

APPROPRIATENESS OF THE CLOSTRIDIUM DIFFICILE INFECTION PRESCRIPTION PRIOR TO THE IMPLEMENTATION OF A PROTOCOL FOR ITS MANAGEMENT



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OBJECTIVES

Clostridium difficile disease (CDD) is the main cause of nosocomial diarrhoea. The objective is to evaluate the adequacy of treatment of CDD prior to the checklist implementation for the diagnosis and treatment of CDD.

MATERIAL AND METHODS

Retrospective observational study of CDD cases in a third level hospital during 2019.

The adequacy of treatment of positive cases was evaluated according to the checklist, considering variables of:

- Vulnerability [cancer, neutropenic, transplant, inflammatory bowel disease (IBD) or prolonged antibiotic treatment]
- Severity (according to leukocytosis, renal function or presence of hypotension, shock or ileus)
- Risk of recurrence (according to age, CDD the previous year, positive toxin or persistence of diarrhoea on the fifth day of treatment)
- Treatment of the episode.

RESULTS

There were 126 cases of CDD in 100 patients, with a median age of 76 years (1 - 96) and 59% women. The adequacy to the protocol was checked in 103 cases, the rest were incomplete:

Episode	Protocol	Nº of deviation	Treatment deviations
First non-severe episode/non-vulnerable patient	Metronidazole → vancomycin	1	It was treated with fidaxomicin before vancomycin
First non-severe episode/vulnerable patient	Vancomycin → fidaxomicin	5	They were not treated with vancomycin initially
First severe episode/non-vulnerable patient	Vancomycin → fidaxomicin	7	They were not treated with vancomycin initially
First severe episode/vulnerable patient	Vancomycin → fidaxomicin → vancomycin + bezlotoxumab	1	It was not treated with vancomycin initially
Fulminant	Vancomycin + metronidazole IV	2	They were not initially treated with vancomycin+metronidazole IV
First episode and mild recurrence	Vancomycin	6	All should have been treated initially with vancomycin.
First severe episode or recurrence	Vancomycin or fidaxomicin +/- bezlotoxumab, depending on previous treatment	4	They were treated with vancomycin without continuing a downward pattern.

In 26 (25.2%) cases the treatment received was not appropriate according to the protocol.

CONCLUSION

- The percentage of patients whose treatment did not follow the protocol prior to implantation was considerable (26.5%).
- An increase in protocol deviations is observed in more complex treatments as the severity and/or vulnerability of the patient increases.
- Although oral metronidazole should be reserved only for the first mild episode in non-vulnerable patients, overuse is observed in all cases.

