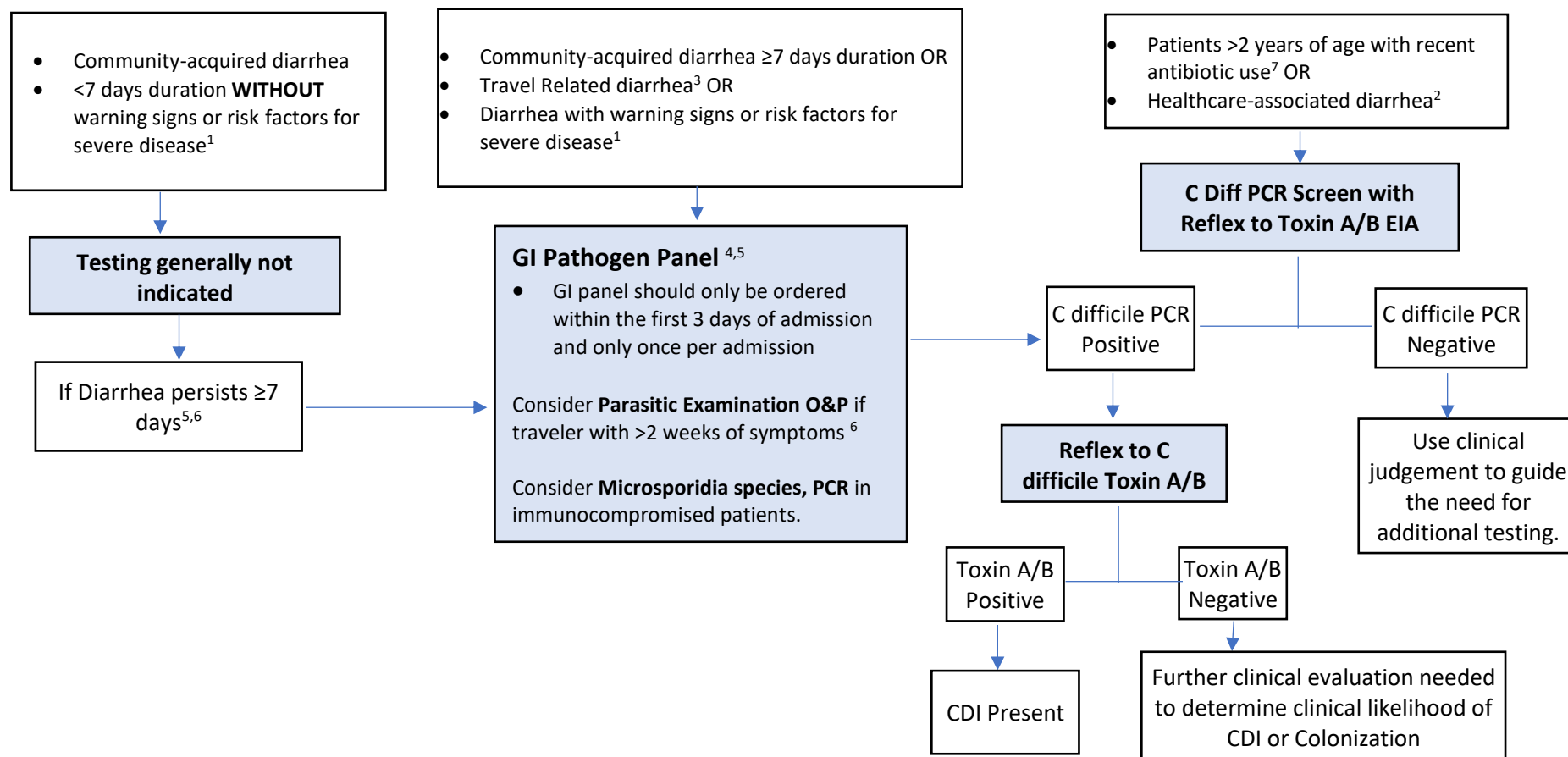


# Inpatient Laboratory Testing for Infectious Causes of Diarrhea



<sup>1</sup> Warning signs and risk factors for severe disease include fever, bloody diarrhea, dysentery, severe abdominal pain, dehydration, hospitalization, and immunocompromised state.

<sup>2</sup> Hospitalized patients should be tested for *C. difficile* when there have been ≥ 3 loose or watery stools within a 24-hour period that cannot be attributed to laxatives or other causes of diarrhea.

<sup>3</sup> Diagnostic testing is not recommended in most cases of uncomplicated traveler's diarrhea unless treatment is indicated. Travelers with diarrhea lasting 14 days or longer should be evaluated for intestinal parasitic infections.

<sup>4</sup> Do not routinely test for community-acquired gastrointestinal stool pathogens in hospitalized patients who develop diarrhea after day 3 of hospitalization. Submit stool for *C difficile* testing and assess for non-infectious causes.

<sup>5</sup> Includes the following pathogens: *Campylobacter*, *Clostridium difficile*, *Plesiomonas shigelloides*, *Salmonella*, *Vibrio*, Enterotoxigenic *E coli* (EPEC), Enteropathogenic *E coli* (EPEC), Enterotoxigenic *E coli* (ETEC), Shiga toxin-producing *E coli* (STEC) including *E coli* O157, *Shigella*/Enteroinvasive *E coli* (EIEC), Adenovirus, Astrovirus, Norovirus, Sapovirus, Rotavirus, *Cryptosporidium*, *Cyclospora cayetanensis*, *Entamoeba histolytica*, and *Giardia lamblia*.

<sup>6</sup> For ova and parasite exams, submit 3 stool samples collected on separate days for maximum sensitivity.

<sup>7</sup> Because of the high prevalence of *C. difficile* colonization in infants and young children, *C. difficile* testing should not be routinely performed unless other infectious or non-infectious causes have been excluded or there is a high suspicion for *C. difficile* infection.