* Clostridioides difficile can be detected in stool specimens of many healthy children under the age of 1 year, and a few percent of adults.
* Testing for C. difficile or its toxins should be performed only on diarrheal (unformed) stool unless ileus due to C. difficile is suspected.
* Testing of stool from asymptomatic patients is not clinically useful, including use as a test of cure. It is not recommended, except for epidemiological studies.
* Repeat testing during the same episode of diarrhea is of limited value and should be discouraged.
* Healthcare workers must use gloves and gowns on entry to a room of a patient with Clostridium difficile infection.
* Emphasize compliance with the practice of hand hygiene with soap and water.
* Maintain contact precautions until 48 hours after diarrhea has resolved.
* Routine identification of asymptomatic carriers (patients or healthcare workers) for infection control purposes is not recommended and treatment of such identified patients is not effective.
* Use a sporicidal disinfectant such as Dispatch (bleach) to address environmental contamination.
* Routine environmental screening for C. difficile is not recommended.
* Minimize the frequency and duration of antimicrobial therapy and the number of antimicrobial agents prescribed, to reduce CDI risk.
* Discontinue therapy with the inciting antimicrobial agent(s) as soon as possible, as this may influence the risk of CDI recurrence.
* When severe or complicated CDI is suspected, initiate empirical treatment as soon as the diagnosis is suspected.
* If the stool test result is negative, the decision to initiate, stop, or continue treatment must be individualized.
* If possible, avoid use of antiperistaltic agents, as they may obscure symptoms and precipitate toxic megacolon.

Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), Vol. 66, No. 7 (March 2018), pp. e1-e48

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| **Testing** |
| * *Clostridioides difficile* can be detected in stool specimens of many healthy children under the age of 1 year, and a few percent of adults. * Testing for *C. difficile* or its toxins should be performed only on diarrheal (unformed) stool, unless ileus due to *C. difficile* is suspected. * Only test patient with > 3 loose/watery stools in the past 24 hrs * If patient is on laxatives or tube feeds: Consider holding the laxative/feeds for 24hrs and monitor for improvement in stool character before ordering test * Do NOT test within 7 days of a negative test unless there is a change in condition |
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| **Infection Prevention and Control** |
| * Healthcare workers and visitors must use gloves and gowns on entry to a room of a patient with *Clostridioides difficile* infection. |
| * Emphasize compliance with the practice of hand hygiene with soap and water |
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| **ISOLATION PRECAUTIONS:** |
| * Maintain contact precautions until 48 hours after diarrhea has resolved in immunocompetent patients |
| * Routine identification of asymptomatic carriers (patients or healthcare workers) for infection control purposes is not recommended and treatment of such identified patients is not effective. |
| * Use Dispatch (bleach) to address environmental contamination. |
| * Routine environmental screening for C. difficile is not recommended. |
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| **Antimicrobial Stewardship** |
| * Minimize the frequency and duration of antimicrobial therapy and the number of antimicrobial agents prescribed, to reduce CDI risk. |
| * Discontinue therapy with the inciting antimicrobial agent(s) as soon as possible, as this may influence the risk of CDI recurrence. |
| * When severe or complicated CDI is suspected, initiate empirical treatment as soon as the diagnosis is suspected. |
| * If possible, avoid use of antiperistaltic agents, as they may obscure symptoms and precipitate toxic megacolon. |