






## Collection & Ordering Job Aid for Infectious Diarrhea Specimens

**NOTE: FOR IH USE ONLY.** If collecting specimens to submit to non-Interior Health labs, please refer to collection instructions for that lab site.

STOOL TESTING					
Who to test: 3 or more loose stools in 24 hours, which is more than baseline and that cannot be attributed to another cause (eg: laxatives)					
Inpatient/ED Meditech Orders	When to order		Pathogens included	Collection Container	Outpatient Laboratory Requisition Request
Stool C. difficile Toxin	Primary suspicion of <i>C. difficile</i> *	<div>*<i>C. difficile</i> risk factors may include:<ul style="list-style-type: none"><li>Overnight hospital stay within past 3 months</li><li>Residing at a Long term care facility</li><li>Antibiotic use within past 3 months</li><li>History of <i>C. difficile</i></li><li>Age &gt; 65 years</li></ul></div>	<i>C. difficile</i> (antigen assay)	<div>Sterile container</div> 	<div>STOOL SPECIMENS</div> <div>History of bloody stools? <input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> <i>C.difficile</i> testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova &amp; parasite exam</div> <div><input type="checkbox"/> Stool ova &amp; parasite (high risk, submit 2 samples)</div>
Stool Bacteria/Cdif/ Viral/Para	ED patient, outpatient or patient admitted <3 days	<div><div><i>C. difficile</i></div><div>GI bacteria (<i>Campylobacter spp.</i>, <i>Salmonella spp</i>, <i>Shigella spp</i>, Shiga toxin producing <i>E. coli</i> including O157, <i>Vibrio spp.</i>)</div><div>GI viruses (Norovirus, Rotavirus, Astrovirus, Sapovirus)</div><div>GI parasites (<i>Cyclospora</i>, <i>Cryptosporidium</i>, <i>Entamoeba histolytica</i>, <i>Giardia</i>)</div></div>	Test will be canceled if patient has been admitted >3 days	<div>Copan FecalSwab</div> 	<div>STOOL SPECIMENS</div> <div>History of bloody stools? <input type="checkbox"/> Yes</div> <div><input type="checkbox"/> <i>C.difficile</i> testing <input checked="" type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova &amp; parasite exam</div> <div><input type="checkbox"/> Stool ova &amp; parasite (high risk, submit 2 samples)</div>
	Broad differential diagnosis for cause of diarrhea				
Stool Norovirus/other GI Virus	Primary suspicion of viral gastroenteritis (eg: vomiting and diarrhea)	<div>GI viruses (Norovirus, Rotavirus, Astrovirus, Sapovirus)</div>		<div>Copan FecalSwab</div> 	For outbreak specimens, submit the <a href="#">BCCDC Gastrointestinal Disease Outbreak Requisition</a>
	OR			<div>OR</div> <div>BCCDC Outbreak container</div> 	
Stool Microscopy (Parasite)SAF	Patient suspected of having a rare parasitic infection due to: Routine panel being NEGATIVE for parasites	<div>Stool ova and parasites</div>		<div>SAF Fixative</div> 	In the OTHER TESTS section, write “Stool Microscopy”
	AND				
	Patient has history of recent travel or immigration from low or middle income country				
	OR				
	Patient is severely immunocompromised				