

Introduction

At least 25 percent of antibiotic prescriptions in nursing homes do not meet clinical guidelines for prescribing. This use and overuse of antibiotics results in side effects and drug-resistant bacteria. The Communication and Decisionmaking for Four Infections toolkit aims to reduce inappropriate prescribing for the four infections for which antibiotics are most frequently prescribed in nursing homes:

- (1) Urinary tract infections (UTIs)
- (2) Lower respiratory tract infections
- (3) Skin and soft tissue infections
- (4) Gastrointestinal infections

Source: <https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit2-communications-and-decisionmaking.html>

When to Perform Toxin Assay on Stool

- ☐ Resident symptomatic with diarrhea (>3 loose/watery stools a day).
- ☐ Especially consider in residents who received antibiotics in previous 60 days and have one or more of the following: fever, elevated WBC, fecal leukocytes, abdominal pain/tenderness.
- ☐ Do not perform toxin assay on formed stool.
- ☐ Do not culture stool; only perform toxin assay.
- ☐ After treatment, do not retest for cure (toxin may stay positive even when resident is improved).

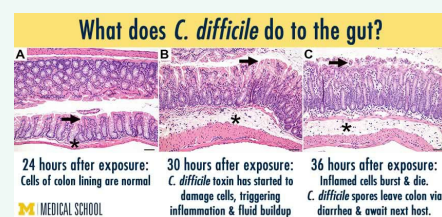
When to Treat

- ☐ Symptomatic resident with toxin-positive stool.

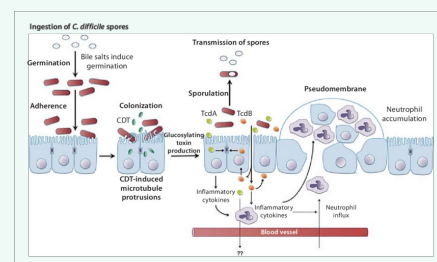
How to Isolate Culture-positive Residents

- ☐ Limit time outside of room for C. difficile positive resident while symptomatic; limit time especially if resident is unable to contain stool.
- ☐ Use gloves for contact with resident or resident's environment while on therapy.
- ☐ Perform hand hygiene with soap and water (alcohol does not kill C. difficile spores).
- ☐ Consider daily use of diluted hypochlorites (household bleach diluted 1:10 with water) to disinfect resident's environment.

C. difficile bacteria wreak havoc in guts



Pathogenesis of Clostridium difficile



From Colonization to Infection

