

## ACG Clinical Guidelines – Clostridioides Difficile

The American College of Gastroenterology last published guidelines on the diagnosis, treatment, and prevention of *Clostridium difficile* infection in 2013. Since that publication, there was a change in the taxonomic classification in 2016, with the organism assigned to a new genus and now called *Clostridioides difficile*. The U.S. Centers for Disease Control and Prevention has adopted the new nomenclature, which has become standard throughout the scientific literature. Other developments include the increased recognition of diagnostic challenges in the era of nucleic acid amplification-based testing, new therapeutic options for treatment and prevention of recurrence, and increasing evidence to support fecal microbiota transplantation (FT) in recurrent and severe infection.

*Clostridioides difficile* infection occurs when the bacterium produces toxin that causes diarrhea and inflammation of the colon. These guidelines indicate the preferred approach to the management of adults with *C. difficile* infection and represent the official practice recommendations of the American College of Gastroenterology. The scientific evidence for these guidelines was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation process. In instances where the evidence was not appropriate for Grading of Recommendations Assessment, Development, and Evaluation but there was consensus of significant clinical merit, key concept statements were developed using expert consensus. These guidelines are meant to be broadly applicable and should be viewed as the preferred, but not the only, approach to clinical scenarios.

These guidelines are intended to be complimentary to the recently updated Infectious Disease Society of America (IDSA) and Society of Healthcare Epidemiologists of America (SHEA) guidelines. The goal of the authors was to provide an evidence-based, clinically useful guideline for the diagnosis, management, and prevention of *C. difficile* infection (CDI). Think about how you are managing your residents with a *C. diff* diagnosis. Please take the time to review these documents and be sure you are meeting the standard, it can make a huge difference in your resident's quality of life! Stay informed, stay well and stay tuned!

[https://journals.lww.com/ajg/Fulltext/2021/06000/ACG Clinical Guidelines Prevention, Diagnosis,12.aspx](https://journals.lww.com/ajg/Fulltext/2021/06000/ACG_Clinical_Guidelines_Prevention_Diagnosis.12.aspx)

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*