Alberta Health Services
Edmonton Zone
Infection Prevention and Control
March 2017

Adult Diarrhea Management Protocol

DO NOT send formed stool samples to Lab

Stool is loose,watery,and/or mushy
(Easily assumes the shape of collection container)

Begin Stool Chart
Form #20404 (Rev 2016-09)

Patient has ≥ 3 episodes of loose unformed or watery stool or increased ostomy output (Type 6 or 7 on Bristol stool chart) within 24 hours that is new **OR** unusual for the patient

NO → ROUTINE PRACTICES (Hand Hygiene; PPE as exposure to body fluids anticipated) → STOP

YES → Physician to assess if diarrhea attributable to new medication, laxatives, diet change, medical condition (ulcerative colitis, Crohn's) or recent relevant medical procedure? (E.g. sigmoidoscopy)

- **YES** → ROUTINE PRACTICES (Hand Hygiene; PPE as exposure to body fluids anticipated) → STOP
- **NO** → Place C. diff PPCO (form #19718) in patient's chart

1. Place patient on **Contact Precautions** and do patient teaching re: same
2. Ensure stool chart record began
3. Document date/time/reason for precautions
4. Speak with attending physician
5. **Obtain physician order** for stool sample for C. diff toxin test (use PPCO)
6. **Notify IPC by phone**

Stool sample positive / Stool sample negative → Does the patient still continue to have diarrhea?

YES →
1. Physician to reassess antibiotic therapy for C. diff – use new C. diff PPCO
2. Call IPC to reassess precautions
3. IPC will continue to monitor

NO → Has it been 48 hours with no diarrhea or a return to baseline?

- **YES** →
1. Refer to Physician Orders in chart for IPC recommendations for discontinuing precautions
or
2. Call IPC to reassess precautions

- **NO** → Maintain Contact Precautions