • IPCT will generate a datix A Clinical Review is required if the pa • Has severe or life threatening • Was admitted to ITU for treat | Igorithm to the Se biology ar tient: g CDI tment of | (paed nior nd Clin CDI or | 1 1 2 2 s) ical Teams |
| assessment Reporting of | (CRA) and | Raised C-reactive protein Pyrexia >38 ℃ Evidence of pseudo membranous colitis Intensive care unit requirement Total score ≥ 5 = severe disease If a patient is assessed as severe the • refer to the CDI treatment a • Communicate severe cases to Management Team/ Microb • IPCT will generate a datix A Clinical Review is required if the pa • Has severe or life threatening • Was admitted to ITU for treat | lgorithm to the Se piology ar tient: g CDI tment of pseudom | (paed nior nd Clin CDI or | 1 1 2 2 s) ical Teams |

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| megacolon, perforation or refra Died within 30 days following a is recorded as either the primary factor on the death certificate Had persisting CDI where the pa symptomatic and toxin positive appropriate therapy | | | liagnosis of (or a major c ient has rem | contributory nained |
| Deaths due t (Underlying Contributing | or | If death occurs then please see the Adult process to be followed. CDI (adult) SOP | : CDI Guideli | ne for the |

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| Treatment | | Mild disease (score 1.2) | | | | | |
| meatment | | Mild disease (score 1-2) Mild disease may not require treatment. Consider oral | | | | | |
| | | metronidazole for 10-14 days if symptoms persist | | | | | |
| | | Moderate disease (score 3-4) | | | | | |
| | | Oral metronidazole for 10-14 days. | | | | | |
| | | Consider escalation to oral Vancomycin if non resolution of symptoms | | | | | |
| | | Severe disease ≥5 | | | | | |
| | | Oral Vancomycin and iv metronidazole. | | - | | | |
| | | intervention/ colectomy if evidence of | caecal dilata | ation on | | | |
| | | imaging | | | | | |
| | | https://clinicalguidelines.nhsggc.org.uk/paediatrics/infectiou | | | | | |
| | | s-disease-paediatric/clostridium-difficile-infection-cdi-in- | | | | | |
| <u>En o cimo no n</u> | | children-diagnosis-and-management/ | | | | | |
| Specimens r | requirea | Send faecal specimens from any patient who has loose stools that score 5-7 on Bowel Movement Record (Appendix 1) and | | | | | |
| | | if no other cause of diarrhoea is known | | | | | |
| | | stools persist, another two samples should be sent at 24- | | | | | |
| | | hour intervals. Relevant clinical information must be supplied with the specimen. | | | | | |
| | | There is no requirement to send clearance specimens from patients who become asymptomatic. | | | | | |
| | | Specimens should not be sent whilst patient is on treatment. | | | | | |
| | | Only when a relapse of CDI is suspected should you repeat | | | | | |
| | | the toxin testing and exclude other potential causes of | | | | | |
| | | diarrhoea, and only after 14 days of treatment. Relapse can | | | | | |
| | | also occur up to 14 days after therapy has stopped. | | | | | |
| Stool Charts | 5 | It is the responsibility of staff looking after the patient within | | | | | |
| | | the area to record signs and symptoms o | | | | | |
| | | appropriate, e.g. Bowel Movement Recor | | | | | |
| | | date, time, size and nature of the stool sl | | | | | |
| | | while symptomatic and continued until discharge in order to reduce the risk of cross infection. | | | | | |
| | | | | | | | |

| | N | HS GREATER GLASGOW & CLYDE | Page | 15 of 17 | | | |
|----------------------|------------------|---|-------------------|-----------|--|--|--|
| NHS | Co | ONTROL OF INFECTION COMMITTEE | Effective From | July 2022 | | | |
| Greater Glasgov | Clostridi | oides difficile Infection (CDI) in | Review | July 2024 | | | |
| and Clyde | | Children (3 -16 years) | Date Version | 4 | | | |
| | - | ARD OPERATING PROCEDURE | | | | | |
| | • | version of this policy can be viewed at the fo | - | | | | |
| <u></u> | v.misggc.scot/nc | spitals-services/services-a-to-z/infection-prever | | .101 | | | |
| Surveillance | | Surveillance of CDI is mandatory in Scotland and is reported to HPS by the Diagnostic Laboratory. | | | | | |
| | | Local surveillance in NHSGGC is returned to wards with a prevalence of CDI monthly using Statistical Process Control Charts (SPCs). SPCs are not a substitute for local referral by clinical staff and ICTs but should be used to monitor trends and promote quality improvement. | | | | | |
| Terminal Cle Room | aning of | Follow SOP for Terminal Clean of Isolation Rooms. If isolation is discontinued and the patient remains in hospital, consider moving the patient to a new bed-space. This will allow the patient's bed, bed locker and bed table to be decontaminated thoroughly. These items can be expected, without cleaning, to remain contaminated. <i>NB:</i> relapse and re-infection from the environment can be as high as 20% in patients with CDI. See <u>NHSGGC SOP Terminal Clean of Ward/Isolation Rooms</u> | | | | | |
| Visitors | | Visitors are not required to wear aprons and gloves unless participating in patient care. If PPE is worn by patients or visitors it should be removed before leaving the room. Visitors should be advised to decontaminate their hands with liquid soap and water on leaving the room/ patient. Visitors should also be advised not to use communal areas or to sit on beds, while patient is infectious. | | | | | |



4. Evidence Base

Pai S et al. Five years experience of clostridium difficile infection in children at a UK tertiary hospital: proposed criteria for diagnosis and management. PLOS 2012; 71-6

Lees E A et al. The role of Clostridium difficile in the paediatric and neonatal gut — a narrative review. Eur J Clin Microbiol Infect Dis (2016) 35:1047-1057

http://www.nipcm.hps.scot.nhs.uk/

https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-prevention-andcontrol-of-clostridium-difficile -infection-cdi-in-health-and-social-care-settings-inscotland/

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|---|---|-----------|-----------|--|--|
| NHS | CONTROL OF INFECTION COMMITTEE | Effective | July 2022 | | |
| | | From | | | |
| Greater Glasgov | Clostridioides difficile Infection (CDI) in | Review | July 2024 | | |
| and Clyde | | Date | | | |
| and Ciyde | Children (3 -16 years) | Version | 4 | | |
| | STANDARD OPERATING PROCEDURE | | | | |
| The most up-to-date version of this policy can be viewed at the following web page: | | | | | |
| www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control | | | | | |

Appendix 1 – Bowel Movement Record (adapted from the Bristol Stool Scale)

BOWEL MOVEMENT RECORD

| Name: | | | | | | Month: | | Year: | | |
|-------|----------|---|--|---------------------------------------|---|--|--|--|---|-------------------|
| Name. | | | | | | | | | | |
| Date | Time | Size S-small M-medium L-large S M L | Type 1 Separate hard lumps like nuts (hard to pass) | Type 2 Sausage shaped bar lumpy | Type 3 Like a sausage but with cracks on surface | Type 4 Like a sausage or snake, smooth and soft | Type 5 Soft blobs with clear- cut edges (passed easily) | Type 6 Fluffy pieces with ragged edges, a mushy stool | Type 7 Watery, no solid pieces (entirely liquid) | Staff Initials |
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Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997