



Management of Patient/Resident with Potentially Infectious Diarrhea/ Vomiting

Initiation Date	Problem	Goal	Intervention	Signature	Discontinuation Date
	Patient/resident has diarrhea/vomiting	To establish/rule out a potentially infectious cause	<ul style="list-style-type: none"> • Staff will adhere to Hand Hygiene policy • Place patient/resident on Contact Precautions or Droplet Precautions if vomiting, AND ensure the Infection Control Practitioner is notified without delay • Send a stool specimen for Culture & Sensitivity (if within 72 hours of admission) and <i>C. difficile</i> if the patient/resident has: <ul style="list-style-type: none"> ○ Acute onset of persistent diarrhea (3 or more liquid stools within a 24 hour period) for more than one day without another etiology – abnormal for the patient <ul style="list-style-type: none"> • Liquid stool is defined as that which takes the shape of the container that holds it and will move back and forth if the container is set in motion. Or stool consistency according to Bristol Stool Scale Type 7 • If Norovirus is suspected please consult with the Infection Control Practitioner in order to arrange laboratory testing 		
	Potential for spread of infectious diarrhea/vomiting	Prevent spread of potentially infectious diarrhea/vomiting (<i>special attention needs to be taken with relation to hand hygiene, personal protective equipment and cleaning</i>)	<p>Precautions</p> <ul style="list-style-type: none"> • If patient/resident has diarrhea (not yet diagnosed) apply <ul style="list-style-type: none"> ○ <input type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions (if patient vomiting) • Start _____ Discontinue _____ • <input type="checkbox"/> Private room (required if patient vomiting and preferred if diarrhea) OR <input type="checkbox"/> Precautions in a multi-bed room (curtains must drawn around bedspace if patient is vomiting) • The patient/resident must remain in their room unless attending urgent medical procedure • The patient/resident must not visit public areas within the facility (unit kitchen, cafeteria, shops/kiosks in main entrance etc.) • Ensure Contact/Droplet Precautions sign is displayed at entrance to room and at bedside <ul style="list-style-type: none"> ○ Contact Precautions – wear gown and gloves for all contact with the patient/resident or their environment (which includes the whole room if single room or bed space if a multi-bedded room) ○ Droplet Precautions - wear gown and gloves for all physical contact with the patient/resident and their environment (which includes the whole room if single room or bed space if a multi-bedded room), AND wear a surgical grade (120 mmHg) fluid resistant mask (with attached visor), fitted to the face when providing care within 2 metres (6 feet) of the patient/resident 		

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			<ul style="list-style-type: none"> Dedicate patient/resident toilet facilities and attach patient/resident identification (e.g. MRN & Bed#) Dedicate equipment to the patient/resident and attach patient/resident identifier. Equipment not dedicated must be thoroughly decontaminated before being removed from the patient/resident's bed-space to be used by another patient/resident Linen, garbage and dishes are treated as routine Housekeeping <ul style="list-style-type: none"> On discharge or transfer from the room, or discontinuation of precautions, notify housekeeping that a thorough terminal clean must be completed (to include the removal and laundering of the curtains) Housekeeping shall remove Precaution Sign on completion of designated Facility clean 		
		To prevent the spread of potentially infectious diarrhea/vomiting and reduce the risk of transmission associated with out of room procedures or tests	<ul style="list-style-type: none"> A diagnosis of potentially infectious diarrhea/vomiting must not delay or inhibit any procedure or test required for the acute care of the patient/resident <ul style="list-style-type: none"> Non-urgent procedures or tests should be postponed until cessation of patient's symptoms, However, if the test or treatment can be provided in the patient room this should be the first consideration Notify the receiving department in advance of the type of additional precautions and cleaning required Notify transport staff of additional precautions required 		
		Encourage patient/residents with hand hygiene	<ul style="list-style-type: none"> Hand washing is extremely important for staff, visitors and patient/residents, especially before meals and after using the toilet Teach patient/resident correct procedure to wash hands and when to perform hand hygiene Ensure patient/resident information leaflet: Hand Hygiene is given to the patient/resident/visitors 		
		To prevent spread of potentially infectious diarrhea/vomiting and reduce the risk of transmission associated with visitors	<ul style="list-style-type: none"> Visitors must be directed to decontaminate their hands on entering and leaving the patient/resident room Visitors must wear gown and gloves/surgical grade mask (120 mmHg) with attached visor in addition to hand washing if providing close personal care Visitors must wear surgical grade mask (120 mmHg) with attached visor in addition to hand washing if visiting within 2 meters (6 feet) of patient/resident Visitors must not visit public areas within the facility (unit kitchen, cafeteria, etc.) and must not use the patient/resident bathroom. Visitor must not visit any other patient/resident room 		
	Infectious Diarrhea	Treatment of infection	<ul style="list-style-type: none"> The Most Responsible Physician to coordinate treatment regimen and may wish 		

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			<p>to discuss with Infection Prevention and Control ID Physician and Pharmacy</p> <ul style="list-style-type: none"> • Avoid anti-diarrheal agents (as may prolong clinical symptoms) • Observe and document progression or recurrence of symptoms in patient/resident chart and utilizing approved Bristol stool chart for standardization 		
	Management of persistent diarrhea	Identify infection status	<ul style="list-style-type: none"> • If previous culture & sensitivity and/or Norovirus and/or <i>C. diff</i> stool sample are negative, and diarrhea persists and is highly suspicious of <i>C. diff</i> based on frequency, consistency, and smell, maintain precautions and send supplemental stool sample which is done at least 48 hours after first specimen for <i>C.diff</i>. No subsequent testing is done if results are negative. • Maintain contact/droplet precautions for ongoing diarrhea /vomiting not yet diagnosed 		
	Discontinuation of precautions	To discontinue precautions at the appropriate time	<p>Please refer to Table 10: Procedure for Discontinuing Additional Precautions in the Infection Prevention and Control Manual and discuss potential removal of ARO flag with Infection Control Practitioner</p> <ul style="list-style-type: none"> • Patient/resident may be removed from Contact/Droplet precautions following 48 hours without diarrhea and after formed/normalized stool whether or not treatment is on-going or was initiated <ul style="list-style-type: none"> ○ Date of first formed/normalized stools: _____ <p style="text-align: center;">~ AND/OR ~</p> • Patient/resident may be removed from Droplet precautions 48 hours after last emesis <ul style="list-style-type: none"> ○ Date/time of last emesis: _____ • Most Responsible Nurse notifies Housekeeping a clean is required according to current VIHA Guidelines • If precautions are discontinued prior to patient/resident discharge, ensure: <ul style="list-style-type: none"> ○ Patient/resident is helped into a clean gown/pyjamas and housecoat ○ Hand hygiene is performed and the patient/resident brought out of room ○ The bedspace/room requires a terminal clean ○ If possible, the patient/resident is showered or bathed and clean gown/pyjamas and housecoat is donned and the bathroom is cleaned according to current VIHA Guidelines ○ Patient/resident is helped into a clean gown/pyjamas and housecoat • Once bedspace/room has been cleaned by housekeeping in a timely manner, precautions can be formally discontinued, sign will be removed from entrance to room and at bedside by housekeeping and the patient/resident may return 		
	Discharge Planning	Ensure discharge of the patient/resident is done in a manner to ensure the risk of	<ul style="list-style-type: none"> • May discharge home or transfer to another facility <ul style="list-style-type: none"> <input type="checkbox"/> Must inform Infection Control Practitioner of any transfers/discharges <input type="checkbox"/> Must inform receiving caregivers or receiving agency of precautions and 		

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		transmission is reduced, and the receiving facility is fully aware of the patient/residents diagnosis	<p>course of treatment</p> <input type="checkbox"/> Must inform transport services of any precautions required		
See also the Infection Prevention and Control Manual					
















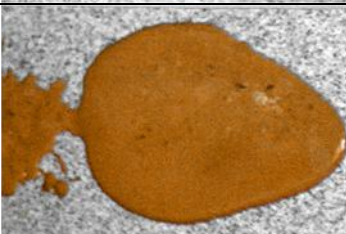
BRISTOL STOOL CHART

Addressograph

DATE (D/M/YY)	TIME (hrs)	VOLUME (insert number) 1) < ½ cup 2) > ½ cup to 1 cup 3) 1 cup to 1 ½ cups 4) Other (<i>please describe</i>)	Colour (insert letter) Br-Brown Y-yellow G-Green Bl-Black O-Other (<i>please describe</i>)	ODOUR (Yes/No) If "Yes" please describe	BRISTOL STOOL CHART NUMBER (see reverse side for chart)

***see reverse**

Bristol Stool Chart

<p>Type 1</p> 		<p>Separate hard dry lumps, like nuts, hard to pass</p>
<p>Type 2</p> 		<p>Sausage-shaped but lumpy</p>
<p>Type 3</p> 		<p>Like a sausage but with cracks on its surface</p>
<p>Type 4</p> 		<p>Like a sausage or snake, smooth and soft</p>
<p>Type 5</p> 		<p>Soft blobs with clear cut edges, passed easily</p>
<p>Type 6</p> 		<p>Fluffy pieces with ragged edges, a mushy stool</p>
<p>Type 7</p> 		<p>Entirely liquid and forms to the shape of the container holding it, no solid pieces</p>