### SYMPTOMS AND LABS

- Profuse watery diarrhea
- Significant abdominal pain
- Unable to tolerate oral medications
- WBC > 15,000 OR Creatinine > 50% baseline
- May have abnormal abdominal imaging
- Stool (non-formed)-C diff toxin positive

### HIGH RISK

**SUGGESTED EMERGENT CONSULTATION**

- Profuse watery diarrhea
- Significant abdominal pain
- Unable to tolerate oral medications
- WBC > 15,000 OR Creatinine > 50% baseline
- May have abnormal abdominal imaging
- Stool (non-formed)-C diff toxin positive

**SUGGESTED PREVISIT WORKUP**

If patient severely ill, would refer for admission

If not hypotensive/signs of severe illness, but abnormal labs, would recommend urgent referral (207) 662-5522 and ask for on call pediatric ID physician

### MODERATE RISK

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

- 3 or more unformed stools in 24 hours
- Recurrent symptoms
- Normal CBC
- Normal Creatinine
- Stool C diff positive

**SUGGESTED WORKUP**

Referral to pediatric infectious disease: (207) 662-5522, option 9

### LOW RISK

**SUGGESTED ROUTINE CARE**

- Child < 4 years of age
- Child has received course of therapy for C diff and diarrhea has resolved

**SUGGESTED MANAGEMENT**

- C diff testing should be performed cautiously in children < 4 years of age-asymptomatic colonization is common
- Testing should not be performed as test of cure

### CLINICAL PEARLS

- Testing for C difficile should only be done in patients with frequent loose stools.
- C diff testing should be interpreted with caution in children < 4 years of age as asymptomatic colonization is common
- “Test of cure” testing is not recommended.
- Mild to moderate disease may be treated with Metronidazole 10-14 days, more severe disease with vancomycin PO x 10-14 days.
- Probiotics, binding agents, PPI’s, rifampin, and rifaximin are not recommended for C diff diarrhea.
- There is no role for metronidazole or oral vancomycin in prevention of C diff diarrhea in patients receiving antibiotics.