C. diff Testing Guidance

Diagnostic Algorithm For C. Diff Infection

Community Onset C. Diff
Day 1 is day of admission

Hospital Onset C. Diff
Counts for unit where sample collected

Day 1 | Day 2 | Day 3 | Day 4 or greater

CDI = C. Difficile Infection

1. Patient with **CLINICALLY SIGNIFICANT DIARRHEA** (>3 episodes of loose, watery stool within a 24-hour period) with unknown cause?

OR

2. Patient with **UNEXPLAINED** leukocytosis or fever, and a shorter diarrheal period?

NO → **No C. difficile testing indicated.**

YES ↓

Has patient been given **LAXATIVES** over the past 24-48 hours?

NO → **Initiate Contact Precautions**

Discuss with Physician to obtain order for C. diff screen **ONLY**

↓

Send a single **UNFORMED** stool specimen to the lab

↓

Order C. Difficile Screen ONLY

YES ↓

STOP LAXATIVE and gauge clinical response for the next 24 hours prior to ordering C. diff screen (unless severe infection is suspected or risk is high).

High risk patients for CDI

1. Cancer patients
2. Antibiotics within 2 months
3. Frequently hospitalized
4. Diabetic or multiple other co-morbidities
5. LTC facility patients

Important

Test present on admission (POA) **diarrhea** by day 3, if C. diff suspected.

1. If order pending >24 hours and no diarrhea, discuss cancelling the order with the physician.
2. Only test acute diarrhea of unknown cause due to the risk of a **false positive** result.
3. Order **C. diff screen ONLY**.
4. **Multiple tests** should not be ordered (e.g., C. diff x3) due to the HIGH negative predictive value and limited benefit for diagnosis.
5. **Repeat testing** within 14 days after initial negative test is not recommended as few repeat tests are positive (<2%) and could lead to misdiagnosis.
6. **Repeat testing** for cure is not recommended because C. Diff toxin may persist despite a clinical response to treatment.
7. **Total colectomy** patients should not be tested unless C. diff infection is strongly suspected.
8. Testing asymptomatic patients for **facility transfer** is not recommended due to possible colonization.
9. Severe neutropenia may preclude a positive fecal leukocyte test.
10. Isolate patient with persistent diarrhea pending a diagnosis or resolution.
11. For high risk patients only, **formed** stool and consider option of preemptive therapy before day #4.

05/19/2025

Source: Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by SHEA/ISDA.