



= 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 : \_\_\_\_\_

Diarrhoea  No  Yes:

Nausea  No  Yes:

Vomiting  No  Yes:

Abdominal pain  No  Yes:

*Small volume diarrhoea - consider alternative diagnosis*

*Significant Abdominal pain - high risk for other pathology*

### 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:



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<b>VITAL SIGNS</b> <input type="checkbox"/> Within normal limits	BP _____ mmHg	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

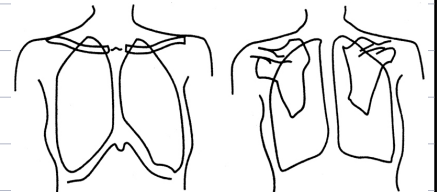
**Respiratory**   *Look for ketotic breathing*

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:

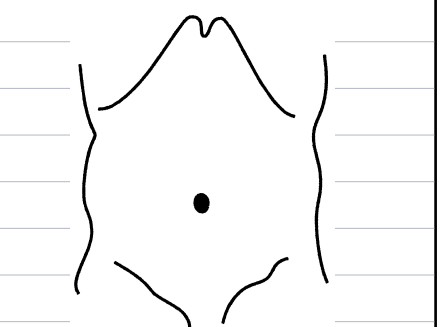
Rebound tender  No    Yes:

Pulsatile mass  No    Yes:

Organomegaly  None

Bowel sounds  Normal

Renal angle  Not tender    Tender



EMERGENCY MEDICINE





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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: \_\_\_\_\_