

## Infection Control Care Plan for a patient with Loose Stools

### Infection Control Care Plan for a patient with Loose Stools of unknown origin

**Statement:** This Care Plan should be used with patients who have loose stools of unknown origin. This Care Plan should be followed to reduce the risk of transmitting faecal organisms to other patients, staff, carers and visitors. If it is not possible to follow this Care Plan, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

Patient Name / Demographic Label



Date	No	Issue / Problem	Action to be taken	Ongoing Assessment/ Review Date	Signature	Action from Assessment Review	Action Discontinued Date/ Signature
	1	<b>Accommodation</b>	<ul style="list-style-type: none"> <li>Isolate the patient in a single room with <i>en suite</i> facilities. If <i>en suite</i> is not available ensure access to own commode.</li> <li>Place isolation sign on outside of door.</li> <li>A risk assessment should be carried out by the clinical team to determine the suitability of the patient for isolation. If not suitable a daily review should be carried out and documented in case notes.</li> <li>Door must be kept closed. If this is not possible document the reason in the case notes.</li> <li>Discontinuation of isolation precautions when patient is 48 hours symptom free.</li> <li>With patient's permission discard any uncovered food stuffs and advise not to have any uncovered food stuff in lockers of patients.</li> </ul>				
	2	<b>Hand Hygiene</b>	<ul style="list-style-type: none"> <li>Hand hygiene must be performed with liquid soap and water before and <b>after</b> contact with the patient, their environment or equipment and on leaving isolation room.</li> <li>Use gloves to prevent hand contamination. Decontaminate hands after removal of gloves with liquid soap and water.</li> <li>Ensure hand washing facilities are offered to patient especially after using the toilet and prior to eating.</li> </ul>				
	3	<b>Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>Disposable yellow aprons and gloves must be worn for all direct contact with the patient or patient's environment/ equipment.</li> <li>Gloves and aprons are single-use and must be disposed of into the clinical waste stream after use and then hands must be decontaminated with liquid soap and water.</li> </ul>				

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	4	<b>Decontamination of Patient Equipment</b>	<ul style="list-style-type: none"> <li>• Where possible equipment such as chairs, hoist sling etc should be kept for use by that patient only and kept in the room.</li> <li>• If equipment is taken out of the room it must be cleaned with 1,000ppm chlorine based detergent (10,000ppm if contaminated with blood).</li> <li>• Crockery/ cutlery/ medicine pots can be removed from the room and washed in the normal way.</li> <li>• Keep items and equipment to a minimum in room.</li> </ul>				
	5	<b>Specimens</b>	<ul style="list-style-type: none"> <li>• Obtain a stool specimen and send it to the Microbiology Laboratory for routine culture and sensitivity. If indicated, also send for virology. If the patient has been on antibiotics please record this on the microbiology request form.</li> <li>• If the first specimen is negative and loose stools persist, send two further specimens on separate occasions. Advice can be sought from ICT. If an infective organism is isolated use the appropriate Infection Control Care Plan.</li> <li>• If the patient has confirmed Norovirus it is not necessary to send further specimens unless another enteric pathogen is suspected.</li> </ul>				
	6	<b>Laundry</b>	<ul style="list-style-type: none"> <li>• Place used linen in water soluble bag, then clear polythene bag, then into the white laundry bag.</li> <li>• Clean linen should be taken into the room when required. Do not store clean linen in room.</li> </ul>				
	7	<b>Waste</b>	<ul style="list-style-type: none"> <li>• Dispose of all waste into a clinical waste bag inside room. A foot operated bin should be used.</li> <li>• When the waste bag is <math>\frac{3}{4}</math> full (and daily), fasten securely and label with ward identification number.</li> </ul>				

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	8	<b>Environmental Cleaning</b>	<ul style="list-style-type: none"> <li>To maintain confidentiality advise domestic staff that the patient is being isolated.</li> <li>Floor, surfaces, sink, toilet etc must be cleaned twice daily by domestic staff using chlorine based detergent, e.g. Actichlor Plus. Refer to SOP Twice Daily Clean of Isolation Rooms. <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a></li> <li>Nursing staff are responsible for the cleaning of patient related equipment twice daily using chlorine based detergent, e.g. Actichlor Plus.</li> <li>When room vacated nursing staff should clean patient related equipment with chlorine based detergent, e.g. Actichlor Plus and remove it from room. Domestic staff should then carry out a thorough terminal clean of the room. When dry, the room can be used. Refer to SOP Terminal Clean of Isolation Room. <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a></li> </ul>				
	9	<b>Information to Patient and Carers</b>	<ul style="list-style-type: none"> <li>Explain to the patient/ relative reasons for isolation and provide information leaflet if available. Document in clinical notes.</li> <li>Ensure that all persons visiting the patient are aware of the reason for isolation precautions.</li> <li>Relatives with infectious symptoms, e.g. diarrhoea must be instructed not to visit until at least 48 hours free of symptoms.</li> </ul>				
	10	<b>Visitor Restrictions</b>	<ul style="list-style-type: none"> <li>Visitors must be instructed to report to nurse in charge before entering room.</li> <li>Vulnerable people such as young children should be discouraged from visiting.</li> <li>Aprons and Gloves are NOT required to be worn by visitors but they should be instructed to wash their hands using soap and water on leaving the room.</li> <li>Nursing staff should consider restricting the number of visitors to two at any one time.</li> </ul>				

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	11	<b>Personal Patient Clothing</b>	<ul style="list-style-type: none"> <li>Ensure laundry leaflet is given to relatives taking laundry home.</li> <li>All patient laundry should be placed into a clothing alginate bag for home washing only.</li> </ul>				
	12	<b>Transfer to another Department or Hospital</b>	<ul style="list-style-type: none"> <li>Where possible avoid moving patients until they have been asymptomatic for 48 hours.</li> <li>If transfer is necessary, ensure the ward/ department receiving the patient has a single room available where possible.</li> <li>Contact the ICT prior to transferring the patient to another ward.</li> </ul>				
	13	<b>Psychological impact of being isolated</b>	<p>Patients in isolation may be prone to feelings of loneliness and depression as well as feeling stigmatised. These feelings can be lessened by:</p> <ul style="list-style-type: none"> <li>Ensuring patient understands need for isolation and is encouraged to express concerns.</li> <li>Provide verbal and/ or written information about the reason including leaflet if available.</li> <li>Ensure patient has items to relieve boredom and provide distraction, e.g. TV, newspapers.</li> </ul>				
	14	<b>Documentation</b>	<ul style="list-style-type: none"> <li>Commence stool chart and ensure all bowel motions are recorded including consistency as per Bristol Stool Chart.</li> <li>Commence fluid balance chart ensuring that all episodes of vomiting are recorded.</li> </ul>				
	15	<b>Toileting Facilities</b>	<ul style="list-style-type: none"> <li>Where possible the patient should be allocated their own toilet or commode.</li> <li>If commode in use it must be decontaminated after each use with chlorine based detergent (1:1000ppm).</li> <li>After cleaning commode, indicator tape should be used.</li> <li>When handling bedpans/ vomit bowls wear disposable gloves and apron and decontaminate hands with soap and water on removal.</li> </ul>				

Documentation Control * ICT Only	
Date of issue	May 2015
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