PATIENT STOOL RECORD CHART

Worcestershire NHS

Affix Patient Label or Fill in Details:

First Name……

Surname……

Hospital Number……

Date of Birth……..

Consultant……..

Trust……

Hospital……

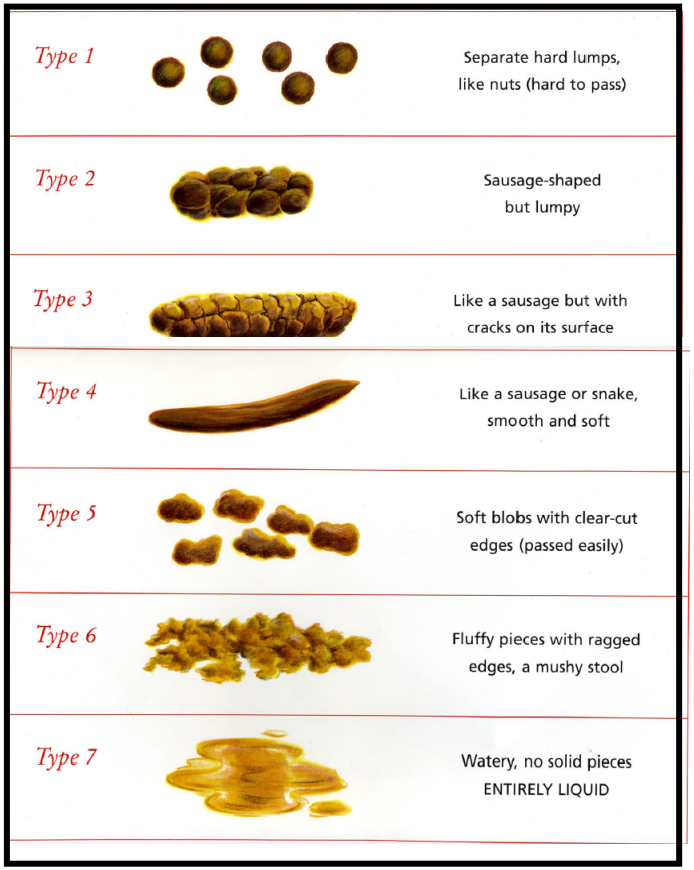
Ward……

Send stool sample following a single episode of diarrhoea (type 5/6/7).

DATE	TIME	CONSISTENCY/DESCRIPTION (Please refer to key and tick all that apply)									COLOUR	SPEC-IMEN SENT	SIGNED
		1	2	3	4	5	6	7	MUCUS	BLOOD			

DEFINITION OF DIARRHOEA Abnormally frequent watery stools (not formed or semi formed)

KEY



IF CLINICAL PICTURE INDICATIVE OF CLOSTRIDIUM DIFFICILE, <u>TREAT IMMEDIATELY</u> (whilst awaiting stool sample result)

IF A PREVIOUS CLOSTRIDIUM DIFFICILE POSITIVE AND SYMPTOMS RECOMMENCE (RELAPSE) REFER TO ANTIMICORBIAL PRESCRIBING GUIDANCE FOR TREATMENT

DO NOT SEND STOOL SPECIMENS FOR CLEARANCE OF CLOSTRIDIUM DIFFICILE OR FOLLOWING ADMINISTRATION OF LAXATIVES OR ENEMAS