

Fecal Microbiota Treatment (FMT) Treatment Protocol by NasoDuodenal Tube for Patients who Experience Recurrent Episodes of *Clostridium difficile* infection (RCDI)

Equipment needed:

- Personal protective equipment (Disposable gown, gloves and mask)
- 250 ml Sterile preservative-free 0.9% Sodium Chloride (for injection),
Make sure the saline does not contain a preservative.
- 8F 43" EntreFlex Nasogastric tube
- Catheter tip irrigation 60 ml syringe
- Water-soluble lubricant, preferably 2% (MediChoice Lubricant Jelly)
- Xylocaine jelly
- Adhesive tape
- Low powered suction device OR Drainage bag
- Emesis basin

1. FMT Pre-treatment Patient Preparation

- (a) All patients must have prior laboratory verification of RCDI
- (b) **Day -4:** Start PO vancomycin (250 mg capsules or liquid equivalent) TID
The last vancomycin dose should be given the evening before the FMT administration
- (c) **Day -1:** Give the patient an omeprazole capsule (20 mg PO) the evening before and repeat the morning of the FMT administration

2. Day of Treatment

- (a) The patient reports to the Radiology Department for placement of a nasoduodenal tube. Radiography should be used to verify that the tube tip position is in the proximal duodenum.
- (b) Dr. Bakken will bring two 60 ml syringes prefilled with the fecal suspension, and proceed to instill 75-100 ml of the syringe content into the patient via the NDT
- (c) After the fecal suspension has been instilled, the NDT is flushed with 25-50 ml of preservative free sterile 0.9 N saline, and the NDT is withdrawn
- (d) Following the NDT withdrawal, the patient is discharged from the Radiology Department, and may go home or return to the hospital ward
- (e) The patient is permitted to resume a normal diet and all customary physical activities after discharge
- (f) The patient should be reevaluated with a routine outpatient clinic visit 14-28 days after the FMT, to document resolution of diarrhea

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