

BEST PRACTICE RECOMMENDATIONS FOR STOOL SAMPLES

DEFINITIONS

Diarrhoea: Passing stools more frequently than is normal for an individual (must be liquid or loose and usually 3 or more per day)

Acute Diarrhoea: <14 days

Persistent Diarrhoea: >14 days

Chronic Diarrhoea: >4 weeks

WHEN TO SAMPLE

Send a sample to Microbiology to determine an infectious cause of diarrhoea in the following situations:

- Systemically unwell/requires hospitalisation
Send blood cultures if symptoms of sepsis
- Blood or pus in the stool
- Immunocompromised
- Recent antibiotic use
- Suspicion of parasite
- Chronic symptoms

CAUSES

Usually associated with contaminated food/water or contact with human/animal faeces

Bacteria: *Salmonella* sp. (including typhi), *Shigella* sp, *E.coli* O157, *Campylobacter*, *Vibrio cholerae*

Viruses: adenovirus, rotavirus, enterovirus, norovirus

Ova, Cysts and Parasites: *Giardia* sp., *Cryptosporidium* sp., *Entamoeba* sp.

***Clostridium difficile*:** toxin induced associated with antibiotic use

Non-Infectious: medication, diet, cancer, allergy

WHEN TO TREAT

Assess for signs of dehydration and rehydrate urgently with oral rehydration salts or IV fluids if severe or signs of shock.

Most cases of infectious diarrhoea are self-limiting and **do not** warrant treatment with antibiotics.

When pathogenic bacteria requiring antibiotic treatment is isolated; treat in accordance with local / national guidelines.