

## **Stool Chart**

Patient's name:
Hospital Number:
DOB:
Ward/Location:

Date of admission: \_\_\_\_\_

Normal bowel pattern (e.g. 2 x day): \_\_\_\_\_ x \_\_\_\_

Date	Time	Bowels opened? (Y/N)	Stool type	Details: amount, colour, blood	If type 1 or 2, has a clinician been informed? (Y/N)	If type 5, 6 or 7, has a diarrhoea pathway been started and a clinician been informed? (Y/N)	Signature

## **Bristol Stool Chart**

