

### C. difficile Patient Acknowledgement

Antibiotics affect the 'good' bacteria in your intestinal tract essential for proper digestion, detoxification and your overall health. Replacing good bacteria is necessary and is not optional. Try to take acidophilus and a broad range of probiotics at least one – two hours before or after taking your antibiotics. If this becomes too complicated and you are missing doses, take the acidophilus at the end of your meal. For example, use Ultraflora (or the equivalent of at least 10 billion organisms), 1 capsule 2 times a day, with Theralac one capsule a day (1-2 times a day if any loose stools occur) and Saccharomyces boulardii 2 times a day. You may take all the probiotics at the same time (Ultraflora, Theralac, Saccharomyces). Take Nystatin away from the probiotics, and at the same time as your antibiotics.

If stools become too loose, increase your probiotics, by adding (for example) Orthobiotic, one twice a day, and/or Probiomax 100 or 350 billion, one twice a day, and/or VSL III one to two times per day. Adding a prebiotic, such as TruFiber, one teaspoon per day, may also help. Remain strict with the yeast free, sugar free diet.

If loose stools persist more than several days and/or become watery, stop all antibiotics (that does not including Plaquenil or Nystatin) and call the office so we can send you to a lab slip to test for C. difficile toxin.

C. difficile is a normal intestinal pathogen, but elevated amounts occur when the normal intestinal flora is altered, allowing C. difficile to flourish in the intestinal tract and produce a toxin that causes watery diarrhea. There are several strains of C. difficile, and these can be toxic and life threatening. Therefore, the use of probiotics daily, in the amounts discussed above, is essential in preventing C. difficile infection. These must be strictly taken when on antibiotics.

**I acknowledge receipt of the above C. difficile protocol, which has been explained to me and with which I am required to comply. I agree to follow this as a condition necessary to decrease complications with my treatment and in order to allow me to receive the potential benefits of treatment.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Patient Representative (if applicable) \_\_\_\_\_