

STEC audit questionnaire

CONFIDENTIAL



E. coli O157/STEC – SUGGESTED LOCAL AUDIT CRITERIA

Patient name _____ Age _____

Name of hospital _____

Date of onset of bloody diarrhoea - -

Date of first presentation to healthcare - -

Date admitted - -

Was *E. coli* O157/STEC considered in the differential diagnosis at first presentation with bloody diarrhoea?
Yes ☐ No ☐

Was a stool sample submitted indicating bloody diarrhoea and/or suspected STEC on the request form?
Yes ☐ No ☐

If yes, date of first stool sample - -

Was a travel history taken? Yes ☐ No ☐

Date of microbiological confirmation (if applicable) - -

Were IV fluids administered? Yes ☐ No ☐

Was there evidence of any of the following:

- Patient was unwell Yes ☐ No ☐
- Dehydration Yes ☐ No ☐
- High risk clinical features associated with HUS or increased risk of HUS in STEC Yes ☐ No ☐
- Laboratory features associated with HUS or increased risk of HUS Yes ☐ No ☐

Were antibiotics administered? Yes ☐ No ☐

If yes, was this on the advice of an infection specialist? Yes ☐ No ☐

If yes, which antibiotics were administered? _____

Were NSAIDs administered? Yes ☐ No ☐

Were anti-motility drugs administered? Yes ☐ No ☐

Were recommended blood tests performed? Yes ☐ No ☐

Were recommended urine tests performed? Yes ☐ No ☐

Was the patient discussed with Public Health? Yes ☐ No ☐