





Develop of an Algorithm & an Antimicrobial Pre-Print Order Form for the treatment of Clostridium difficile infection in hospitalized immunocompromised patients at the Cross Cancer Institute

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## CSHP 2015 Objective 3.2

In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets.





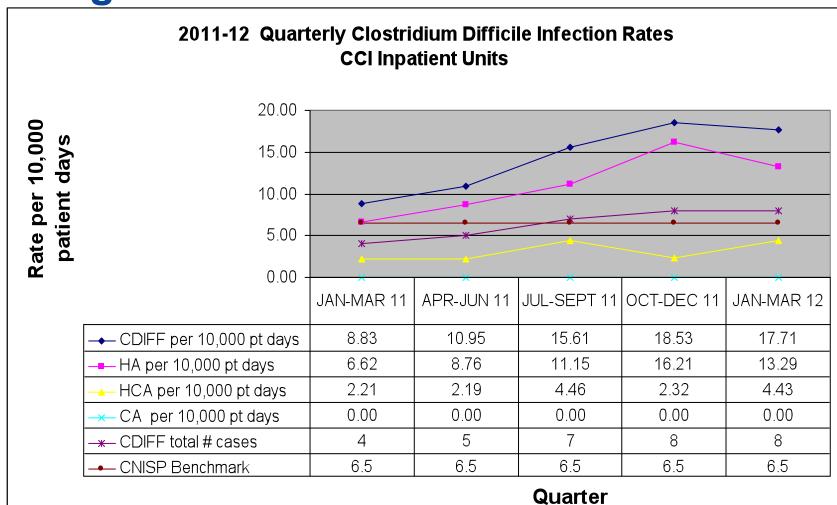
## **Background**

- Infection Prevention & Control Committee
  - Multi-disciplinary committee
  - Surveillance review & Outbreak management
  - C. difficile infection rate @ the Cross Cancer Institute compared to National benchmark rate





## **Background**







## Why a pre-print order?

- Pre-Print Order for chemotherapy are used regularly
- Standardize testing
- Standardize clinical definitions
- Systematic treatment plan
- Increase awareness of status of each individual case
- Education resource for current Best Practice Guidelines





## **Methods**

- Literature search....
- Definitions / clinical staging / antimicrobial Tx
- Feedback from Infectious Disease physicians, Oncology physicians, Associate physicians
- Feedback from nurses
- Feedback from pharmacists
- Edited pre-print orders accordingly





Alberta Health Services		
	Services FILE COPY	
		Last Revision Date: Apr 27, 2012
	MEDICATION AND I.V. ORDERS Page 1 of 1	GENERAL ORDERS (MISC 175)
DATE / TIME	Indwelling Bowel Catheter System     (order for bedridden patients only)     If patient is NPO, consult Infectious Diseases     Place patient on contact precautions	Clostridium difficile Definition Diarrhea AND lab confirmation OR
	C. difficile Toxin Test: Sent(date)	Fever WITH abdominal pain and/or ileus AND lab confirmation
1.	MILD TO MODERATE INFECTION: INITIAL THERAPY Start date: *Metronidazole 500 mg PO STAT and then TID for 14 days	OR Pseudomembranes on endoscopy /pathology  Diarrhea Definition: 3 or more unformed stools in a 24 hour period for at
	FIRST REINFECTION Start date:	least 1 day.
	Re-treat with:  *Metronidazole 500 mg PO STAT and then TID for 14 days	6 or more watery stools within a 36 hour period.  OR
	If no improvement after 3 days reclassify as severe infection.	8 or more unformed stools over 48 hours.  AND This is new or unusual for the patient.
	SECOND REINFECTION: Consult Infectious Diseases	Mild to Moderate Infection Definition: Mild to moderate diarrhea, creatinine < 1.5 times baseline
2.	SEVERE INFECTION:  Discontinue current metronidazole for mild to moderate C. difficile infection	Severe Infection Definition: Fever, profuse diarrhea, abdominal pain, creatinine > or = 1.5 times baseline, elevated lactate level,
	INITIAL THERAPY Start date:	hemodynamic instability, elevated BUN, low albumin (<26 g/L)
	FIRST REINFECTION Start date:	Severe Complicated Infection Definition: Clinical findings of severe infection AND hypotension, shock, toxic megacolon, ileus
	**Vancomycin 125 mg PO STAT and then qid for 14 days	Reinfection Definition:
	SECOND REINFECTION: Consult Infectious Diseases	New clostridium difficile infection episode occurs > 8 weeks after diagnosis and symptoms of first infection have resolved.
3.	SEVERE COMPLICATED INFECTION: Consult Infectious Diseases	
4.	If UNRESOLVED DIARRHEA after 14 day treatment, AND patient is otherwise STABLE, consider re-testing C.difficle toxin test. If toxin test is negative, consider symptom management	*Metronidazole     No Therapeutic interchange     Oral therapy preferred
	with anti-diarrhea medication.	** Vancomycin  Do not change to IV
	Physician name (print)	(IV therapy not effective)
DICTATED RECALL	PHYSICIAN'S SIGNATURE	PROCESSED BY

PINK • PATIENT RECORD YELLOW • PHARMACY



A.C.B. 605-51A (REV.MAY 09) 11307



PHYSICIAN'S ORDERS

## Results: Highlights of Pre-Print Order

- Documentation of C. difficile toxin test date
- Classify the infection mild to moderate
  - severe
  - severe complicated
- Determine initial infection or first re-infection
- Definitions & monitoring parameters





## Results: Highlights of Pre-Print Order

#### Mild to Moderate Infection

Metronidazole 500 mg po STAT, then TID x 14 days

#### Severe Infection

- Discontinue metronidazole
- Vancomycin 125 mg po STAT, then QID x 14 days

## Severe Complicated

Consult Infectious Disease Physician





## **Implementation**

- Nursing in-services
- Included in nursing mandatory re-certification
- Pharmacy in-services
- Discussions with doctors
- Surveillance patient status & outcome
  - monitor use of pre-print





# Pre-print Benefits: Focused Pharmacy clinical services

- Identify patients with C. difficile infection
- Patient status & therapy plan
- Medication review
- Target interventions

## Pharmacist role & responsibility: promoting optimal antimicrobial use



