

# Clostridioides difficile infection: antimicrobial prescribing - guideline consultation



**Consultation on draft guideline – deadline for comments 17:00 on 17/02/2021 email: [infections@nice.org.uk](mailto:infections@nice.org.uk)**

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li><li>3. For the <b>guideline</b>:<ul style="list-style-type: none"><li>○ Are there any recommendations that will be a significant change to practice or will be difficult to implement? If so, please give reasons why.</li><li>○ What are the key issues or learning points for professional groups?</li></ul></li></ol> <p>See section 3.9 of <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	<b>Royal Pharmaceutical Society</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>NA</b>
<b>Name of commentator person completing form:</b>	Heidi Wright

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Type		[office use only]		
Comment number	Document (guideline, evidence review or the visual summary)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.				
Example 1	Evidence review	16	45	We are concerned that this recommendation may imply that .....
Example 2	Evidence review	16	45	Question 1: This recommendation will be a challenging change in practice because .....
Example 3	Evidence review	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	Evidence review	General	General	The use of oral vancomycin as first line treatment will be a change for many, both in hospital and community settings, with cost implications if replacing metronidazole. A clear comparison between metronidazole and vancomycin for first line treatment and the reasons to switch from metronidazole to vancomycin would be helpful as this is the key recommendation that clinicians will note within the guideline. A licensed oral solution of vancomycin is not currently available and while the vials for reconstitution can be used this is not a good practical option for community settings.
2	Evidence review	General	General	Ensuring timely access to both vancomycin and fidaxomicin in out-of-hospital care settings is a concern and will need consideration when implementing the final guidance.
3	Visual summary	1	-	In the <i>Assessment</i> section, severity assessment is recommended but it does not then link to different treatment depending on severity. Some more detail on actions required based on severity assessment would be helpful.
4	Visual summary	1	-	In the <i>Prescribing considerations</i> section, should concurrent prescriptions for prokinetics, laxatives and opiates also be mentioned? We suggest changing 'proton pump inhibitors' to 'gastric acid suppressing agents' or adding 'H2-antagonists'.
5	Visual summary	1	-	<i>Treating CDI</i> section – it seems strange to mention bezlotoxumab and FMT but not mention antibiotics that should be used for initial treatment and recurrence.
6	Visual summary	1	-	<i>Preventing CDI</i> section – We think it is unlikely that clinicians would consider offering prebiotics or probiotics as they are not

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				medicines. Consider writing instead 'Advise patient not to use prebiotics or probiotics as they are not effective'.
7				

Insert extra rows as needed

## Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.