

Patient label


## *Clostridium difficile* Testing Checklist

(Answer the questions below to determine if *C.difficile* testing is indicated.)

Does patient have  $\geq 3$  loose/liquid bowel movements a day?

- Yes       No →  *C.difficile* testing is NOT recommended.


Has patient received laxative, bowel prep, and/or enema within the past 48 hours?

- No       Yes →  *C.difficile* testing is NOT recommended. Hold laxative, bowel prep and/or enema for minimum of 48hrs and assess for resolution of diarrhea prior to *C.difficile* testing.


Does stool conform to the shape of the container (liquid)?

- Yes       No →  Do not send specimen, lab will reject.

Has patient had a negative *C.difficile* stool sample in the past seven (7) days?

- No       Yes →  Do not send specimen, lab will reject. Look for other cause of diarrhea.

Has patient had a positive *C.difficile* stool sample in the past 30 days?

- No       Yes →  Do not send specimen, lab will reject. Do not test for cure.

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Action taken:

- C.difficile* testing indicated and sample sent (send checklist with specimen to lab)  
 *C.difficile* testing NOT indicated, prescriber notified and test order canceled (fax checklist to x6807)  
 Other \_\_\_\_\_

Comments: \_\_\_\_\_