

# 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 patients 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 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. Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of Clostridioides difficile Infection in Adults - <https://bit.ly/3zwmhuG>

## ***Implementation Resources***

1. FAQs for Clinicians about *C. diff* - <http://bit.ly/2SmBEBk>
2. Toolkit for Reduction of Clostridium difficile Infections Through Antimicrobial Stewardship - <https://bit.ly/2VcdCyE>

