

stool specimen.

## Not a Permanent Part of Medical Record

Checklist must be filled out and sent with all stools samples for

## **Clostridium Difficile Testing**

Testing is indicated if there are 4 checked boxes Obtain Is it Loose, Liquid or D/C NO Watery? **Clinically Significant Diarrhea** Order New Admit (< 3 Days) o 600 ml / 24 hrs. output in YES rectal tube or ostomy o If admit day 4 or >, then Is it clinically significant **Obtain** NO three loose stools in 24 hrs. D/C diarrhea? Order YES **Examples** Obtain D/C Has the patient taken any laxative or Lactulose order or had any procedures that induce Yes Discuss Colace diarrhea in the past 48 hours? **Holding** Senna meds with **Ducolox** MD **Kayexalate** NO 🗌 **Enemas** Golytely **Mag Citrate** Metoclopromide Does the patient have accompanying **New Tube Feed** symptoms of active C-DIFF infection? Ex: o Oral Contrast Temp > 100, elevated WBC, abdominal o GI Procedure pain or cramping, nausea/vomitting YES \[ C-Diff is considered **Initiate Special Contact Hospital Onset if Uncertain? Call Infection** Precautions. Obtain order specimen is collected on Prevention to discuss. to test for C-Diff. Send stool or after calendar day 4 of \*76102 hospitalization specimen ASAP. DO NOT RETEST FOR CURE Date: \_\_\_\_\_ Time: \_\_\_\_ RN (Print): Patient Label Please send this form to the Lab with the