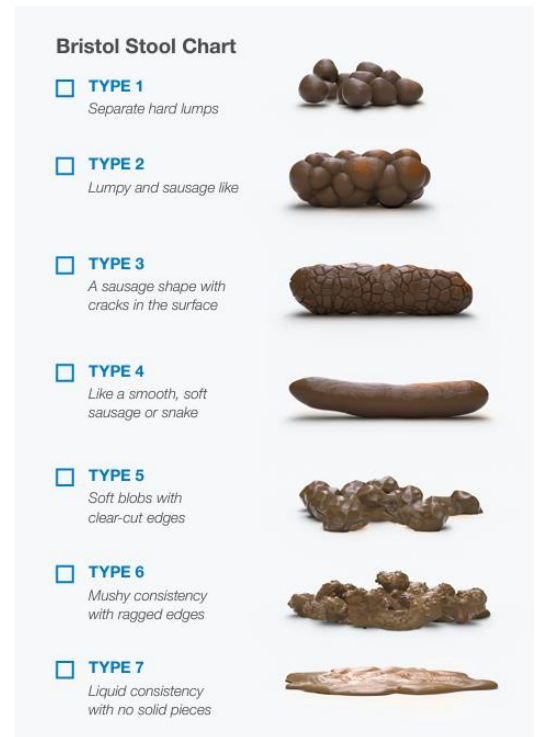
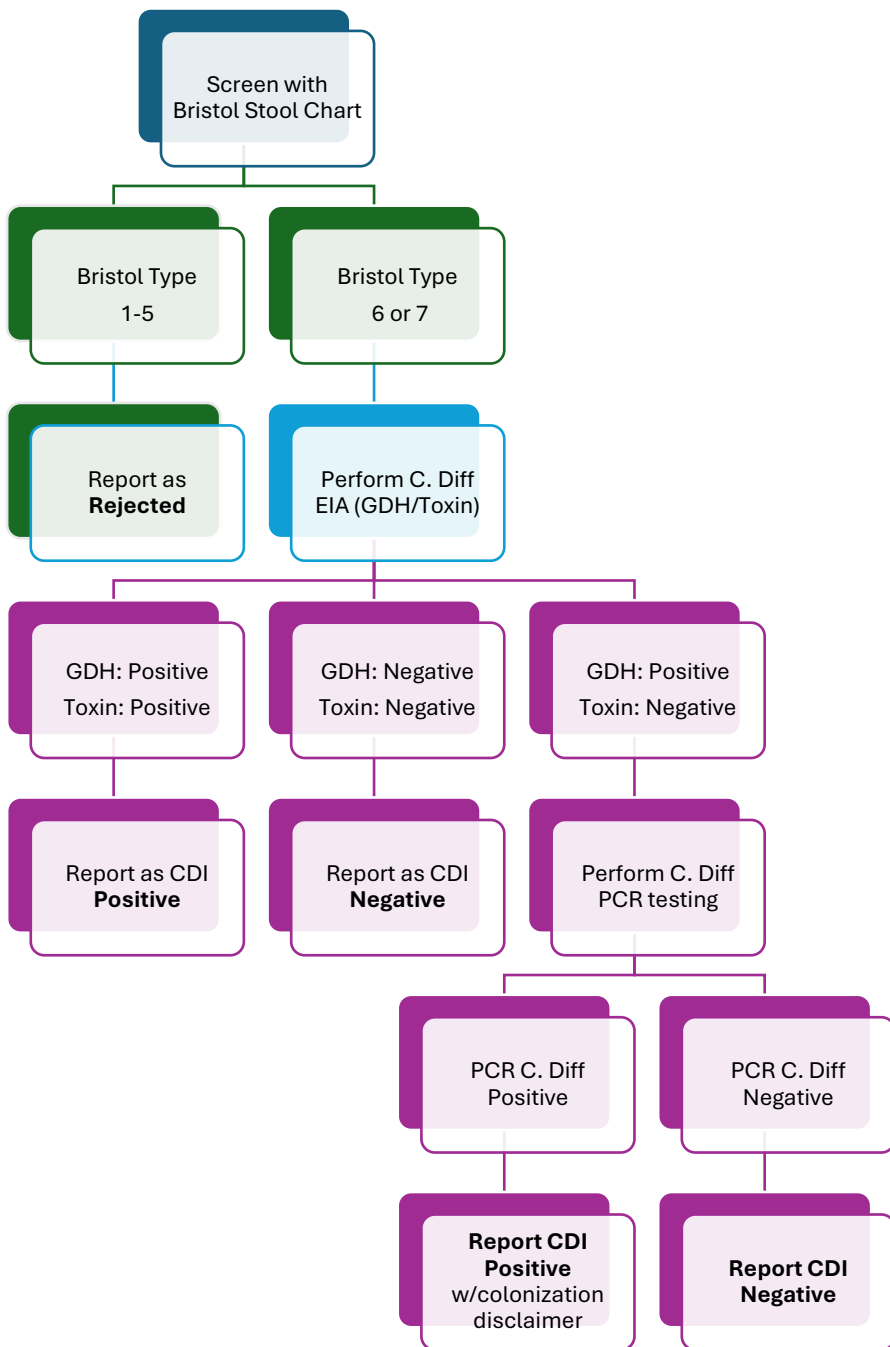


C. Diff Testing Approved Algorithm



*Colonization Disclaimer: Specimen positive by PCR only. This may indicate C. diff colonization. Correlate clinical presentation with positive C. diff Screen to increase positive predictive value.

C. Diff Testing Approved Algorithm

Testing Notes and Procedures

- **C. difficile testing should only be performed if patient meets burden for clinically significant diarrhea:**
 - Laxatives were not administered within 48 hours of testing
 - Patients should have experienced at least 3 loose/unformed stools within the previous 24 hours.
 - Stool submitted for testing is unformed (Bristol Stool Chart type 6 or 7)
- **C. difficile testing will not be performed on routine GI panel Testing.**
 - No routine Bristol grading/algorithm present.
 - Multistep algorithm increases positive predictive value of C. diff testing.
 - Providers will need to order C. Diff Screen Test separately
- **C. difficile testing will not be performed on neonates <=12 months of age.**
 - High prevalence of asymptomatic carriage to toxigenic C. difficile.
- **Lactoferrin (stool WBCs) will not be included in C. Diff Algorithmic Testing.**
 - Usefulness in CDI has not been established in literature (differing methodologies).
 - No recommendation for routine use in CDI by ISDA.
 - Provider can order test separately.

TYPE 1		Separate hard lumps (hard to pass).
TYPE 2		Lumpy, hard, sausage-shaped.
TYPE 3		Sausage-shaped with cracks on the surface.
TYPE 4		Sausage-shaped or snake-like; smooth and soft.
TYPE 5		Soft blobs with clear-cut edges (easy to pass).
TYPE 6		Fluffy pieces with ragged edges; mushy.
TYPE 7		Entirely liquid, watery, no solid pieces.

All information derived from Infectious Disease Society of America (ISDA) and Society for Healthcare Epidemiology of America (SHEA) Clinical Practice Guidelines on Clostridium difficile Infection (CDI) in Adults and Children, update 2017.

McDonald LC, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clin Infect Dis*. 2018;66(7):e1-e48