

Question 10. Does your laboratory reject formed stools if submitted for CDI testing?

You indicated that your laboratory does not reject formed stools submitted for CDI testing. It is important to remember that *C. difficile* infection is a clinical diagnosis; lab tests help support a clinical suspicion, but they should not be taken out of the clinical context. In order to limit inappropriate testing, clinical laboratories can set a threshold on the type of stool that is acceptable for *C. difficile* testing.

A. Connecting Stool Stewardship and CDI Prevention

- The crucial symptom of CDI is clinically significant diarrhea with loose stools. Coordinating with clinical laboratories to set a threshold on the type of stool that is acceptable for *C. difficile* testing can help to ensure that this standard has been met and will prevent inappropriate testing.
- Stool stewardship can help drive down false positive rates and help prevent inappropriate antibiotic use on patients who are only colonized and do not actually have an active CDI.
- The Bristol Stool scale is the most widely used standardization of stools to determine when CDI testing is appropriate. Coordinate with clinical lab personnel to ensure that they are familiar with these standards.
- Empower lab staff to reject stool samples that do not meet recognized standards. It is important that the ordering clinician be informed of this rejection and its rationale. This can also be an effective educational intervention.
- Beyond testing only unformed stools, efforts should be made to ensure that there is no other explanation for the cause of the diarrhea. Studies indicate that between 19-40% of patients who are tested for CDI are currently receiving laxatives, which further cloud the clinical picture.

Tools, Resources and Further Reading

- STRIVE Content:
 - [Strategies for Preventing Healthcare Associated Infections](#) (SP 101)
 - CDI Tier 1 ([CDI 101](#), [CDI 102](#), [CDI 104](#))
- [Bristol Stool Form Scale](#)
- [A Practical Guidance Document for the Laboratory Detection of Toxigenic *Clostridium difficile*](#)
- Caroff DA, Edelstein PH, Hamilton K, Peques DA, CDC Prevention Epicenters Program. The Bristol Stool Scale and Its Relationship to *Clostridium difficile* Infection. *J Clin Microbiol*. 2014; 52(9):3437-9.
- Solomon DA, Milner DA. ID Leaning Unit: Understanding and Interpreting Testing for *Clostridium difficile*. *Open Forum Infect Dis*. 2014; 1(1): ofu007.
- Dubberke ER, Burnham C-AD. Diagnosis of *Clostridium difficile* infection. *JAMA Internal Medicine*. 2015;175(11):1801