Guideline for the Management of Patients with Loose Stools

TARGET AUDIENCE	NHSL wide, Acute, Health and Social Care Partnerships
PATIENT GROUP	All inpatients and outpatients

Clinical Guidelines Summary

Diarrhoea can be a symptom of gastrointestinal infection which is caused by a variety of bacterial, viral and parasitic organisms e.g. *Clostridioides difficile,* Norovirus, Cryptosporidium and Campylobacter.

Due to the risk of transmission of enteric pathogens between inpatients in a healthcare setting, it is necessary to have strict guidelines for the management of any patient with loose stools of unknown origin.

Lead Author	Christina Coulombe	Date Approved	20-08-2025
Version	5	Review Date	20-08-2027

Guideline Body

1. INTRODUCTION

In Scotland, the actual incidence of infectious diarrhoea is unknown as most episodes are undiagnosed. In addition, the vast majority of cases are self-limiting with no lasting negative health effects.

Diarrhoea can be a symptom of gastrointestinal infection which is caused by a variety of bacterial, viral and parasitic organisms e.g. *Clostridioides difficile,* Norovirus, Cryptosporidium and Campylobacter.

Due to the risk of transmission of enteric pathogens between inpatients in a healthcare setting, it is necessary to have strict guidelines for the management of any patient with loose stools of unknown origin.

2. AIM

- To ensure that patients receive appropriate and timely investigation, care and management in line with current national guidelines and best practice.
- To ensure NHS Lanarkshire (NHSL) staff can identify patients who have potentially infectious loose stools.
- To ensure that NHSL staff minimise the transmission of enteric pathogens which cause loose stools in the healthcare settings.

3. SCOPE

3.1 Who is the Guideline Intended to Benefit or Affect

This guideline is designed to safeguard patients, staff and the wider public from the risk of enteric pathogens. The policy is aimed at all healthcare staff working in NHSL.

3.2. Stakeholders

Patients, carers and relatives, and those staff defined within Section 5: Roles and Responsibilities.

4. PRINCIPLE CONTENT

4.1 Case definition

Three or more episodes of loose stools within a 24-hour period with no other obvious explanation. Please note patients with known Gastro Intestinal (GI) conditions e.g. bowel

cancer, inflammatory bowel disease or recent antibiotic/ laxative therapy may also develop loose stools unrelated to their condition.

A loose stool is a specimen, which conforms to the shape of the container (see Type 6 and Type 7 on the Bristol Stool Chart - Appendix 1 – Bristol Stool Chart).

4.2 Mode of spread

- Faecal-Oral Route
- Direct and indirect contact transmission from either an infected individual, the general environment or contaminated equipment.
- Droplet route via explosive diarrhoea.
- Food/water Borne.

4.3 Patients at increased risk of developing loose stools

Certain patients are at an increased risk of complications of potentially infectious diarrhoea and persons at risk can vary depending upon the organism identified. Generally, the most vulnerable are the immuno-compromised in whom infectious diarrhoea can be life threatening. The young and frail or elderly are also extremely susceptible.

4.4 Testing / Specimen results

If the patient has experienced three or more unexplained loose stools within a 24-hour period, obtain a stool sample and send it to the Microbiology laboratory for routine culture and sensitivity as soon as possible following onset. Staff requesting Norovirus testing should add this specifically to the request form.

The results can be located on Clinical Portal. The Microbiology Team who will contact the relevant department to ensure that staff will be made aware of the results, as well as provide necessary advice will inform the Infection Prevention & Control Team (IPCT) and Health Protection Team (HPT) of positive alert organisms.

It is not the responsibility of the IPCT/HPT to ensure that patients diagnosed with an alert organism are given information about their condition and prognosis.

4.5 Care of patients in isolation suffering from Dementia

As isolation is one of the main controls in reducing the spread of infection to other patients within the area, nursing staff should be mindful that the process of isolation can have a detrimental effect on the patient's mental health, especially if they are suffering from a mental illness such as dementia.

If isolation has detrimental effects to a patient, then a risk assessment should be carried out and IPCT informed

If the patient is 48 hours' symptom free then precautions can be stepped down following a full terminal clean and IPCT do not need to be made aware of this unless it was in an outbreak situation or further advice is required.

If isolation has detrimental effects to a patient, then a risk assessment should be carried out and IPCT informed.

Note for a small number of infections including Shiga toxin E. coli (STEC) there may be a required for restrictions to remain in place for longer than the 48 hrs following the resolution of symptoms. Such patients will be discussed with the HPT and IPC.

4.6 Standard Infection Prevention and Control Precautions (SICPs) Transmission Based Precautions (TBPs)

SICPs & TBPs	
Documentation	• All patients with loose stools should have a stool chart commenced; stool/vomit chart should contain the date, time, size, colour and type of stool as described the Bristol Stool Chart, • All charts should be kept outside the room or at the nurse's station. No documentation should be kept in the patients' room while Transmission Based Precautions (TBPs) are in place. • As long as symptoms persist or a pathogen is isolated from a stool sample, staff should adhere to Management of Patients with Loose Stools Guideline/SOP and TBPs as outlined in the National Infection Prevention and Control Manual (NIPCM)
Patient Placement	• A single room should be made available for all patients with loose stools, preferably with en-suite facilities. If a single room is not available, a risk assessment must be completed, reviewed regularly and documented within the Personal Care Record. In some instances, the patient's clinical condition may not support the placement of the patient in a single room a risk assessment must be completed and the reasons documented in the personal care record and IPCT informed. • To minimise the spread to adjacent areas side room doors should be closed with appropriate signage fixed to the outside of the door. "Please see Nurse in charge" sign placed on the door. • If the door being closed compromises patient care, a risk assessment should be made regarding whether the door may be kept open. This must be documented in the personal care record. • Patient should be isolated until 48 hours free of symptoms. • If a single room is not available, consult a member of the IPCT and escalate to the bed manager if necessary.

SICPs & TBPs	
	Further information available at; National Infection Prevention and Control Manual (NIPCM).
Hand Hygiene	• Hand hygiene is the single most important measure reducing the risk of cross-transmission of infectious agents. Hands must be decontaminated before and after each episode of direct patient contact and after contact with the patient's environment, including before and after use of Personal Protective Equipment (PPE). Refer to National Infection Prevention and Control Manual (NIPCM). • Soap and water must be used when caring for patients with vomiting and diarrhoeal illnesses. • Staff should follow the 5 moments for Hand Hygiene. • Patients must be encouraged/assisted to use hand hygiene facilities after using toilet/commode. • Visitors must also be encouraged to wash hands with soap and water.
Testing Results and Specimens	• If the patient has experienced three or more unexplained loose stools within a 24-hour period, obtain a stool sample and send it to the Microbiology laboratory for routine culture and sensitivity as soon as possible following onset. It is important to record if the patient has been on antibiotics on the lab referral form. • Following discussion with IPCT if a viral pathogen e.g. Norovirus is suspected a stool specimen should be sent to the laboratory for virology testing and this should be documented on the lab request form e.g. Norovirus. • If the first stool sample is negative and loose stools continue, two further samples should be sent on separate occasions a minimum of 24 hours apart. If an infective organism has been isolated implement the appropriate documentation. • Document any specimens taken on the stool chart.
Moving between wards, hospitals and departments	• If the patient is moved to another ward prior to being 48-hours symptom free then a terminal clean must be carried out. • The receiving ward / area must be fully aware of the patient's status prior to transfer. If the patient remains symptomatic a single room must be located. • Please contact the IPCT prior to the transfer of a symptomatic patient in an outbreak situation.
Personal Protective Equipment (PPE)	• PPE use must always be risk assessed and worn for direct contact with the patient and their environment or where there is the risk of exposure to blood and / or other body fluids.

SICPs & TBPs	
	• Disposable apron and gloves should be available at the closest point of use outside the single room. • Gloves and aprons are single use and must be disposed of into the clinical waste stream (orange waste) within the single room. • Hand hygiene must always be performed immediately before applying PPE (with either hand rub or soap and water as required). • Hand hygiene with soap and water must be carried out following removal of PPE. Further information available: National Infection Prevention and Control Manual (NIPCM)
Linen	• All linen from a patient with loose stools must be treated as infectious linen and should be double bagged i.e. should be placed directly into a water-soluble or alginate bag and secured, then placed into a clear plastic bag and secured before placing into a red laundry receptacle. • Clean linen should not be stored within an isolation room. • The patient and / or relative should receive the patient laundry information leaflet. Further information available: National Infection Prevention and Control Manual (NIPCM)
Patient Clothing	• Patients clothing must be placed into a white disposable patient laundry bag then into a clear bag. This must be issued. • Patient and or relative should receive the laundry leaflet. http://firstport2/resources/patient-info-leaflets/Documents/XS%20PIL.LAUNDC.1152.L.pdf
Waste	• Waste should be designated as clinical / healthcare waste and placed in an orange bag as per NIPCM and NHSL Waste Management poster. https://www.nipcm.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/print?section=1085

SICPs & TBPs	
Information for Patient/ Relative Equipment & Environmental Cleaning	• The clinical team with overall responsibility for the patient must inform the patient of their status and document this in the patient's notes. • **Domestic Staff** - Daily environmental cleaning must be undertaken with a solution of 1,000ppm available Chlorine releasing agent. • **Nursing Staff** - Dedicated equipment should be cleaned after each use with Chlorine releasing agent or Universal Disinfectant wipes. • Additional cleaning may be advised by the IPCT. • Daily clean with chlorine releasing agent and a second clean for • Frequently touched areas and toilets.
Terminal Cleaning- following transfer, discharge or once the patient is no longer considered infectious	Remove all of the following from the vacated single room: • healthcare waste and any other disposable items (bagged before removal from the room); • bedding/bed screens/curtains and manage as infectious linen (bagged before removal from the room); and • reusable non-invasive care equipment (decontaminated in the room prior to removal). The room should be decontaminated using: • a combined chlorine releasing detergent disinfectant solution at a dilution, (1,000ppm av.cl.) (this process applies for **domestic staff** for the environment only) • Chlorine releasing agent (**clinical staff** only for decontaminating the environment including near patient equipment • The room must be cleaned from the highest to lowest point and from the least to most contaminated point.
Discharge Planning	• The clinical team with overall responsibility for the patient must inform the General Practitioner and others in the community care team, including Care Home staff of the patient's status.
Last Offices	No additional precautions required.
Visitors	• PPE is not required to be worn by visitors. • Visitors should be encouraged to wash their hands with liquid soap and water. • Visitors should be advised not to sit on the beds.

5. ROLES AND RESPONSIBILITIES

Who	Roles & Responsibilities
NHS Board	• To provide a managed system in relation to infection prevention and control (IP&C) across NHSL. • To cooperate with partner agencies (e.g. Local Authority) to protect the local population from hazards to health by preventing, controlling or reducing exposure to these. • To take steps to limit damage to health when such exposures occur.
Hospital Management Teams	• Support the Healthcare Workers (HCWs) and the IPCT in following this Guideline.
IPCT	• Keep this Guideline up to date. • Support clinical teams to risk assess Transmission Based Precautions (TBPs) and Standard Infection Control Precautions (SICPs) • Continue to monitor all known alert organism patients until infection risk no longer present. • Provide education opportunities on this guideline. • Monitor the epidemiology of loose stools within the healthcare environment and advise on IPC precautions as necessary.
HPT	• HPT may be involved in identifying the source of infection and community contact tracing if appropriate.
Senior Charge Nurse (Ward Manager)	• To provide leadership within the clinical area and act as role models in relation to IPC. • To ensure implementation and ongoing compliance with SICPs and TBPs and take appropriate action to address any area of non-compliance. • Escalate any staffing/resource issues that affect implementations of appropriate SICPs/TBPs. • Recognise and report to the IPCT two or more patients with symptoms of diarrhoea and/or vomiting which could suggest an outbreak.

Who	Roles & Responsibilities
HCWs	• To ensure implementation and ongoing compliance with SICPs and TBPs. • Be alert to any patient developing loose stools. • Recognise and report to the IPCT two or more patients with symptoms of diarrhoea and/or vomiting which could suggest an outbreak. • Inform a member of the IPCT if this guideline cannot be followed and inform their clinical lead or line manager. • Must ensure that all relevant IPC documentation is available and completed at all times. • Isolate symptomatic patients.

6. RESOURCE IMPLICATIONS

There are no resource implications.

7. COMMUNICATION PLAN

Guideline will be launched as follows:

- Staff Brief
- The Guideline will be available on the “IPCT” section on First port.
- The Guideline will be available on the Internet site for NHSL.
- Hospital and H&SCP Hygiene meetings

8. REFERENCES

Guidance on prevention and control of *Clostridioides difficile* Infection (CDI) in community-based settings in Scotland
https://publichealthscotland.scot/publications/guidance-on-prevention-and-control-of-clostridioides-difficile-infection-cdi-in-community-based-settings-in-scotland/guidance-on-prevention-and-control-of-clostridioides-difficile-infection-in-community-based-settings-in-scotland-version-1-new/overview/intended-audience/

Guidance/protocols and reports National Service Scotland
https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/guidance-protocols-and-reports/

The NIPCM (National Infection Prevention and Control Manual) in Scotland provides guidance on preventing and controlling *Clostridioides difficile* Infection (CDI)
https://www.nipcm.scot.nhs.uk/a-z-pathogens/#c

Appendix 1 – Stool Chart

CHI no .....
First name ..... DOB ..../..../....
Last name ..... Sex: ☐M ☐F
Address .....
.....
.....
or attach addressograph label here

University Hospital: ☐Hairmyres ☐Monklands ☐Wishaw NHS Lanarkshire
Other hospital: (specify) .....
Ward: .....

Stool Charts (Include Vomit)
(incorporating Bristol Stool Form Scale)

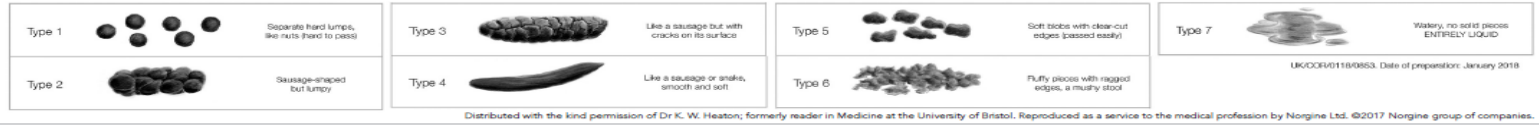
Identifies as: .....

Date of onset: ...../...../.....	Presenting symptoms:
Time of onset: ..... : ..... (24 hour)	

Date	Time	Vomit/Stool (V/S)	Amount	Colour	Bristol stool type (see below)	Integrity of skin area buttocks/sacrum	Stool Specimen sent to Microbiology/ Virology	Print/Sign/ Designation
						SAMPLE		

LAT0010

The Bristol Stool Form Scale



UK/OOR/0118/0853. Date of preparation: January 2018

Distributed with the kind permission of Dr K. W. Heaton; formerly reader in Medicine at the University of Bristol. Reproduced as a service to the medical profession by Norgine Ltd. ©2017 Norgine group of companies.

NMAHPSTOCHA25_0505/1.

Vomit/Stool Chart | Acute Care Services | NHSL | Page 1 of 2

Pub. date: Feb 2025 | Review date: Feb 2030 | Issue No: 06

Author:	Infection Prevention & Control Team
Responsible Lead Executive Director:	Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs)
Endorsing Body:	Governance Review Group (GRG)
Governance or Assurance Committee	Infection Control Committee (ICC)
Implementation Date:	August 2025
Version Number:	5.0
Review Date:	August 2027
Responsible Person	Director of Infection Prevention & Control

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	• Infection Prevention and Control Team (IPCT)
Consultation Process / Stakeholders:	• IPCT • Health Protection Team (HPT) • Property and Support Services Department (PSSD) • Consultant Microbiologists • Infection Prevention and Control Doctor (ICD) • Lead Antimicrobial Pharmacist • Chief Nurses • Chief Medical Staff • Infection Control committee (ICC)
Distribution:	• NHS Lanarkshire Intranet - First Port (internal) • NHS Lanarkshire internet (Public) • Hospital and H&SCP Hygiene meetings

CHANGE RECORD			
Date	**Author**	**Change**	**Version No.**
09-09-2017	Policy Review Group	Minor amendments made to narrative	1.3
06-11-2019	Governance review Group	Changed form a policy to a guideline	1.4
20-11-2019	Governance review Group	Reviewed by the Governance Review Group (GRG)	2.0
24-11-2021	Governance review Group	Reviewed in line with the Vale of Leven recommendations	3.0
07-11-2023	Governance review Group	Reviewed in line with the Vale of Leven recommendations	4.0
17-07-2025	Governance review Group	Reviewed in line with the Vale of Leven recommendations	5.0