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**

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**Patient at risk for *C. difficile***

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**Patient less than or equal to 12 months**

**Yes**

- No testing indicated, received specimens subject to declination*

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**No**

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

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**Does patient have liquid diarrheal stool or is there a concern for toxic megacolon?**

**Yes**

- Test for *C. difficile* infection

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**No**

- No testing indicated, received specimens subject to declination*

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

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