

C. diff Testing Protocol Begin here



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Does the patient have diarrhea?

1. Have they had 3 or more LIQUID stools in the last 24 hours?

- minimum of 3 LIQUID stooling episodes
- stool sample must take the shape of the collection container – samples must be non-formed and LIQUID (Type 7 on Bristol Stool Chart)

Type 7

Watery, no solid pieces
ENTIRELY LIQUID

- OR -

2. A suspected ileus or colonic distension?

YES

Does the patient have symptoms of *C. diff*?

Symptoms

- Sudden onset of watery diarrhea
- Abdominal pain or cramping
- Elevated WBC (> 12)
- Fever (> 38° C)

YES

Does the patient have risk factors?

Risk Factors

- Recent antibiotic use in the last 3-6 months
- Recent proton pump inhibitor use
- Recent healthcare encounter (last 3-6 months, including dental work, dialysis)

YES

Consider other causes of GI distress/diarrhea

Other Causes of Diarrhea

- Infections (bacterial, fungal, viral)
- Parasitic Infection (recent travel to an endemic area)
- Hyperosmolar – bowel preps, laxatives, enema, tube feeding, medications
- Food sensitivities, lactose intolerance

NO

C. diff testing ordered, place patient in Special Contact Precautions

C. diff specimen collected within 24 hours of order?

YES

Await results

NO

STOP – If patient has ceased LIQUID diarrhea, discontinue *C. diff* test per protocol & d/c Special Contact Precautions. If patient is still having LIQUID diarrhea collect stool specimen ASAP.

NO

STOP – Do not test for *C. diff*
-discontinue *C. diff* testing order per protocol

General testing recommendations

- If *C. diff* is suspected on admission, testing should be ordered and completed within 2 calendar days of admission
 - Anti-diarrheal medications should be avoided
 - Non-diarrheal stool should only be tested with suspected ileus due to *C. difficile*
 - Testing of asymptomatic patients and/or testing for cure is not indicated or clinically useful
 - Repeat testing during the same episode of diarrhea is not recommended
- CDC, SHEA, and IDSA Criteria and Guidelines

Documentation

- When did diarrhea start?
- How frequent?
- Description of stool (e.g. –formed, semi-formed, loose, liquid, etc.)

PCR Testing

- Does not differentiate between acute infection vs. colonization
- Highly sensitive, a negative test result has a 98% negative predictive value for the absence of CD toxin
- A single negative test, in most clinical situations, essentially excludes CDI as the cause of diarrhea

Repeat testing is not necessary

NO

STOP – Do not test for *C. diff*
-discontinue *C. diff* testing order per protocol

YES

STOP – If patient has ceased LIQUID Do not test for *C. diff* -discontinue *C. diff* testing order per protocol

For suspected bacterial, fungal, viral infections:

Nursing – contact physician, provide notification of the patient's multiple liquid stools, and that the patient does not meet criteria for *C. diff* testing. Inquire about other laboratory/fecal tests (e.g. – ova & parasites, stool culture) to be ordered based on other potential cause(s) of diarrhea.

Criteria to remove Special Contact Precautions

Patients that test positive for *C. diff* are to remain in Special Contact Precautions until they are discharged per Isolation Guideline Policy.
Rationale: Consistently high number of CDI cases, *C. diff* can survive on environmental surfaces for extended periods of time, *C. diff* infected patients continue to shed the organism for a number of days following cessation of diarrhea, CDC has placed *C. diff* on the threat level of **URGENT** – an immediate public health threat.

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