



## ***C. difficile* Prevention Collaborative Antimicrobial Stewardship Workgroup**

Thursday, October 17, 2013

### **Summary Recommendations**

In an effort to minimize exposure to antimicrobials highly associated with subsequent *C. difficile* infection, the stewardship workgroup recommends the following:

1. Revise institutional community-acquired pneumonia (CAP) treatment guidelines and order sets as follows:
  - a. Preferred treatment for non-ICU patients admitted to the hospital with CAP is ceftriaxone + doxycycline
  - b. moxifloxacin should be reserved for patients with severe penicillin allergy only
2. Treatment guidelines should be revised to include options for oral step-down therapy for CAP patients:

Any of the following 3 options are acceptable. Please consider drug affordability at time of discharge when selecting regimen:

  - a. Cefuroxime axetil 500 mg po q12h + doxycycline 100 mg po q12h
  - b. Cefpodoxime 200 mg po q12h + doxycycline 100 mg po q12h
  - c. Amoxicillin 1,000 mg po q8h + doxycycline 100 mg po q12h
3. Recommended treatment duration: 7 days total (including total of IV and PO antibiotics administered).
4. Roll-out of the changes at each institution should include provider education.
5. Outcomes to be tracked:
  - a. Overall antibiotic consumption (DOT/1,000 patient days)
  - b. Use of targeted agents (moxifloxacin, doxycycline, ceftriaxone)
  - c. Antibiotic prescribing patterns by indication (specific focus on CAP/respiratory)
  - d. *C. difficile* infection rates