**Diarrhea Decision Tree**

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

- **No**
  - Do not test
  - Do not isolate

- **Yes**
  - MD or RN orders /initiates ENTERIC CONTACT ISOLATION

  - Has patient received laxatives or stool softeners in previous 24 hours?
    - **Yes**
      - Is diarrhea likely due to laxative/stool softener?
        - **Yes**
          - Send ONE stool for C. difficile testing
            - *Do not test if:
              1. <12 months old
              2. Negative C. difficile test within 7 days
              3. Known positive case (do not test for cure)
        - **No**
          - Diarrhea persists

  - **No**
    - Send ONE stool for C. difficile testing
      - *Do not test if:
        1. <12 months old
        2. Negative C. difficile test within 7 days
        3. Known positive case (do not test for cure)

**Diarrhea persists**

- **No**
  - Discontinue ENTERIC CONTACT ISOLATION

- **Yes**
  - Send ONE stool for C. difficile testing
    - *Do not test if:
      1. <12 months old
      2. Negative C. difficile test within 7 days
      3. Known positive case (do not test for cure)

**Positive result** (Toxin antigen or PCR)

- **Negative Result**
  - Concern for Infectious Diarrhea (including Norovirus)
    - **Yes**
      - Continue ENTERIC CONTACT ISOLATION for duration of hospitalization
    - **No**
      - Discontinue ENTERIC CONTACT ISOLATION

- **Clean room available?**
  - **No**
    - Continue ENTERIC CONTACT ISOLATION
  - **Yes**
    - Diarrhea absent x 48 hours?
      - **No**
        - Discontinue ENTERIC CONTACT ISOLATION
      - **Yes**
        - Patient on 11L or 12L?
          - **Yes**
            - Continue ENTERIC CONTACT ISOLATION for duration of hospitalization
          - **No**
            - Continue ISOLATION based on pathogen
              - Consider testing for other causes of infectious diarrhea

1. Bathe patient
2. Dress patient in clean clothes
3. Clean bed or transfer to clean bed
4. Clean, discard or send personal items home
5. Transfer to clean room
6. Discontinue ENTERIC CONTACT ISOLATION

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

To obtain approval for testing if performed <7 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

The Diarrhea Decision Tree does not substitute for clinical assessment and judgment
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.
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.