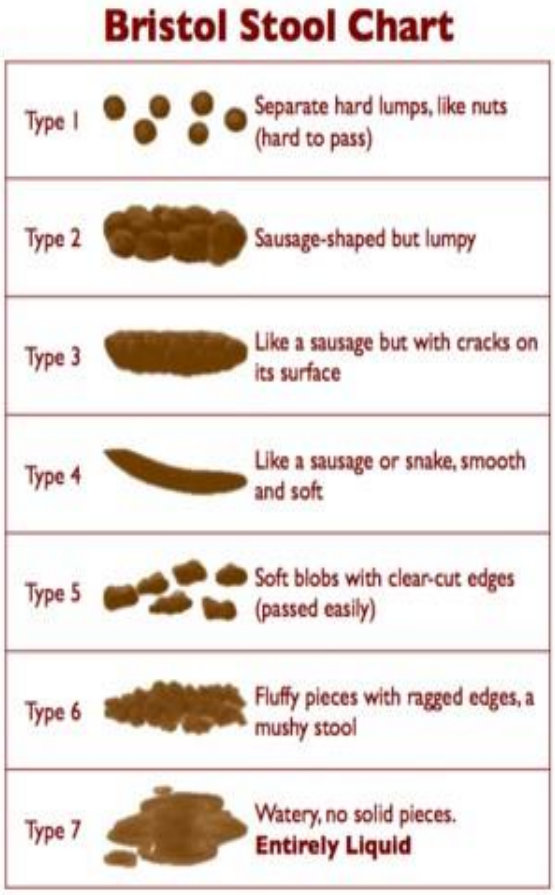
Diarrhoea Monitoring Chart and the Bristol Stool Chart

Resident's name_____ **Date of birth**_____ **Floor or unit** _____



Date	Time	Colour	Type - Bristol Stool Chart	Amount - small, medium or large	Blood yes/no	Mucous yes/no	Vomiting yes/no	Stool specimen taken (√)	Staff member signature