

The case of “Dorothy”: Successful Treatment with Fecal Microbiota Transplantation in the Management of Resistant Clostridium Difficile Infections

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Clostridium difficile infections (CDIs) are some of the most common healthcare-associated infections in hospitalized patients¹⁻⁸ and in patients residing in nursing homes.⁹⁻¹¹ The diagnosis and treatment of CDIs exceed an estimated 3.2 billion dollars annually in the United States^{2,4,11-12} with approximately 333,000 cases and 15,000 to 20,000 deaths per year.^{2,4,13-15} When the diarrhea becomes severe and causes complications, CDIs become life-threatening and are a significant cause of morbidity and death in hospitalized patients.¹⁻⁴ There is increased incidence of severe and recurrent CDIs (RCDIs) due to a new hypervirulent strain that is less responsive to traditional medications. These patients oftentimes will be treated in an intensive care unit. Fecal microbiota transplantation (FMT), also called fecal bacteriotherapy, is an adjunctive, cost-effective means of treatment for patients with RCDI.^{2,12-19} The critical care nurse must understand the importance of a balanced gut microbiome^{20,21} and how CDIs disrupts that balance.²²⁻²⁵ Furthermore, the critical care nurse must recognize the role of Fecal Microbiota Transplants in order to provide appropriate care, educate patients, and collaborate with health care professionals regarding the latest treatment options for patients with RCDI. This presentation will utilize a case report of a 69-year-old woman who presented with diarrhea after being on an antibiotic for pneumonia. Status post FMT there was a complete resolution of the diarrhea after 10 hours of treatment and Dorothy reported no further diarrhea or complications. This presentation will highlight the FMT procedure, risks, benefits and nursing care required.