Marshfield Clinic
HEALTH SYSTEM

Adult Inpatient Testing Algorithm for Clostridium Difficile Infection (CDI)

Has the patient had LESS than 3 UNEXPECTED liquid/loose stools beyond their known stooling pattern or baseline within the past 24 hours?[1,2,4]

Yes → Do **NOT** Test

No ↓

Can the liquid/loose stools be the result of the patient currently, or within the past 48 hours, being introduced to a new medication or therapy that can be associated with loose/liquid stools such as:
Stool softeners, laxatives, enemas, bowel prep, lactulose, tube feeds, oral contrast?[5]

Yes → Do **NOT** Test. Consider therapy modifications. Re-evaluate in 24-48 hours after suspending or modifying therapy. If the agent cannot be modified or suspended, exercise clinical judgement and if appropriate proceed to the next ("NO") step below.

No ↓

Is the patient low-risk (i.e. afebrile, no elevated WBC, no abdominal pain, no recent antibiotic use, not an IBD patient nor any recent/frequent healthcare encounters)?[3]

Yes → Do **NOT** Test. Probability is low. Consider alternative etiology for loose/liquid stools.

No ↓

ORDER the test. Place the patient in contact isolation with **SOAP AND WATER** handwashing; place the appropriate signage outside the patient room. If the result is negative, remove patient from isolation. If the result is positive, maintain contact isolation until patient is discharged.

DO NOT TEST FOR CURE

Complex patients, including bowel obstruction, may not readily conform to this algorithm. This tool is not a replacement for clinical judgement, but a supplement. In some cases, expert opinion should be utilized.

NOTE: Laboratory will reject any specimen with formed stool.

ONLY 1 Test should be ordered every 7 days

PCR is highly sensitive. More frequent testing may yield a false positive, leading to unnecessary antibiotic use.

Contacts:
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This document has been adapted for Marshfield Medical Center from the *UW Health Adult Inpatient Testing Algorithm for Clostridium Difficile Infection (CDI) Copyright©2016*

References:
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