

# *C. difficile* Infection Reduction in Long-Term Care: Early Recognition and Implementation of Contact Precautions Bite-Sized Learning



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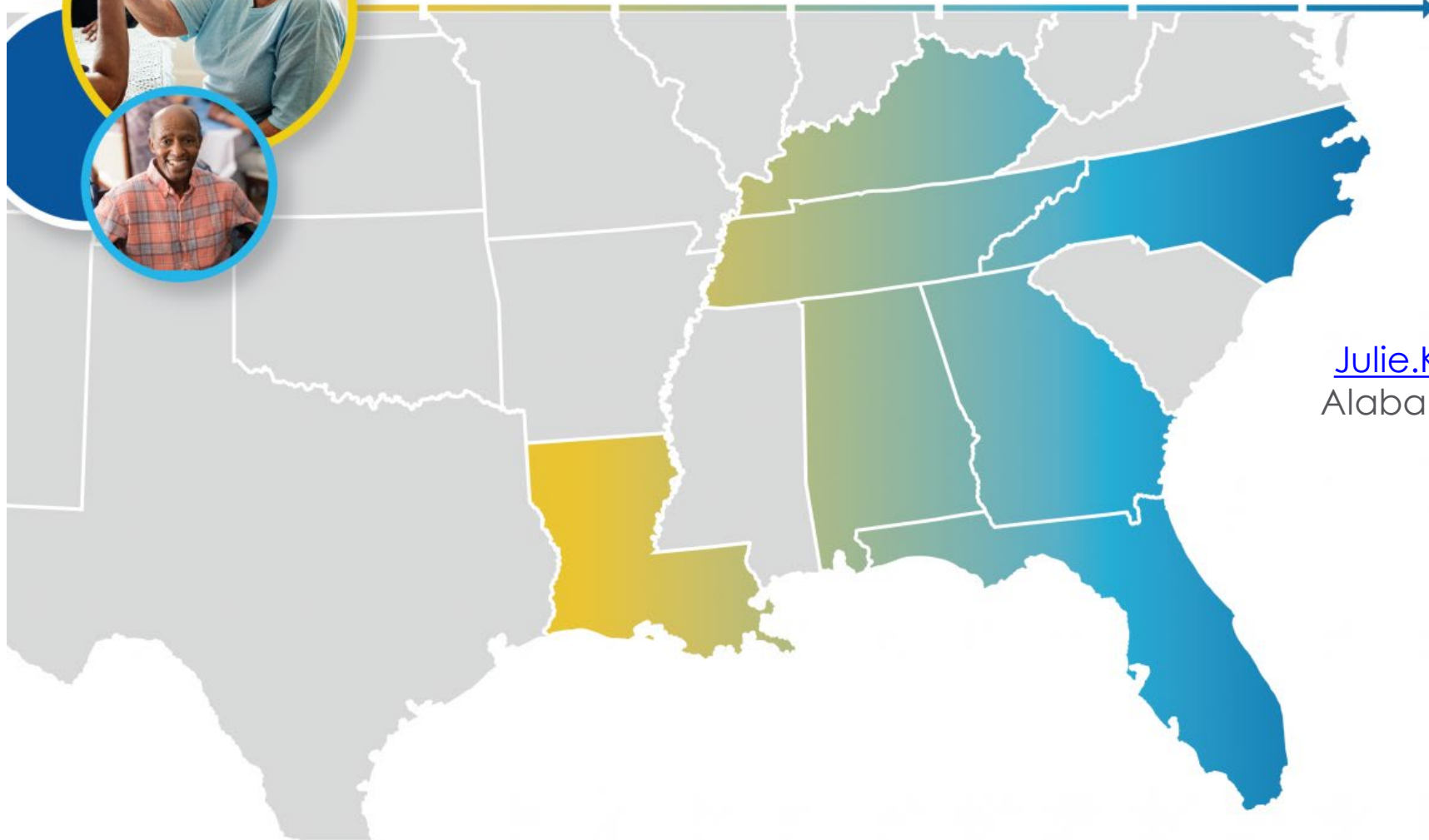
Paula is a doctoral student with a diverse background in public health, infection control, epidemiology and microbiology. She enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections. She has 10 years of health care experience.

*Paula enjoys spending time with her friends and family.*

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# Early Recognition and Contact Precautions

After this session, the learner should be able to:

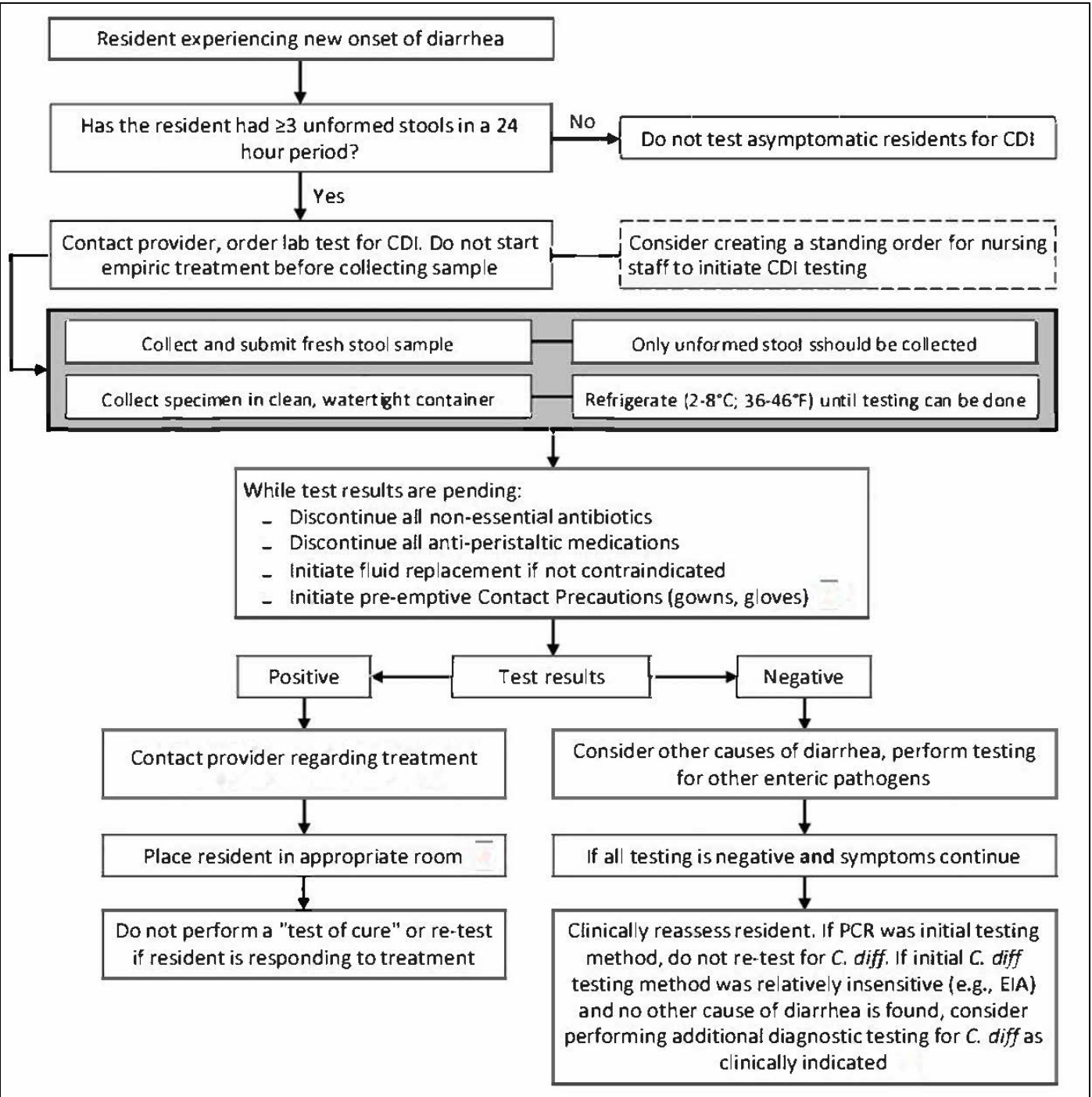
- Implement decision-making strategies for enhancing early recognition of patients with *C. difficile* infections.
- Understand what contact precautions are, when to initiate for patients with suspected or confirmed *C. difficile* infections and when to discontinue contact precautions.

# Early Recognition: Sign and Symptoms

- Watery diarrhea as often as 10 to 15 times a day
- Abdominal cramping and pain, which may be severe
- Rapid heart rate
- Dehydration
- Fever
- Nausea
- Increased white blood cell count
- Kidney failure
- Loss of appetite
- Swollen abdomen
- Weight loss
- Blood or pus in the stool

# Contact Precautions

- Contact Precautions require the use of a gown and gloves on every entry into a resident's room. The resident is given dedicated equipment (e.g., a stethoscope and blood pressure cuff) and is placed into a private room. Residents on Contact Precautions should be restricted to their rooms except for medically necessary care and restricted from participation in group activities.
- Contact Precautions are recommended if the resident has acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained or for a limited time during a suspected or confirmed MDRO outbreak investigation.



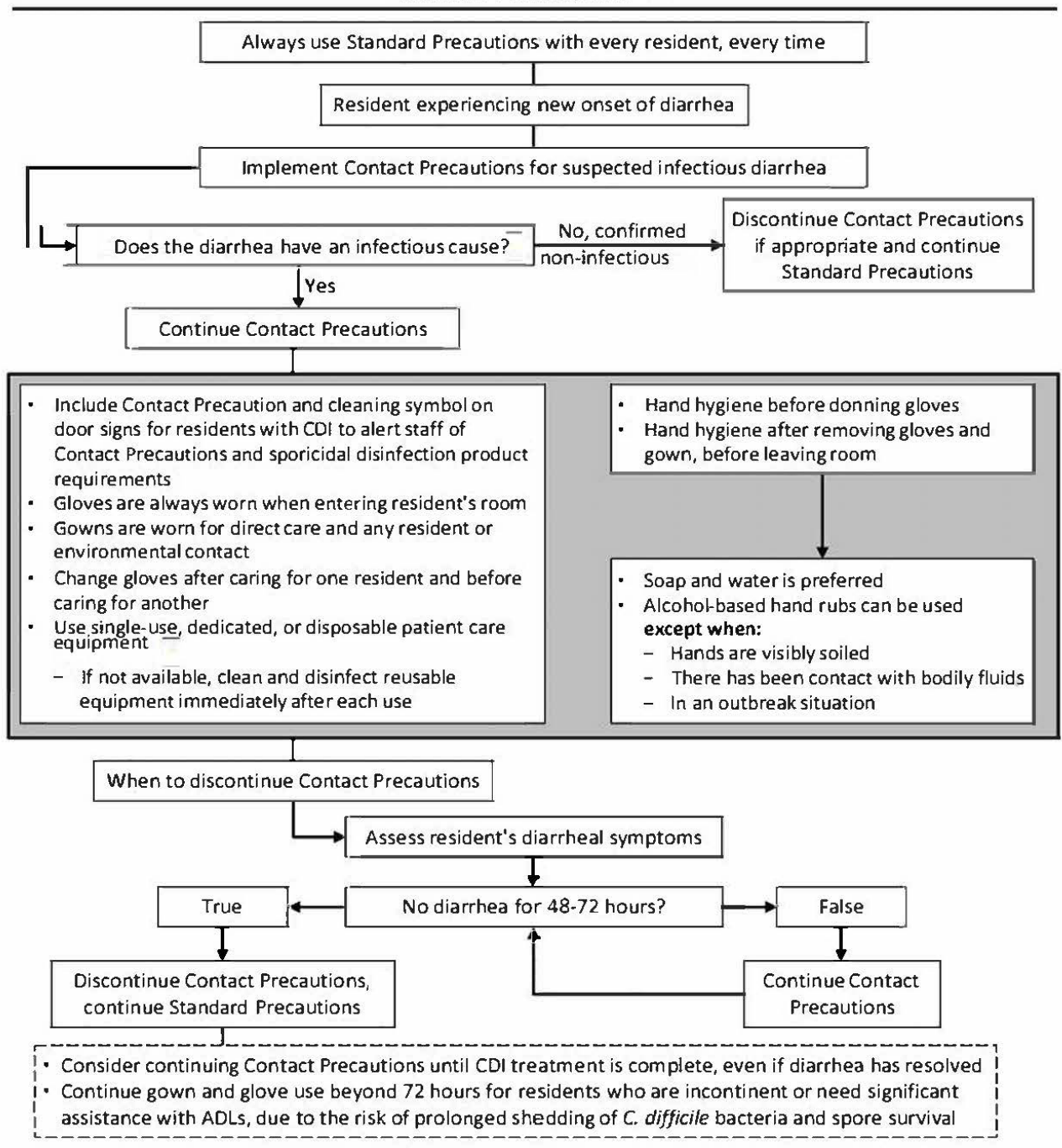
# Early Recognition and Testing Flow Chart

# Discontinuing Contact Precautions

- Discontinue precautions when diarrhea has resolved (i.e., the resident has < 3 unformed stools in a 24-hour period)
- Some studies suggest continuing Contact Precautions for 48 hours after the resolution of diarrhea due to continued *C. difficile* shedding, environmental contamination, and resident skin colonization (McDonald et al., 2018)
- Some facilities continue Contact Precautions through the completion of CDI antibiotic therapy (McDonald et al., 2018)
- In facilities with high rates of CDI, consider continuing Contact Precautions until discharge
- Consider extending Contact Precautions for residents that are incontinent and require considerable assistance with activities of daily living



## Contact Precautions



# Contact Precautions Implementation and Discontinuation Flowchart

- Include Contact Precaution and cleaning symbol on door signs for residents with CDI to alert staff of Contact Precautions and sporicidal disinfection product requirements
- Gloves are always worn when entering resident's room
- Gowns are worn for direct care and any resident or environmental contact
- Change gloves after caring for one resident and before caring for another
- Use single-use, dedicated, or disposable patient care equipment
  - If not available, clean and disinfect reusable equipment immediately after each use

- Hand hygiene before donning gloves
  - Hand hygiene after removing gloves and gown, before leaving room
- Soap and water is preferred
- Alcohol-based hand rubs can be used **except when:**
    - Hands are visibly soiled
    - There has been contact with bodily fluids
    - In an outbreak situation

# Thank you!

## Please contact any member of the Patient Safety Team for further questions!



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