**Pathway inclusion criteria:**
Inpatient, confirmed or high suspicion of C. difficile infection (CDI)

*Positive C. difficile toxin (CDT) testing/colonoscopy with CDT.*

**High-risk setting:**
- **Postoperative** (e.g., fever, leukocytosis, WBC count).
- **Infectious disease** (e.g., neutropenic patient).
- **Recurrent** (e.g., >2 episodes in 6 months).

**Non-fulminant:**
- Determine if CDI is fulminant.
- If possible, stop precipitating antibiotic(s), laxatives, acid-suppression agents, anti-peristaltic agents.

**CDI recurrence?**
- **NO:**
  - Significant abdominal findings?
    - **NO:**
      - Management of non-fulminant CDI
    - **YES:**
      - **First CDI Episode**
      - **Recurrent CDI Episode**

**Diseases of chronic illness**
- **YES:**
  - Intolerance/allergy to oral vancomycin

**Intolerance to oral vancomycin:**
- Consider rifaximin, 550 mg tid for 14 days.

**Management of fulminant CDI:**
- **First CDI Episode**
  - Consider CT abdomen/pelvis and consult infectious disease (ID) for consideration of fecal microbiota transplantation (FMT).
  - Start vancomycin tapered regimen.
- **Recurrent CDI Episode**
  - Consult infectious disease (ID) for consideration of fecal microbiota transplantation (FMT).
  - Evaluation for FMT is recommended for patients with 2+ recurrence of CDI.

**If no improvement in diarrhea within 5 days:**
- Consider alternative causes for infection.
- Consider novel medical strategies for diarrhea as per recent literature.
- Futility evaluation is pending; consider referrability to infectious disease (ID) consult.

**If the patient was on C. difficile toxin (CDT) testing:**
- Colonoscopy with CDT.
- CDT testing/colonoscopy with CDT.
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**Management of non-fulminant CDI:**
- **First CDI Episode**
  - Consider CT abdomen/pelvis and consult infectious disease (ID) for consideration of fecal microbiota transplantation (FMT).
  - Start vancomycin tapered regimen.
- **Recurrent CDI Episode**
  - Consult infectious disease (ID) for consideration of fecal microbiota transplantation (FMT).
  - Evaluation for FMT is recommended for patients with 2+ recurrence of CDI.

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