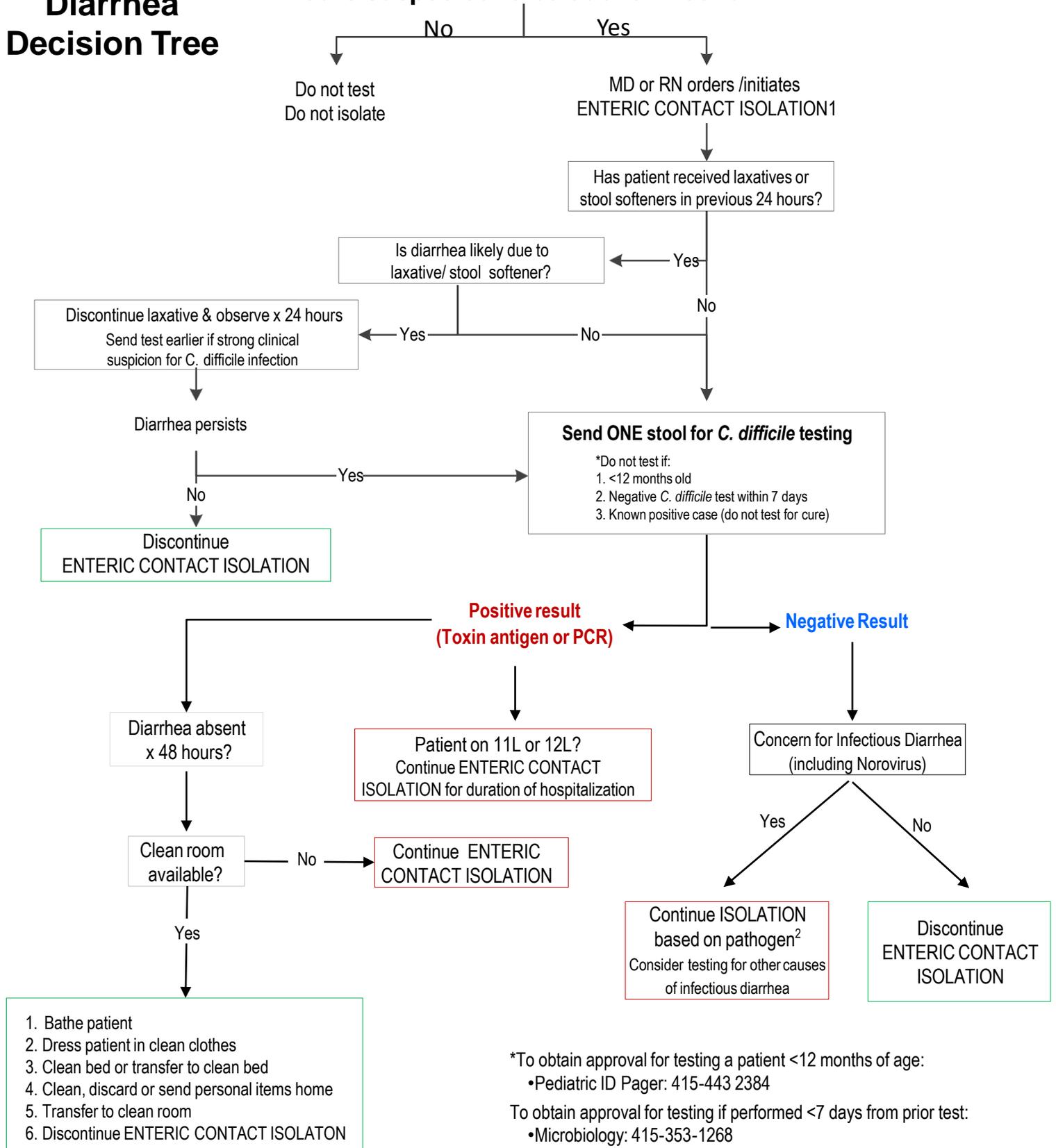


Diarrhea Decision Tree

DIARRHEA = ≥ 3 loose stools in ≤ 24 hours suspected to be due to infection



1. Enteric Contact Isolation: pt room and designated public areas on that unit are cleaned twice per day.
2. Refer to Isolation Table on HEIC website: <http://infectioncontrol.ucsfmedicalcenter.org/>

*To obtain approval for testing a patient <math>< 12</math> months of age:
•Pediatric ID Pager: 415-443 2384

To obtain approval for testing if performed <math>< 7</math> days from prior test:
•Microbiology: 415-353-1268

For clinical, diagnostic and treatment recommendations for *C. difficile* and other pathogens, page Infectious Diseases as follows:

- Adults: 415-443-2384
- Pediatrics: 415-443-2384

For transmission based precautions questions:
•Infection Control: 415-353-4343

***Clostridioides difficile* Infection (CDI) Frequently Asked Questions**

DIAGNOSIS

When should I send a test for CDI (*C. difficile* infection)?

- Consider testing for CDI when a patient meets the definition of diarrhea (≥ 3 stools loose enough to conform to the shape of a specimen container within ≤ 24 hours) and there is concern for infectious diarrhea (i.e., no obvious alternative reason for diarrhea, like receipt of laxatives/stool softeners, start of tube feeds).
- Although Enteric Contact isolation may be initiated prior to the 3rd loose stool, stool for CDI testing should not be ordered under most circumstances until the patient meets the criteria for diarrhea (≥ 3 loose stools in ≤ 24 hours).

Are there patients with diarrhea who I should NOT test for CDI?

- Yes. In general, do not routinely submit specimens from:
 - 1) Patients ≤ 12 months old; pediatric ID consult approval required for testing
 - 2) Patients who have received a laxative or stool softener during the previous 24 hours
 - 3) Patients with a clear alternative explanation for diarrhea in whom infectious diarrhea is not a concern.

If my patient has an order for CDI test but isn't having any bowel movements, what should I do?

- In general, strongly consider cancelling the CDI test order if the patient is not having diarrhea.

When should CDI testing be done for someone with an ileostomy, colostomy or rectal tube?

- CDI testing should only be performed if there is a clinical suspicion for CDI.

My patient's baseline stool pattern is more than 3 loose stools over 24 hours. Should I test for CDI?

- No. CDI testing should only be performed if there has been an increase in frequency or change in consistency of stooling compared to baseline and there is a clinical suspicion for CDI.

Are there special considerations for patients with chronic diarrhea due to Crohn's or IBS?

- Monitor patients with chronic diarrhea for a change in stool volume or consistency. Order CDI testing only if a patient has a significant change in stool volume and/or consistency and there is a clinical suspicion for CDI.

TREATMENT—SEE THE UCSF INFECTIOUS DISEASES MANAGEMENT PROGRAM (IDMP) CDI GUIDELINES AT <https://idmp.ucsf.edu/ucsf-guidelines-management-c-difficile-infection>

I'm admitting a patient who was recently hospitalized with CDI. S/he isn't currently having diarrhea. Should I place the patient into Enteric Contact Isolation?

- Patients being admitted/readmitted with a history of CDI who have completed a course of appropriate antibiotic therapy *and* are asymptomatic do not need to be placed into isolation.
- Patients who have completed a course of antibiotic therapy for CDI but continue to be symptomatic should be put in Enteric Contact Isolation upon admission/readmission.
- Patients being admitted/readmitted on treatment for CDI should be placed on precautions.

My patient's CDI test results came back C difficile toxin-negative but PCR-positive. Does s/he need Enteric Contact Isolation?

- Yes. Even though the C. difficile toxin wasn't detected, the positive PCR result indicates that s/he has C. difficile organisms in her/his stool that have the ability to produce infection-producing toxins. Because your patient has diarrhea, C. difficile spores are more likely to contaminate her/his hospital environment and be spread to others. Enteric Contact Isolation is used to prevent this spread.
- See above for isolation discontinuation criteria

TESTING STEWARDSHIP

Should repeat CDI testing be performed assess for cure or treatment response?

No! Do not perform a "test of cure" during the same episode of diarrhea or at the end of successful treatment—national guidelines strongly recommend against this because these results are not clinically informative and may be falsely positive due to colonizing or dead organisms detectable by PCR.

Which patients are most at risk for CDI ?

Patients at greatest risk for CDI are those who are receiving broadspectrum antibiotics, have had a prior episode of CDI, have had prolonged hospital stays, are older than 65 years of age, or have immune compromise, such as split organ transplant recipients or bone marrow transplant recipients.

ISOLATION

When can I discontinue Enteric Contact Isolation?

- With the exception of patients on 11 and 12 Long, Enteric Contact Isolation can be discontinued if both of these criteria are met:
 - 1) No diarrhea (e.g., patient has had formed stools in the absence of anti-motility agents) for at least 48 hours and
 - 2) The patient has been transferred to a clean room.
- Patients with CDI on 11 and 12 Long should remain in Enteric Contact Isolation until they are discharged from 11/12 Long. This is based on the high risk for transmission and disease in this patient population.

How do I discontinue Enteric Contact Isolation for a patient who had CDI but has not had diarrhea for the past 2 days (and is not on 11 or 12 Long)?

- Before discontinuing Enteric Contact Isolation:
 - ✓ Request that a room transfer to a clean room
 - ✓ The MD may order discontinuation of Enteric Contact Isolation in APeX, but the patient should be maintained on Enteric Contact Isolation until s/he is transferred to a clean room
 - ✓ In APeX on the Bed Request screen, write in Comments section "CDI Isolation removed. Transfer to new room"
 - ✓ Bathe or shower the patient before moving him/her to a clean room.
 - ✓ Hospitality will use a sporicidal disinfectant to terminally clean the vacated room.
 - ✓ Leave the isolation caddy on the door until Hospitality has completed terminal cleaning.

NOTE: If a clean room is not available when symptoms resolve, Enteric Contact Isolation must be maintained until the patient can be transferred to a clean room.