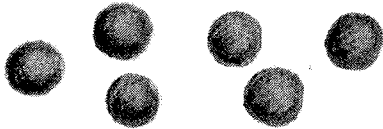



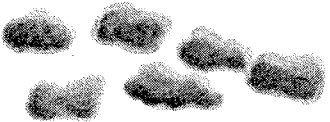
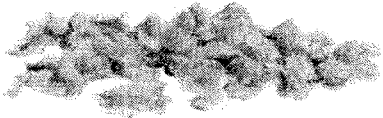



Please refer to this chart when making a bowel history diagnosis on the form overleaf.

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools (ie types 6 and 7 **only**) within a duration of 24 hours. Please remember: hands must be washed with soap and water when caring for patients/clients with diarrhoea.

NB Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE

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

Inter-healthcare infection control transfer form

Patient/client details: (insert label if available) Name: Address: NHS number: Date of birth:	Consultant: GP: Current patient/client location: Transferring facility – hospital, ward, care home, other: Contact no: Is the ICT aware of transfer? Yes/No			
Receiving facility – hospital, ward, care home, district nurse Contact no: Is the ICT/ambulance service aware of transfer? Yes/No	Is this patient/client an infection risk? <i>Please tick most appropriate box and give confirmed or suspected organism</i> <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Suspected risk Organism: <input type="checkbox"/> No known risk Patient/client exposed to others with infection eg D&V Yes/No			
If patient/client has diarrhoeal illness, please indicate bowel history for last week: (based on Bristol stool form scale, see previous page)				
Is the diarrhoea thought to be of an infectious nature? Yes/No				
Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, C. difficile, multi-resistant Acinetobacter SPP) and treatment information, including antimicrobial therapy:				
Specimen:				
Date:				
Result:				
Treatment information:				
Other information:				
Is the patient/client aware of their diagnosis/risk of infection? Yes/No				
Does the patient/client require isolation? Yes/No				
Should the patient/client require isolation, please phone the receiving unit in advance.				
Name of staff member completing form:				
Print name:				
Contact number:				

For further advice, please contact your infection control team/adviser