

Clostridium Difficile Testing Guidance

Testing Criteria for *C. difficile*

The patient should meet all four criteria below:

1. Has persistent, frequent watery stools (>3 per 24h) for a duration of >24 hours
➔ **Implement Contact Precautions**
2. Has one or more Risk Factor for CDI (page 2)
3. Is not on laxatives, stool softeners, tube feeds, or medications with diarrhea as a known side effect (prior 24-48 hours)
4. Diarrhea cannot be otherwise explained by treatment or condition (IBS, pancreatic cancer, liquid diet)

To improve use of diagnostic testing consider these process changes:

1. Physician approval for test
2. No standing orders for *C. diff* testing. IF DIARRHEA RESOLVES DO NOT TEST
3. Lab should reject specimens that don't meet criteria for clinical diarrhea (**conform to container, Bristol >5**)

Should we test for cure? **NO**

Occasionally, nursing homes will request one or more negative stool tests for *Clostridium difficile* Infection (CDI) prior to allowing a resident to be admitted to the facility.

This practice, called testing for cure, is not recommended for the following reasons:

- ◆ Patients who have recovered from CDI will often remain colonized for a prolonged period.¹
- ◆ Infectivity is driven by the presence of symptoms which include watery diarrhea, abdominal pain/tenderness, fever, nausea, loss of appetite.^{1,2}
- ◆ Contamination of a resident's skin and environment is greatest when a resident has diarrhea from CDI but has not started on appropriate treatment.
- ◆ Initiating therapy for CDI colonization can prevent the re-establishment of normal bacterial flora in the intestines.

References

1. Cohen SH, Gerding DN, Johnson S, Kelly CP, Loo VG, McDonald LC, Pepin J, Wilcox MH. Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the society for healthcare epidemiology of America (SHEA) and the infectious diseases society of America (IDSA). *Infection Control & Hospital Epidemiology*. 2010 May; 31(5):431-55. Retrieved from https://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/cdiff2010a.pdf
2. Vanderbilt University Medical Center. Guidance for providers: testing for *C. difficile* infection. 2011 August 31. Retrieved from <http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/Guidance%20for%20Providers%20FINAL%202011.pdf>
3. Centers for Disease Control and Prevention (CDC). Resources for prevention of *C. difficile* in healthcare facilities. Retrieved from https://www.cdc.gov/hai/organisms/cdiff/cdiff_settings.html

iSTOP *Clostridium Difficile*



ISOLATE patient if *C. difficile* is suspected



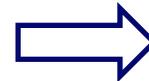
STOP consider clinical picture



TALK through testing decision



OBSERVE patient for improvement



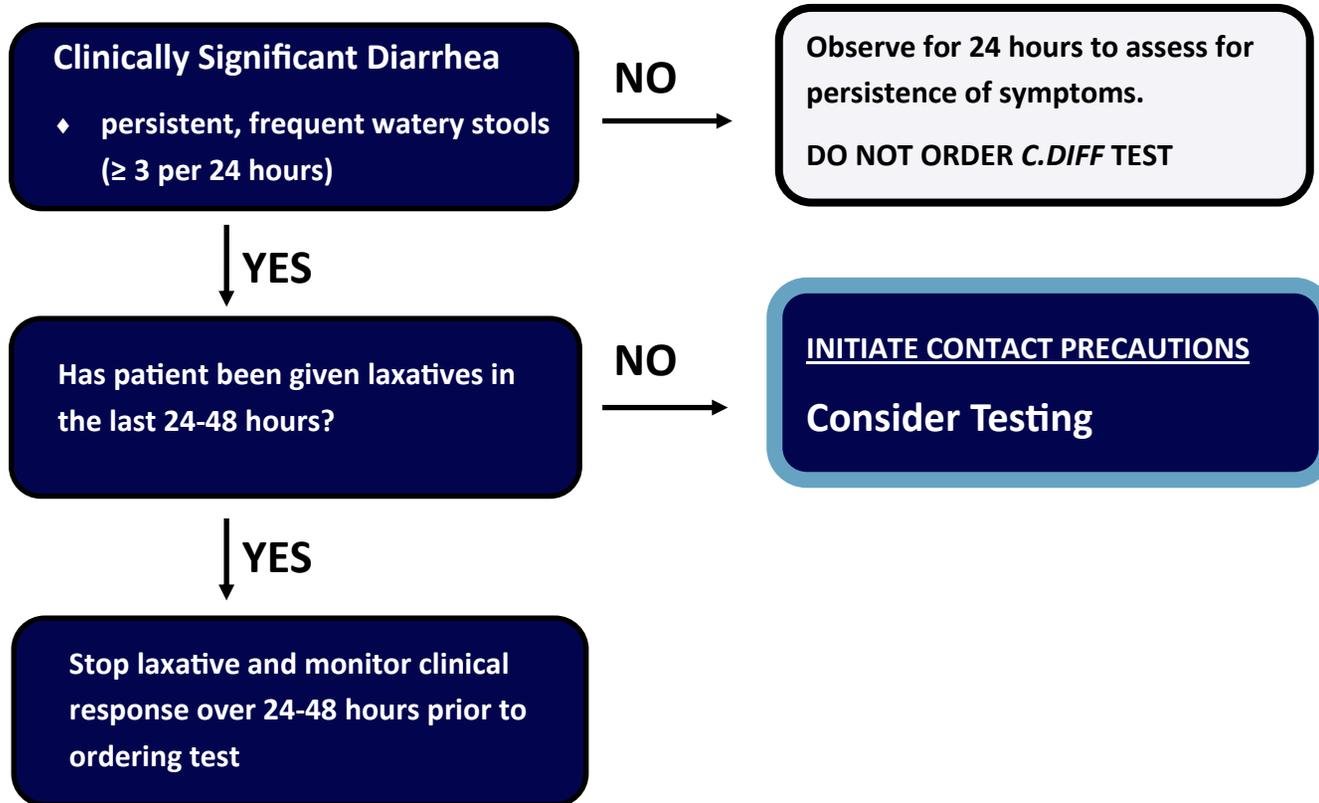
PROCEED to testing if indicated

Adapted from MultiCare's iSTOP *Clostridium difficile* tool.

C. difficile Testing Guidance

Risk Factors

- Antibiotics or gastric acid suppression in last 30 days
- GI procedure in last 30 days
- Long hospital stay (>7 days)
- Nursing home stay in last 3 months
- History of *C. difficile* in last 30 days
- Acute onset of abdominal pain/cramping
- Decreased appetite or anorexia
- Acute change from baseline or trajectory of recovery (fever, increased WBCs)



This guidance is not a substitute for clinical judgment. If suspicion of severe *C. difficile* associated colitis, prompt initiation of empiric therapy by physician while test is pending may be warranted.

Adapted from the Baylor Scott & White Health *C. difficile* testing guidance.

Community onset

Day 1 is day of admission

Day 1-3

Hospital onset

Counts for unit where specimen collected

Day 4

IMPORTANT

- ♦ Test POA (present on admission) diarrhea by day 3, if *C. diff* is suspected.
- ♦ If order is pending >3 hours and no diarrhea, discuss canceling order with physician.
- ♦ Only test acute diarrhea of unknown cause due to risk of false positive test.
- ♦ For two step testing methods, order *C. diff* screen only, not PCR or confirmatory test. (Screen reflexes per testing protocols in each institution)
- ♦ Multiple tests should not be ordered.
- ♦ Repeat testing within 14 days after initial negative test is not recommended.
- ♦ Repeat testing for cure is not recommended, *C. diff* toxin may persist despite a clinical response to treatment.
- ♦ Total colectomy patients should not be tested unless *C. diff* is strongly suspected.
- ♦ Testing asymptomatic patients for facility transfer is not recommended due to possible colonization.
- ♦ For 2018 LabID event reporting, enter the result of last test performed in a two step testing method. This must match result entered on patient medical record.