

JAM Session 5: Antibiotics & Cdiff - When Treatment Turns Risky

Antibiotics can save lives—but they can also **wipe out “good” gut bacteria**, letting **C. difficile (C. diff)** take over. The result can be **severe, contagious diarrhea** and serious complications.

What is C.diff?

C. diff is a bacteria that can cause **colitis** (inflammation of the colon). It spreads through **hardy spores** that survive on surfaces and hands—especially in healthcare settings.

Think: Antibiotic exposure + spores + vulnerable gut = risk.

When does treatment turn risky?

Antibiotics most associated with C. diff (not an exhaustive list)

- Clindamycin
- Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)
- Cephalosporins (especially broad-spectrum)
- Broad-spectrum penicillins (e.g., ampicillin/amoxicillin combinations)

Risk increases with:

- Any antibiotic use, especially **multiple antibiotics**
- Longer duration or repeated courses
- Recent hospitalization or LTC exposure
- Age 65+
- Immunocompromised
- GI surgery/procedures
- Acid-suppressing meds

Suspect Cdiff when:

- **3 or more loose stools in 24 hours** *without another clear cause*
- Symptoms begin **during antibiotics** or within **weeks after antibiotics**
- **Fever, abdominal pain, leukocytosis, dehydration**
- Severe signs: **ileus, toxic megacolon, hypotension**

✓ **Action:** Notify provider + start precautions + review meds

Simple Ways to Lower C.Diff Risk:

Right Drug * Right Dose * Right Duration * Right Time * Right Indication

*Access the
short video here:*



<https://drive.google.com/file/d/1-VuvyJQ10CSeRPaMtmfKf0GfuRkRhBAN/view?usp=sharing>

The “Do / Don’t” of stool testing

- Test only **unformed stool** (takes the shape of the container)
- Test when patient has **clinically significant diarrhea**

DON'T

- Don't test formed stool
- Don't “test-of-cure” after treatment (unless specific clinical guidance)
- Don't test if diarrhea is clearly explained (e.g., bowel prep, laxatives—unless symptoms persist after stopping).

If you Suspect C.Diff:

1. Isolation – Special Contact Precautions using gown and glove on entry, dedicated equipment when possible
2. Hand Hygiene- Soap and water is best after caring for suspected or confirmed C.diff
3. Environmental cleaning- Use sporicidal disinfectant and focus on high-touch surfaces: bed rails, call button, toilet areas, door handles, etc.

Quick Red Flags – Call the provider if:

- Sever abdominal pain/distention
- Signs of dehydration, hypotension
- Blood in stool, confusion, rising WBC/creatinine
- No stool but worsening distention (possible ileus)