

# do one thing *differently*

*Simple Strategies to Prevent C. diff*

## ***Lower Clostridioides difficile Infection (CDI) Risk with Appropriate Antibiotic Prescribing***

The most important, modifiable risk factor for developing a *C. diff* infection (CDI) is exposure to antibiotic agents. High-risk antibiotics include:

1. Clindamycin
2. Fluoroquinolones
3. Third/fourth generation cephalosporins
4. Carbapenems

## ***Follow these best practices***

1. Monitor residents with exposure to high-risk antibiotics during and 30 days after exposure
2. Avoid prolonged use of multiple antibiotics and de-escalate therapy within two to three days based on clinical response and culture reports
3. Treat most initial episodes of infection with seven or fewer days of antibiotics
4. Carefully review hospital discharge medication profiles to identify risk
5. Provide your medical staff with regular updates on your facility CDI rates
6. Incorporate the use of an antibiogram with guidance from your lab and local health department



## ***Use these evidence-based clinical sources for practice guidance***

1. Infectious Diseases Society of America (IDSA) <http://bit.ly/2O4GIRQ>
2. The Centers for Disease Control and Prevention (CDC) Antibiotic Prescribing and Use in Hospitals and Long-Term Care - <http://bit.ly/2xR0EqP>

## ***Implementation Resources***

1. FAQs for Clinicians about *C. diff* - <http://bit.ly/2SmBEBk>
2. Agency for Healthcare Research and Quality (AHRQ) - Working With Your Lab to Improve Antibiotic Prescribing Toolkit <http://bit.ly/antibiogram-toolkit-5>
3. Nursing Home Resources - <http://bit.ly/2SofDCo>
4. Stewardship Program Examples - <http://bit.ly/2LqMy8H>