**General Testing Recommendations**

Test diarrheal (i.e., unformed) stool in patients with ≥3 loose stools within 24 hrs and applicable clinical risk factors for CDI.¹,²

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.

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**Does your institution have an established policy and protocol for diagnosing CDI?**

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**No**

Symptomatic patient with risk factors strongly consistent with CDI

**ORDER**

*Clostridium difficile* toxin B gene (tcdB) by PCR (NAAT)³

OR

*Clostridium difficile* toxin plus GDH, with reflex to NAAT

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**Detected**

CDI likely

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**Not detected**

CDI unlikely

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**Yes**

Follow institutional testing policy

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**Symptomatic patient with unclear risk factors (e.g., suspected community-acquired infection)**

**ORDER**

*Clostridium difficile* toxin plus GDH, with reflex to NAAT

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**Detected**

CDI likely

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**Not detected**

CDI unlikely

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**Abbreviations**

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

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*Testing of nondiarrheal stool is not recommended except in patients with suspected ileus due to *C. difficile*.

²Repeat testing and test of cure are discouraged.

³NAAT can also be used to confirm equivocal results of stool toxin or GDH tests.

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**References**
