C. Diff Order/Collection Fact Sheet

Hospital Acquired Clostridium Difficile infections have been on the rise at Memorial Medical Center. This is in part due to inappropriate ordering, collection, and testing. See below for tips on when, and when not to order and collect a stool sample for C. Diff.

**Tips for appropriate C. Diff order & collection**

- Infectious diarrhea is classified as >=3 loose stools within a 24 hour period **with no other recognized cause**—an order for C. Diff is appropriate if this criteria is met
  - Other recognized causes can be things like GI bleed, known or reported chronic GI illness, or diarrhea due to laxatives/stool softeners

- A stool specimen should **NOT** be sent for a C. Diff PCR if:
  - The stool specimen is solid or formed, and does not take the shape of the container (i.e. loose stool)
  - The patient is on laxatives, stool softeners, or tube feedings, and does not have any signs or symptoms of an active C. Diff infection (i.e abdominal pain, fever, leukocystosis)

- If a C. Diff PCR has been ordered and has an ordering comment that says “Ordered per Infectious Diarrhea Screening”, then the patient has endorsed infectious diarrhea upon presentation to the ED, and the next loose stool specimen the patient produces should be sent for C. Diff testing

- **Please contact Infection Prevention if you are unsure if a patient meets criteria for testing.**

**Did you know?** People can be colonized with C. diff. If a patient does not have signs and symptoms of a C. diff infection (3 or more loose stools) and a specimen is sent to lab for testing, the testing mechanisms are so specific that colonization can be detected. If a patient is colonized, and a stool is sent for testing without signs and symptoms of an active infection, the test can yield a positive result and falsely make MMC’s C. diff rates higher than what they actually are. In addition to the false elevations of C. diff rates the patient may receive unnecessary treatment for an infection they do not have!