

**GASTROENTERITIS DATA COLLECTION CHART**

**Ward / Area ……………………………………………………….**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name & NHS Number |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Age  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signs & Symptoms | Start Date |  |  |  |  |  |  |  |  |  |  |  |  |
| DiarrhoeaBristol Stool Chart Type  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vomiting  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headaches  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach Cramps |  |  |  |  |  |  |  |  |  |  |  |  |
| Raised Temperature |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Sample |  |  |  |  |  |  |  |  |  |  |  |  |
| Medications  | Antibiotics |  |  |  |  |  |  |  |  |  |  |  |  |
| Aperients  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bowel Prep |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Symptomatic Family Contacts |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical Condition |  |  |  |  |  |  |  |  |  |  |  |  |