



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

DIARRHOEA + / - VOMITING ADULTS

Date: / / 20 Time: Clinician: CNS NP HS Reg SMO

PRESENTING COMPLAINT

Unwell for : _____

Small volume diarrhoea - consider alternative diagnosis

Significant Abdominal pain - high risk for other pathology

Diarrhoea No Yes:

Nausea No Yes:

Vomiting No Yes:

Abdominal pain No Yes:

RISK FACTORS FOR INFECTIOUS DIARRHOEA *Stool culture indications - page 2 best care bundle*

Contact unclean water Recent travel Recent hospitalisation *including rest homes*

Recent Antibiotics Infectious contacts IDDM / NIDDM Pregnant ? *Listeria*

> 14 days duration Immunosuppression Occupation: _____

RELEVANT PREVIOUS MEDICAL & SURGICAL HISTORY Nil relevant

RELEVANT MEDICATIONS / ALLERGIES Nil regular medicines

Nil known allergies **ALLERGIES:**

FUNCTIONAL AND SOCIAL HX

Independent Yes No

Smoking Hx Non smoker Smoker:

EMERGENCY MEDICINE

7.7.211 B



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| | | | |
|---|-----------------|---|----------------------|
| VITAL SIGNS <input type="checkbox"/> Within normal limits | BP _____ | Resp Rate _____ / min | Pain score _____ /10 |
| | Pulse _____ bpm | SPO2 _____ % | Glucose _____ mmol/L |
| | Temp _____ °C | <input type="checkbox"/> Air <input type="checkbox"/> NP <input type="checkbox"/> Hudson: _____ l/min | |

General NOT distressed

Pain None Mild Moderate Severe

Dehydration None Mild Moderate Severe

Jaundice Pallor Cyanosis Clubbing LN's Oedema

EXAMINATION

CVS Warm and well perfused

Cap refill Normal

Pulses Normal

S1S2 Normal

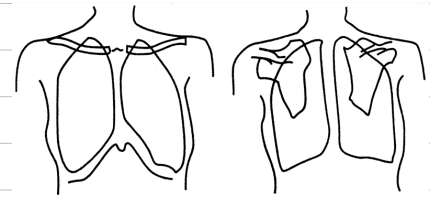
Respiratory *Look for ketotic breathing*

Breathing work Normal

Air entry Normal

Breath sounds Vesicular

Added sounds No Yes:



Abdominal *Look for signs of other pathology*

Appearance Not distended Distended

Palpation Soft

Guarding No Yes:

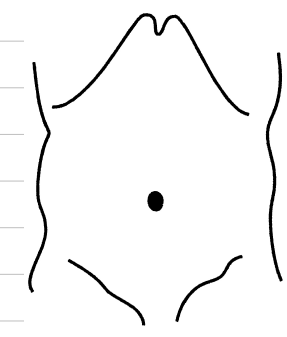
Rebound tender No Yes:

Pulsatile mass No Yes:

Organomegaly None

Bowel sounds Normal

Renal angle Not tender Tender





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CLINICAL IMPRESSION / DIAGNOSIS / PLAN

Diagnosis: Likely gastroenteritis

Other pathology suspected → DDx includes:

In pregnant patients consider Listeria - send blood cultures (not stool)

FURTHER MANAGEMENT / NURSING INSTRUCTIONS

IV fluids: Continue

Antiemetics: Prescribed

Stool culture: Do NOT send Send *Indications p2 Best Care Bundle Pathway*

Antibiotics: *Indications p2 Best Care Bundle Pathway*

DISPOSITION / FOLLOW UP

Discharge Discharge criteria & checklist p4 Best Care Bundle completed

See EDS proforma (link from EDS). It is pre-populated with useful information that prevents duplication

Admit Admit Gen Med Discussed with Dr: _____ Time: _____

Admit Gen Surg

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO: _____