CLINICAL GUIDELINE | TESTING ALGORITHM FOR *CLOSTRIDIOIDES DIFFICILE* INFECTION (C-DIFF/CDI)

(Age > 24 months old)

Children's MINNESOTA

Aim: To reduce inappropriate testing for and unnecessary treatment of *Clostridioides difficile*.

Outpatient or inpatient admitted < 3 days:

1. Unexplained or prolonged liquid/loose[2] stools (e.g., low suspicion for viral gastroenteritis or non-infectious etiology)

OR

2. Diarrhea with risk factors for CDI[3] or high suspicion for CDI[4]?

Yes → Can the diarrhea be a result of currently or recently (within 48 hours) receiving a new medication or therapy associated with diarrhea, such as: stool softeners, laxatives, enemas, bowel preps, lactulose, tube feeds, narcotic withdrawal, chemotherapy or oral contrast?

Yes → **Do not test.**
Consider altering therapy and re-evaluate 24+ hours after suspending suspected agent. If agent cannot be suspended, exercise clinical judgment.

No → **Order test[5]** and **Enteric Precautions**
Maintain enteric precautions until diarrhea resolves; an alternative, non-infectious cause of diarrhea has been determined; and/or CDI has been ruled out.

IMPORTANT NOTE
Do not test for cure following CDI treatment.[5]

Inpatient admitted ≥ 3 days:
Does the patient have more than three unexpected liquid/loose[2] stools beyond their baseline within the past 24 hours and/or risk factors for CDI[3] or high suspicion for CDI[4]?

Yes → Can the diarrhea be a result of currently or recently (within 48 hours) receiving a new medication or therapy associated with diarrhea, such as: stool softeners, laxatives, enemas, bowel preps, lactulose, tube feeds, narcotic withdrawal, chemotherapy or oral contrast?

No → **Do not test.**

No → **Do not test.**

Has the diarrhea improved or resolved prior to testing?

OR

Has the order been placed and > 8 hours elapsed without a bowel movement?

Yes → **Do not test.**
If order is placed and > 8 hours elapsed without bowel movement, discuss with ordering provider and consider discontinuing test and enteric precautions.

No → **Order test[5]** and **Enteric Precautions**
Maintain enteric precautions until diarrhea resolves; an alternative, non-infectious cause of diarrhea has been determined; and/or CDI has been ruled out.

EXCLUSION GUIDELINES

Patients **excluded** from this guideline:

- Children ≤ 24 months of age (see note 1).
- Children tested for CDI within the last 7 days, unless **new**, significant symptoms have developed.

NOTES 1–5
See page 2

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NOTE 1

- Due to the high prevalence of asymptomatic carriage of toxigenic *C. difficile* in those < 24 months, testing for CDI is generally not recommended.
- Consider ID consultation prior to CDI testing in this age group.
- CDI testing in this age group should be done in conjunction with testing for alternative causes of diarrhea, such as rotavirus and norovirus.
- CDI should not be assumed to be the cause of diarrhea in this age group unless there is no other plausible explanation.

NOTE 2

- Loose/liquid stools are defined as: stool conforms to the shape of the container and/or toothpick placed standing in stool specimen will not stand on its own.
- Consult ID if there is suspicion for CDI in a patient without diarrhea.

NOTE 3

Risk factors for CDI include:

- History of recent or frequent antimicrobial therapy
- Prolonged, frequent or recent hospitalization
- Immunosuppression or use of immunosuppressive drugs, including chemotherapy
- Underlying inflammatory bowel disease
- History of gastrointestinal surgery or gastrointestinal manipulation, including gastrostomy or jejunostomy tubes

NOTE 4

Non-diarrheal indications of CDI include:

- Marked leukocytosis
- Toxic megacolon
- Ileus
- Pseudomembranous colitis

NOTE 5

- Order ***Clostridium difficile*** **Toxin PCR** (childrensMN.org/references/lab/microbioviral/clostridium-difficiletoxin-pcr.pdf)
- This test is not clinically appropriate for use as “test of cure”

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