

C · C Difficile Infection

A plain-English guide for you and your family

WHAT IS HAPPENING

Your colon is home to trillions of helpful bacteria—they digest food, make vitamins, and crowd out troublemakers. One troublemaker that lives quietly in many people is *C. difficile*, a germ that makes spores (tough sleeping forms) and waits. The good bacteria keep it small and quiet. But when you take antibiotics for something else—a lung infection, a skin wound—those drugs kill many of the good bacteria, too. Now *C. difficile* wakes up, multiplies, and releases two powerful toxins (poisons) that punch holes in the lining of your colon. Fluid pours out, so you get watery diarrhea—sometimes ten or twenty times a day. Your immune system rushes white blood cells to the colon, which causes fever and makes your belly hurt. In mild cases, stopping the antibiotic and resting may be enough. In other cases, doctors give a different antibiotic that kills *C. difficile* but spares more of the good bacteria. Severe cases can lead to a swollen, paralyzed colon (toxic megacolon), a tear in the colon wall (perforation), or shock. Those are life-threatening and may need surgery. Preventing it means using antibiotics only when truly needed and washing hands well, because the spores spread easily in hospitals and nursing homes.

What you might feel

- Watery diarrhea (three or more loose stools in 24 hours)
- Cramping belly pain
- Fever (temperature over 100.4°F or 38°C)
- Loss of appetite or nausea
- Blood or pus in the stool
- Very high white blood cell count (over 15,000 cells per microliter)
- Severe belly tenderness or swelling
- Dehydration (dry mouth, dizziness, less urine)

Call the doctor right away if...

- White blood cell count over 15,000 (sign of severe infection)

- Kidney injury or creatinine rising to 1.5 times baseline (kidneys shutting down from dehydration or toxins)
- Lactate over 2.2 mmol/L (sign the body's tissues aren't getting enough oxygen)
- Severe belly pain, rigid abdomen, or signs the colon might be tearing or bursting
- Low blood pressure or signs of shock (body can't keep blood flowing properly)

What the care team will do

- Place patient on contact precautions with gown and gloves for all room entry, and use soap and water hand hygiene instead of alcohol gel
- Monitor vital signs every 4 hours and watch for fever over 100.4°F, heart rate over 100, or blood pressure dropping below 90 systolic
- Track and document every bowel movement including consistency, amount, and presence of blood or mucus
- Measure intake and output strictly, and give IV normal saline to replace fluid losses if patient cannot drink enough or shows signs of dehydration
- Give oral vancomycin or fidaxomicin exactly on time and ensure patient swallows the medicine, not given through IV
- Assess abdomen every shift for increasing pain, distension, rigidity, or absent bowel sounds
- Check daily lab work for white blood cell count, creatinine, and lactate if ordered
- Stop unnecessary antibiotics immediately after discussing with the provider, and avoid antidiarrheal medicines like loperamide

Medicines you may be given — and why

Vancomycin (oral)

Vancomycin stays inside the intestines (colon) and kills the *C. difficile* bacteria directly. It blocks the bacteria from building their protective cell walls, so the bacteria fall apart and die. This stops the bacteria from making the toxins (poisons) that damage the colon lining.

Fidaxomicin (oral)

Fidaxomicin kills *C. difficile* bacteria in the colon by stopping them from making the proteins they need to survive. It is very selective—it targets *C. difficile* much more than your normal good gut bacteria, so it helps the healthy bacteria recover faster. This lowers the chance the infection will come back.

Metronidazole (oral or IV)

Metronidazole enters *C. difficile* bacteria and damages their DNA (the instruction manual inside the bacteria). This kills the bacteria. However, metronidazole is now used only as a second choice or add-on in severe cases, because studies show vancomycin and fidaxomicin work better and cause fewer recurrences.

Bezlotoxumab (IV, one-time infusion)

Bezlotoxumab is a lab-made antibody (a protein that sticks to and blocks a toxin). It attaches to toxin B, one of the two main poisons made by *C. difficile*, and stops the toxin from damaging your colon cells. It does NOT kill the bacteria—it just neutralizes the poison. It is used along with an antibiotic (like vancomycin or fidaxomicin) to lower the chance of the infection coming back, especially in people at high risk for recurrence.

Fecal microbiota transplant (FMT)

FMT puts healthy bacteria from a donor's stool into your colon. These good bacteria re-colonize (move in and grow in) your gut, crowding out *C. difficile* and restoring the normal balance. This stops *C. difficile* from taking over again. FMT is used for recurrent *C. difficile* infection (when the infection keeps coming back after antibiotic treatment).

Where this information comes from

- IDSA/SHEA *C. difficile* Infection Guideline 2021
- CDC *C. difficile* Infection Information
- Cochrane Review on *C. difficile* Treatment
- American Journal of Gastroenterology Clinical Guidelines

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