**INDICATIONS FOR TESTING**

**Adults and adolescents:**
New onset diarrhea* that is not clearly attributable to another cause, with ≥3 loose stools within 24 hrs

**Children and infants:**
Guidance varies by age; refer to the ARUP Consult Clostridioides (Clostridium) difficile topic for specific details

**PERFORM CDI TESTING**

Does your institution have preestablished specimen submission criteria to limit inappropriate testing?*

- **No**
  - ORDER
    - C. difficile stool toxin EIA plus NAAT
    - OR
    - C. difficile stool toxin EIA plus GDH testing
    - All negative
    - CDI unlikely

- **Yes**
  - ORDER
    - NAAT alone
    - OR
    - C. difficile stool toxin EIA plus NAAT
    - OR
    - C. difficile stool toxin EIA plus GDH testing
    - All positive
    - CDI likely

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**Abbreviations**

- CDI: C. difficile infection
- EIA: Enzyme immunoassay
- GDH: Glutamate dehydrogenase
- NAAT: Nucleic acid amplification testing

*Testing should be performed only on diarrheal stool specimens. An exception can be made for patients with suspected ileus due to C. difficile; in such circumstances, contact the performing laboratory for guidance before submitting a nonstandard specimen.

*Initial testing is best performed close to the point of care to enable quick turnaround times.

*Inappropriate testing may include testing of nondiarrheal stool specimens, specimens collected from asymptomatic individuals, or specimens from patients whose symptoms are likely due to another cause (eg, laxative use with the last 48 hrs).

*Because positive NAAT results may occur in asymptomatic carriers, potentially leading to over diagnosis and inappropriate treatment, use of NAAT alone should only be considered when institutional criteria for specimen submission are in place.

*NAAT can be used to confirm equivocal or discrepant stool toxin and GDH test results.

*Following a negative CDI result, do not perform repeat testing (ie, within 7 days) for a single episode of diarrhea. Repeat testing may be considered when a high clinical suspicion for CDI remains, especially in the presence of worsening symptoms. It may also be considered in the context of an institutional epidemic.

*Following treatment for CDI, tests of cure should not be performed; testing is not recommended in asymptomatic individuals. If recurrence is suspected or symptoms persist after treatment, repeat testing may be considered.

**References**