**Clostridioides difficile (Clostridium difficile) Infection Testing**

**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. 

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?**

- **No**
  - Symptomatic patient with risk factors strongly consistent with CDI
    - **ORDER**
      - *Clostridium difficile* toxin B gene (*tcdB*) by PCR [NAAT] 
      - *Clostridium difficile* by LFA with Reflex to PCR [NAAT], Stool [toxin plus GDH]
    - Not detected
      - CDI unlikely
    - Detected
      - CDI likely

- **Yes**
  - Follow institutional testing policy

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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*. 

*Repeat testing and test of cure are discouraged. 

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

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**References**
