

Patient Information

***Clostridioides difficile* Infection**

Introduction

This leaflet provides information for patients who have *Clostridioides difficile* Infection (CDI). If you have CDI, please make sure that those caring for you at home also read this leaflet.

What is *Clostridioides difficile*?

Clostridioides difficile is often shortened to *C. difficile* or *C. diff*. It is a type of bacteria (bug) found in the gut of about 5% of the population without causing diarrhoea. This is because the bug is normally kept under control by the 'good' bacteria present in the gut.

However, if the number of good bacteria is reduced, for example by taking antibiotics, *Clostridioides difficile* can multiply and produce toxins which inflame the gut and cause diarrhoea. The *Clostridioides difficile* bacteria are passed out in the faeces of an infected person. Once outside the body, they change to the spore form which can survive in the environment (surroundings) for a long time.

How do you catch *Clostridioides difficile*?

Clostridioides difficile spores may be transferred to patients' hands from contact with a contaminated environment or hands of other patients. It can also be transferred by visitors or staff who have touched a contaminated surface such as furniture, medical equipment, toilets, handles, sinks or taps. If the hands are not washed before eating or drinking, spores can be ingested (swallowed) and can reach the gut and cause diarrhoea.

Reference No.
GHPI1073_02_25

Department
Infection Control

Review due
February 2028

Usually, the person will be taking or have recently taken antibiotics for another infection.

If you are taking antibiotics and develop diarrhoea, please tell your doctor as soon as this happens. Ask your doctor whether you should continue to take the antibiotics and if any other actions are necessary.

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Who is most at risk of getting CDI?

People are more at risk of developing CDI if they:

- are over 65 years.
- are taking, or have recently taken antibiotics.
- have a weakened immune system.
- have spent a long time in hospital.
- have a serious underlying illness.
- have had gut surgery or a procedure involving the gut.

What are the symptoms of CDI?

The most common symptom is watery diarrhoea, usually 3 to 5 times a day. This will have an unpleasant smell and may contain mucus or blood. If the CDI is severe the diarrhoea may occur more often (between 10 and 15 bouts a day).

Other symptoms include stomach cramps, fever, nausea (feeling sick), vomiting and loss of appetite.

Diarrhoea may lead to dehydration. You should drink at least every hour during the day to avoid this. Symptoms may last from a few days to several weeks.

Most patients recover fully. However, some patients may become seriously ill and develop inflammation of the bowel (colitis). If colitis is severe (pseudomembranous colitis) it can be life-threatening.

How is CDI diagnosed?

CDI is usually diagnosed when a diarrhoeal stool sample is tested in the laboratory and is found to have *Clostridioides difficile* toxin. The result of this test is usually available within 48 hours. The doctor will check the test results and decide if they reflect genuine CDI or if there is another cause of the diarrhoea.

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How is CDI treated?

CDI is usually treated with vancomycin or fidaxomicin which are antibiotics effective against *Clostridioides difficile*. The medication is usually given by mouth and should start to work within a few days.

Milder cases of CDI may not need any treatment.

You may be given extra fluids by mouth or intravenously (into a vein) if you become dehydrated.

Your doctor might decide to stop some medicines that you are taking. This may include any antibiotics you are taking if they are not needed anymore or they could worsen the symptoms if continued.

Your condition will be monitored closely. The staff will record the number of times you have diarrhoea and the appearance of your bowel motions.

It is important that you complete the course of antibiotics for CDI even if your diarrhoea settles, otherwise symptoms may be more likely recur

It is also important to let staff know if you feel your symptoms are not improving or becoming worse.

If the diarrhoea does not get better your doctor will review and may change your antibiotics or discuss alternative treatments with you.

How will CDI affect my stay in hospital?

You will be nursed in a single room while you have diarrhoea. Staff, carers and visitors will need to follow infection control precautions until your diarrhoea has stopped.

We do understand that being in isolation in a single room while unwell can be a difficult time, however it is important to prevent *Clostridioides difficile* spreading to other people. In most cases you will need to stay in a single room until you have stopped having diarrhoea for 48 hours and your bowel motions have returned to normal.

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It is important to have good personal hygiene to stop your skin from becoming sore and to prevent the spread of *Clostridioides difficile*. Your care and dignity is very important and you should not feel embarrassed to ask for help with personal care. If your skin becomes sore around your bottom you will need to use a barrier cream. This will protect your skin from coming into contact with diarrhoea. The staff caring for you will provide this and will also check on your condition regularly.

We ask that you limit the number of personal belongings in your room. This will help keep the room free of clutter and make it easier for our staff to clean.

Please do not hesitate to ask a member of staff if you do not understand what is happening. The staff are there to help and care for you and answer any questions that you or your relatives may have. If you have any concerns please speak to the nurse in charge.

Alternatively, you can ask the ward staff to contact the Infection Prevention and Control team who can answer any further questions.

What infection control precautions will need to be taken?

Hospital staff will wear disposable aprons and gloves and wash their hands with soap and water every time they attend to you. Alcohol gel or foam is not effective against *Clostridioides difficile* spores.

Clostridioides difficile spores are difficult to remove from the environment so special cleaning methods will be used.

Remember, you must wash your hands thoroughly with liquid soap and water after using the toilet and before eating or handling food. This will help to remove *C. difficile* from your hands and reduce spread. You must also dry your hands using the paper towels provided in the room.

Please ask for help if needed. If you are unable to use a hand wash basin, you can use a hand wipe or a bowl of water to clean your hands. Please ask for hand wipes if they have not already provided.

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If any carers wish to stay with you in hospital and assist in your care, they must follow the infection control precautions mentioned above.

Can patients with *Clostridioides difficile* have visitors?

Healthy people are unlikely to develop CDI but precautions must still be taken to prevent its spread. However, it is advised that children under the age of 12 should not visit.

Visitors should not attend if they are unwell or have recently had diarrhoea. If a visitor has had a recent infection or illness or has a problem that makes them more vulnerable to infection, they should check with the nurse in charge before visiting.

Visitors should follow the advice below:

- Use the alcohol gel provided before they enter the ward and when leaving the ward.
- Wash their hands with soap and water at the hand hygiene sink before leaving your room.
- It is not necessary for your visitors or carers to wear gloves and aprons unless they are helping you with personal care such as washing and dressing. After use, the gloves and aprons should be put into the orange bin in your room. Visitors must then wash their hands with soap and water.
- If they are visiting other patients in the hospital, it is best if they visit you last.

Can people with *Clostridioides difficile* still send their washing home?

It is best to ask the staff to provide you with hospital nightwear while you have diarrhoea.

If you have any clothing that needs to be taken home to be washed, make sure that these items are washed as soon as possible. These items should be washed at 60°C and separately from other loads. Take care not to overload the machine so that the water can circulate freely, as this will help to rinse away the bacteria.

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The ward may be able to provide special bags to put dirty laundry in, these are called 'Dissolvo Sacks' and can be put straight into the washing machine.

Always wash your hands with soap and water after handling soiled or used clothing. Clean the area around your washing machine, such as the door of the machine and worktops, with a kitchen cleaner that contains bleach. Tumble dry clothes where possible or iron according to manufacturer's guidance. A hot iron with steam is best, if possible.

When you go home

If you have been discharged from hospital but are still taking medication for your CDI, it is important to complete the course of antibiotic treatment even if you are feeling better and your diarrhoea has stopped.

When you go home try to eat a normal healthy diet.

Wash your hands with soap and water after going to the toilet and before preparing and eating food. Use a liquid soap pump dispenser as a bar of soap can harbour bacteria.

- You can return to work if you have been free from diarrhoea for 48 hours.
- If you need antibiotics for any other illness, please make sure that your GP knows that you have previously had *Clostridioides difficile* infection.
- The Infection Prevention and Control team will inform your GP that you have had CDI on this admission.

Can CDI come back?

There is around a 10% chance that your CDI may come back. This can happen up to 3 months following treatment. A very small number of people may suffer several relapses.

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What should you do if the diarrhoea returns?

Contact your GP straight away if you develop diarrhoea after you are discharged from hospital. The discharge letter to your GP should state that you had CDI while in hospital but make sure that you mention it to your GP as well.

Do not take any medicines to stop the diarrhoea (such as loperamide) without discussing with your GP. This is because medicines to stop diarrhoea can prevent the infection being cleared from your body.

It is important to clean surfaces at home that may have been contaminated.

Clean surfaces in the bathroom regularly, in particular the toilet bowl, toilet seat and toilet flush handle, sink and taps. Clean with household detergent and bleach.

Soiled clothing and bedding should be washed separately from other items.

Remember to wash your hands well and dry them thoroughly after handling soiled items.

If you are readmitted to hospital or admitted to another hospital, please tell a member of staff that you have had a *C. difficile* infection.

Contact information

If you need further advice, please speak to the nursing staff on the ward. The Infection Prevention and Control Nurses will visit you while you are in hospital.

Further information

NHS UK

Website: www.nhs.uk/conditions/c-difficile/

Content reviewed: February 2025

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>