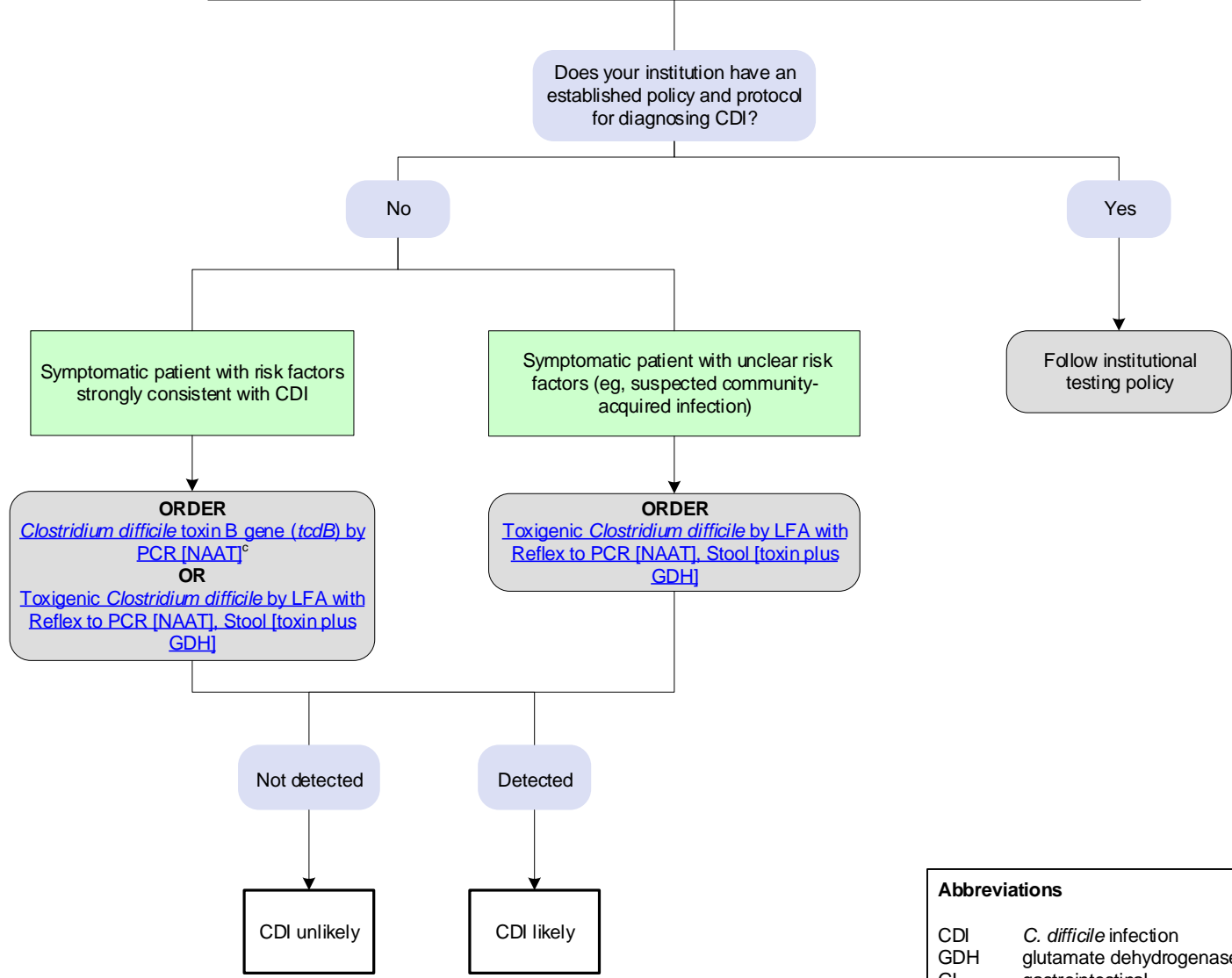


General Testing Recommendations

Test diarrheal (ie, unformed) stool in patients with ≥ 3 loose stools within 24 hrs and applicable clinical risk factors for CDI.^{a,b}

Risk factors include healthcare-facility exposure (particularly a long stay in hospital or other medical facility), treatment with antibiotics or PPIs, advanced age, transplantation, chemotherapy, GI surgery, tube feeding, previous CDI, and illnesses such as IBD, chronic kidney disease, end-stage renal disease, and HIV.



Abbreviations	
CDI	<i>C. difficile</i> infection
GDH	glutamate dehydrogenase
GI	gastrointestinal
IBD	inflammatory bowel disease
NAAT	nucleic acid amplification test
PCR	polymerase chain reaction
PPI	proton pump inhibitor

^aTesting of nondiarrheal stool is not recommended except in patients with suspected ileus due to *C. difficile*.
^bRepeat testing and test of cure are discouraged.
^cNAAT can also be used to confirm equivocal results of stool toxin or GDH tests.

References
 McDonald C, 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):987-994
 Surawicz CM, et al. Guidelines for diagnosis, treatment, and prevention of Clostridium difficile infections. Am J Gastroenterol. 2013; 108(4): 478-498.