This document does not substitute for clinical assessment and judgment.

**Diarrhea Decision-Tree**

**DIARRHEA** = ≥ 3 loose stools in ≤ 24 hours and concern for infectious diarrhea.

- **Do not test**
- **Do not isolate**

- **MD or RN order/initiate & document contact isolation precautions.**

  - **Has patient received laxative/stool softener in previous 24 hours?**
    - **Yes**
      - **Send ONE stool for C. difficile**
      - Do not send C. difficile test if:
        1. Negative C. difficile test within 7 days
        2. Known positive case (do not test for cure)
      - **Consider testing for other causes of infectious diarrhea if appropriate. Such as bacterial, viral, parasitic.**
    - **No**
      - Discontinue laxative & observe x 24 hours. Send C. difficile test earlier if strong clinical suspicion for C. difficile.

  - **Discontinue contact isolation precautions, document.**

- **Diarrhea persists?**
  - **Yes**
    - Discontinue contact isolation precautions, document.
  - **No**
    - **Diarrhea absent x48 hours?**
      - **Yes**
        - **Clean room available?**
          - **Yes**
            - Bathe patient
          - **No**
            - Continue/document contact isolation precautions.
      - **No**
        - **Continue/document appropriate isolation precautions based on pathogen. Consider testing for other causes of infectious diarrhea if appropriate, as stated above.**

- **Concern for infectious diarrhea? (including Norovirus)**
  - **Yes**
    - Discontinue/document contact isolation precautions.
  - **No**
    - **Positive Result**
      - **Clean room available?**
        - **Yes**
          - Bathe patient
        - **No**
          - Continue/document contact isolation precautions.
      - **Negative Result**
        - **Clean room available?**
          - **Yes**
            - Bathe patient
          - **No**
            - Continue/document contact isolation precautions.

1. If diarrhea resolves and begins anew, place patient in contact isolation precautions and begin diarrhea decision tree again.
2. Only liquid or unformed stools should be accepted. Assays should be ordered on patients who manifest persistent diarrhea, have recently received antimicrobial or antiviral therapy and not receiving stool softening agents or laxative.
   - “If it ain’t loose, the test is of no use” -
C. difficile

- **Use Contact Precautions:**
  - Discontinue antibiotics, if appropriate
  - Do not share equipment
  - Handwashing with soap and water is preferred

- **Ensure appropriate patient placement:** In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.

- **Use personal protective equipment (PPE) appropriately,** including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient’s environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.

- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient’s body.

- **Use disposable or dedicated patient-care equipment** (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

- **Prioritize cleaning and disinfection of the rooms** of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily). Routine cleaning should be performed prior to disinfection. EPA-registered disinfectants with a sporicidal claim have been used with success for environmental surface disinfection in those patient-care areas where surveillance and epidemiology indicate ongoing transmission of *C. difficile*.

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**Bristol Stool Chart**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped, but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage, but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces</td>
</tr>
</tbody>
</table>

*Bristol Stool Chart provided by The Rome Foundation, July 2018*