

Risks for *C. difficile* infection in children with [diarrheal illness](#):

- A) [Antibiotic use within the past 30 days](#)
- B) [Prolonged hospitalization \(>7 days\) or <72 hours from discharge following a prolonged hospitalization](#)
- C) [Bowel surgery/GI tract manipulation](#) within the past 30 days
- D) [Ongoing immunosuppressant medication use](#), including chemotherapy
- E) [Exposure to someone known to be colonized](#), or known or suspected to have *C. difficile* infection

Patient at risk for *C. difficile*

Patient less than or equal to 12 months

Yes

[No testing indicated, received specimens subject to declination\\*](#)

No

Does patient have liquid diarrheal stool or is there a concern for [toxic megacolon](#)?

No

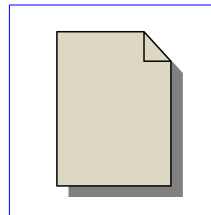
[No testing indicated, received specimens subject to declination\\*](#)

Yes

Test for *C. difficile* infection<sup>Δ</sup>

\*Physician will need to contact the Microbiology Laboratory if clinical indication remains

ΔIn patients with recurrent/persistent symptoms after therapy, retesting is not recommended until at least 4 weeks after the initial positive test



Click icon above to access AAP policy statement on *C. difficile* infection in Infants and Children