

Faeces microscopy and culture – Clinical information

Indication

Diarrhoea:

- of recent onset
- in a returned traveler
- in immunocompromised patient
- in setting of recent antibiotic therapy or chemotherapy

HIC/Medicare Restrictions

- One stool specimen per 7 days for microscopy, culture and sensitivities
- Two stool specimens per 7 days for ova, cysts and parasites

Eastern Health Pathology Protocol

Specimens from patients who have been inpatients for more than 3 days will not be tested for *Campylobacter*, *Salmonella* or *Shigella* unless requested.

Clinical notes

- Antibiotic treatment
- Recent travel – tick the ‘returned traveler’ box
- Immunocompromised patient
- Known or suspected outbreak
- Suspected food borne illness

Number and Timing

A single faecal specimen is considered adequate to diagnose infection with bacterial pathogens.

Two specimens within a 7 day period are considered adequate for diagnosis of parasitic infection.

Clostridium difficile toxin repeat testing will only be performed if clinical notes indicate treatment failure.

Golden Rule

- The vomiting of gastroenteritis should not last more than 24 hours. A surgical cause should be suspected if this is the case.
- Diarrhoea can be a false localizing sign of Gram negative septicemia. If faecal leucocytes are *absent*, primary infective enteritis is less likely.