NHS
Blackburn with Darwen
Clinical Commissioning Group

NHS
East Lancashire
Clinical Commissioning Group

Infection Prevention & Control Newsletter – July 2018

Clostridium difficile infection (CDI)

NHS England publishes Clostridium difficile infection objectives for acute trusts and clinical commissioning groups for each financial year.

CDI case objective for 2018/19
Blackburn with Darwen CCG is no more than 39 cases
East Lancashire CCG is no more than 57 cases

https://improvement.nhs.uk/documents/808/CDI_objectives_18_19_FINAL_26apr.pdf

Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment.

We need your help with the Post Infection Reviews for each case of CDI in your practice!

NICE Clinical Knowledge Summaries

https://cks.nice.org.uk/diarrhoea-antibiotic-associated#!scenario

Diarrhoea - antibiotic associated

Assessment

For adults presenting with diarrhoea during, or up to 8 weeks after, a course of antibiotic treatment:

1. Assess the severity and consider whether hospital admission is appropriate.
2. Exclude other potential causes of diarrhoea or contributing factors.
3. Suspect the possibility of C. difficile infection if any of the risk factors are present.
4. Check for any history of C. difficile infection - relapse rate is high.
5. Send a stool sample for C. difficile toxin
6. Anti-motility drugs - CKS **does not recommend the use of anti-motility drugs in people with suspected C. difficile infection** because lack of evidence to support their use and concerns about possible adverse effects (eg. toxic megacolon)

Testing - Send a stool sample to test for C. difficile toxin if:

1. A clinical diagnosis of C. difficile infection is suspected, and
2. The person is symptomatic with liquid/loose stools
3. The stool sample container should be at least one quarter full.

In this month's issue...

IMPORTANT!

Does your patient have any of the risk factors listed below?

Risk Factors for CDI

- **Advanced age** (is patient >65 years)
- **Any antibiotic treatment**
- **Underlying morbidity**— such as abdominal surgery, cancer, chronic renal disease, and tube feeding.
- **Proton pump inhibitor**
- **Recent hospitalization**
- **Exposure to other cases of CDI**
- **Inflammatory bowel disease**
- **History of C. difficile infection**

Most people with antibiotic-associated diarrhoea experience mild and self-limiting symptoms

However, complications of C. difficile infection can be severe and include:

Pseudomembranous colitis, Toxic megacolon, Perforation of the colon, Sepsis, Death.

Note: Rarely, diarrhoea may be absent in severe cases (termed silent C. difficile infection) due to the infection causing paralytic ileus and preventing the passage of stool

Completing a Post Infection Review (PIR)
Clostridium *difficile* Infection

Clostridium difficile infection PIR checklist for General Practitioner

We encourage organisations to examine their infection cases to learn any lessons necessary to continuously improve the safety of patients, and focus on clinical learning

Chronology of patient pathway

1. Provide an outline timeline where the patient was in the three months prior to the latest CDI diagnosis, eg home, hospital, care home, etc.
2. Had the patient had any previous confirmed episodes of CDI? If yes, when did they occur?
3. Had the patient been told of the CDI diagnosis and understood the condition?
4. If you suspect that the latest case is a 'recurrence', outline if the previous episodes were correctly treated as per your local CDI treatment guideline. Was the patient treated with any other antimicrobials between this and the previous episodes? Was this treatment in line with local guidelines?
5. Has the patient received other treatment (eg enteral feeding) and/or medication (eg proton pump inhibitors, laxatives, loperamide, chemotherapy) possibly relevant to the development of this episode of CDI? Were these in line with local guidelines?
6. If there was any non-compliance above – explain why.

Antimicrobial therapy

1. List all antimicrobial therapy (antibiotic, dose, duration, indication) in the previous 3 months.
2. Concerning the current episode/admission, were the indication for antimicrobial treatment duration and the review date written in the patient's notes or drug chart? Was the indication for this treatment appropriate at the point it was prescribed?
3. Was initial empiric therapy appropriately modified in response to microbiological results?
4. Were all antimicrobials prescribed compliant with local guidelines? If not, were they still clinically justified?
5. If there was any non-compliance above, explain why.

Lessons learned

1. Outline the lessons learned from this episode of CDI. Are there any recurring themes seen across this and other assessments? How have these been addressed?
2. Provide a commentary on any recurring themes from previous CDI case assessments. What is the hypothesis for why these cases are still happening? What action has the organisation put in place to prevent further cases of CDI? What factors appear to be responsible for their lack of success?

Preventability

1. State whether you have identified any 'lapses in care' that could have contributed to the development of this CDI case.
2. To facilitate learning and optimisation of patient care, please identify any other lapses in care, ie that did not contribute to the development of this CDI case.
3. If you consider this CDI case occurred despite no lapses in care (and so was deemed not to be 'preventable'), outline your reason why.