The POOP SCOOP

Stool-based Diagnoses Made Ridiculously Simple

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Objective

- Describe how different stool characteristics can guide diagnosis and decision making

Outline

- A step-wise guide to a good poop history
  - color, consistency, frequency

- GI bleed!
  - where is this blood coming from?
  - and what can I do (before paging GI) ?

Everyone loves a good poopy tale

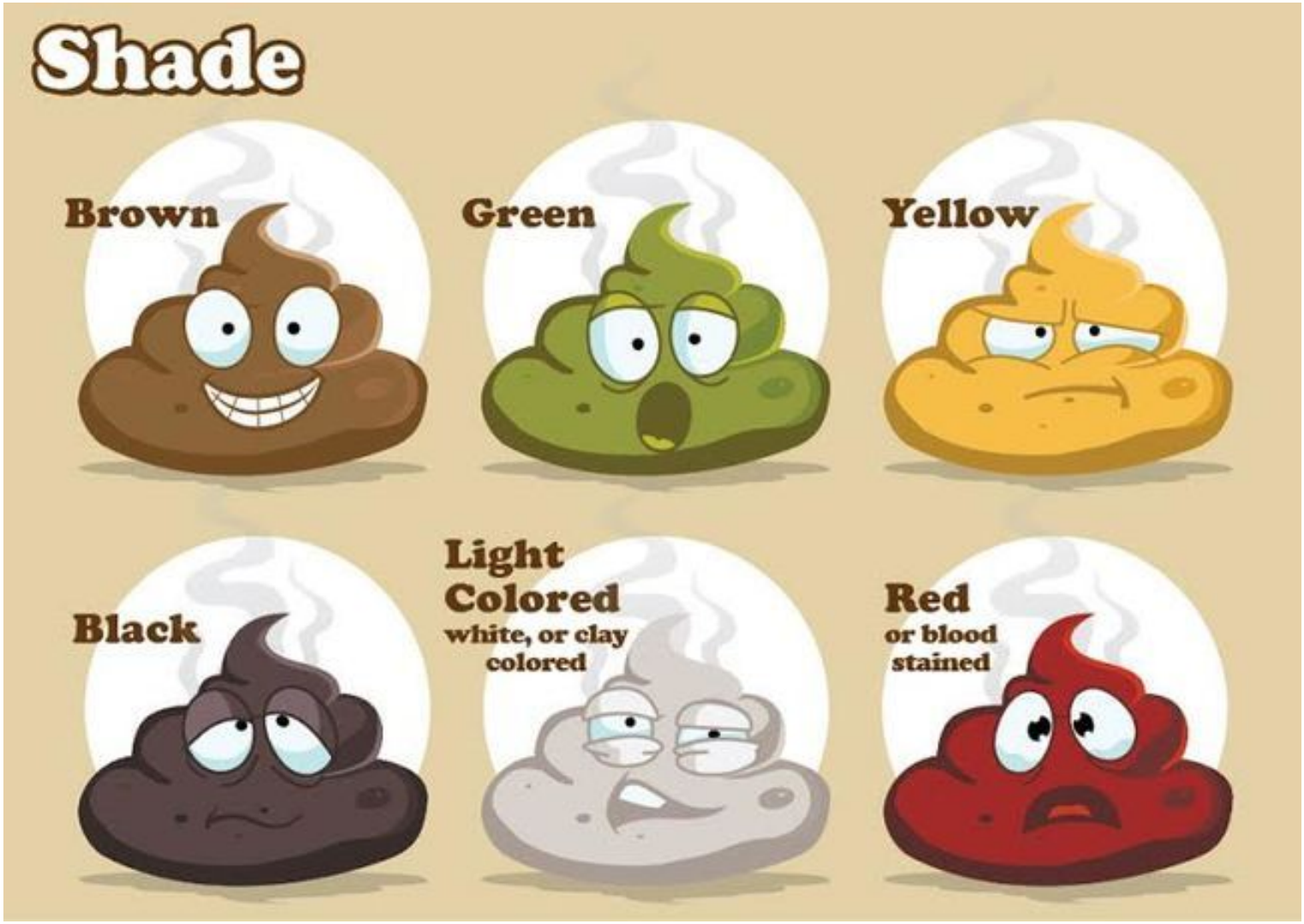
"POOP HISTORY"

STEP 1: COLOR

STEP 2: CONSISTENCY

STEP 3: FREQUENCY

Step 1: Color


Shade
Brown
Green
Yellow
Black
Light Colored
white, or clay colored
Red
or blood stained

Step 1: Color

- Brown: normal
- Green: quick transit, breastfed babies
- Yellow: if also greasy, voluminous and foul-smelling, suspect fat malabsorption (pancreatic insufficiency, celiac disease)
  - 72 hr fecal fat excretion (> 6g/day is pathologic)
- White/Clay colored: also called ‘acholic’ stool, suggests biliary obstruction, ask if urine is darker than usual
- Black: if black and TARRY, suspect upper GI bleed
  if black but normal consistency/hard, check medications (Iron, pepto-bismol)
- Red: Blood in stool. Ahem, we will get there

Step 2: Consistency

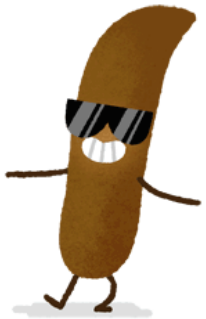
Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

CONSTIPATION

ALSO NORMAL

NORMAL



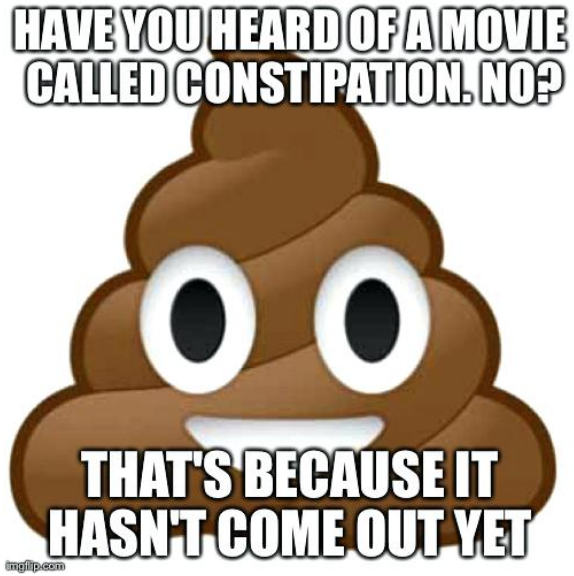
DIARRHEA

Step 3: Frequency

- Constipation
  - duration
  - diet, medications and lifestyle change
  - motility issue?

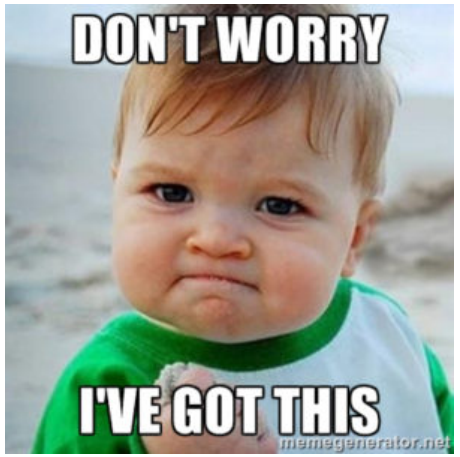
- Normal: 3 times per day ⟷ once in 3 days

- Diarrhea
  - duration
  - diet, travel, antibiotics/laxatives history
  - Infectious? Secretory vs. osmotic? IBD?



Outline

- A step-wise guide to a good poop history
  - color, consistency, frequency



- GI bleed!
  - where is this blood coming from?
  - and what can I do (before paging GI) ?

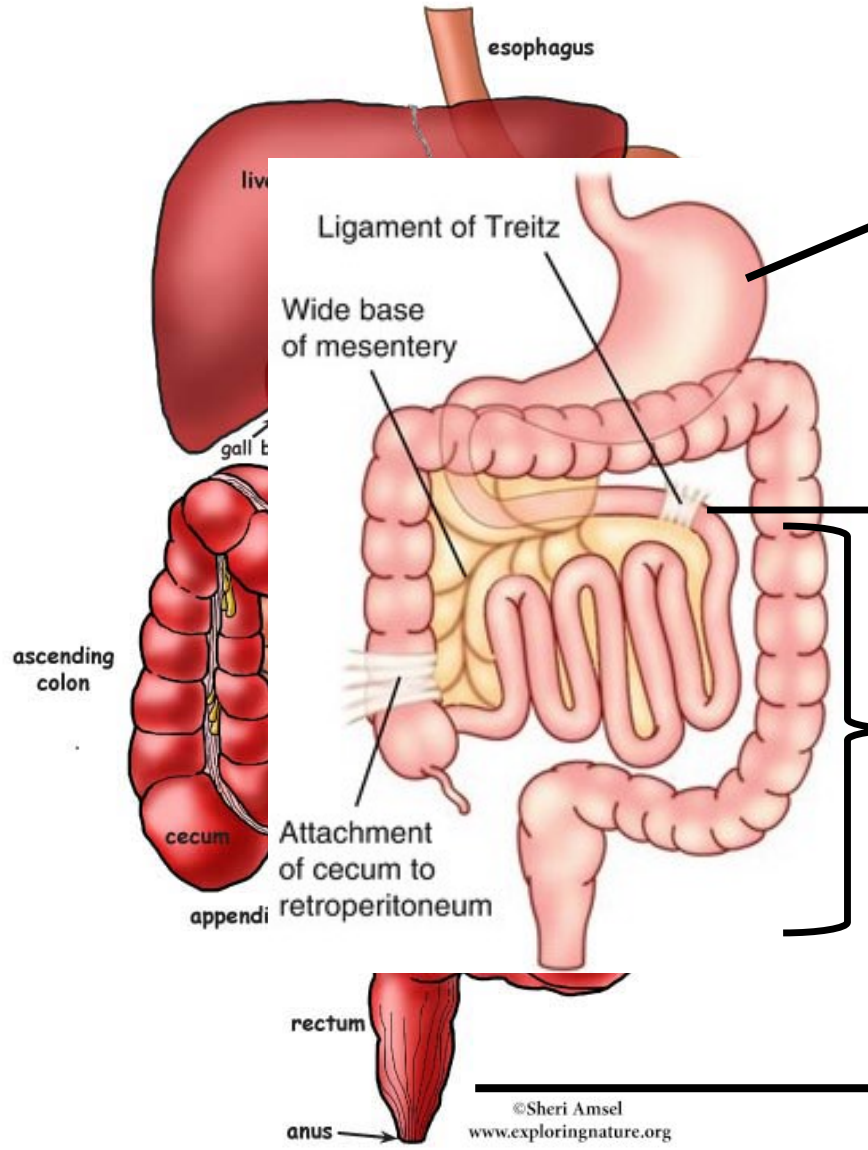
50 shades of a GI bleed

1. COLOR

2.CONSISTENCY

3. FREQUENCY

Anatomy of a GI bleed



Melena (black, tarry stools)

Unless brisk upper GIB (would be accompanied by hemodynamic compromise)

Upper GIB

Lower GIB

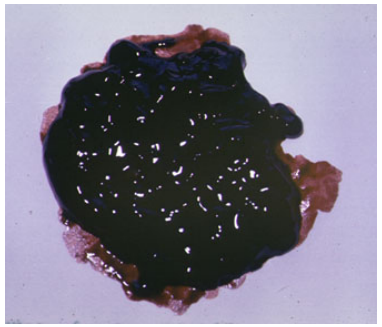
Remaining 48 shades of red

Bright red blood with/without solid brown stool

Diagnosing the etiology of a GI bleed

Patient bleeding!

Melena



It's not tricky, it's BLACK and STICKY

Other clues: raised BUN? H/o of NSAIDs, cirrhosis?

Usually upper GI: Variceal bleed, Peptic ulcer, Gastric/duodenal AVM
Sometimes slow small bowel, R colon bleed

Red/maroon (Everything in between)

If patient is stable, can keep them off the table
If orthoSTAT-IC, move STAT to ICU (but don't call Ortho!)

Hemodynamic compromise

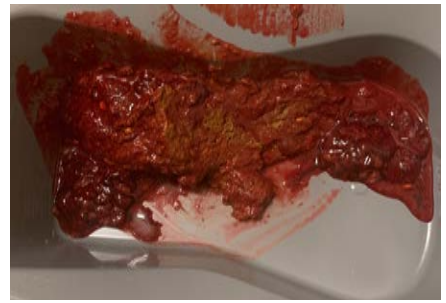
Consider brisk UGIB

NO Hemodynamic compromise

Colonic vs. small bowel bleed

Diverticulosis, Ischemic colitis, AVMs, cancer, post-polypectomy

BRBPR w/wo solid stool



Bright red and DRIPPIN', hemorrhoids are RIPPIN'

Hemodynamic compromise or large volume blood loss? suspect UGIB/proximal LGIB

What can you do?

- Take a deep breath

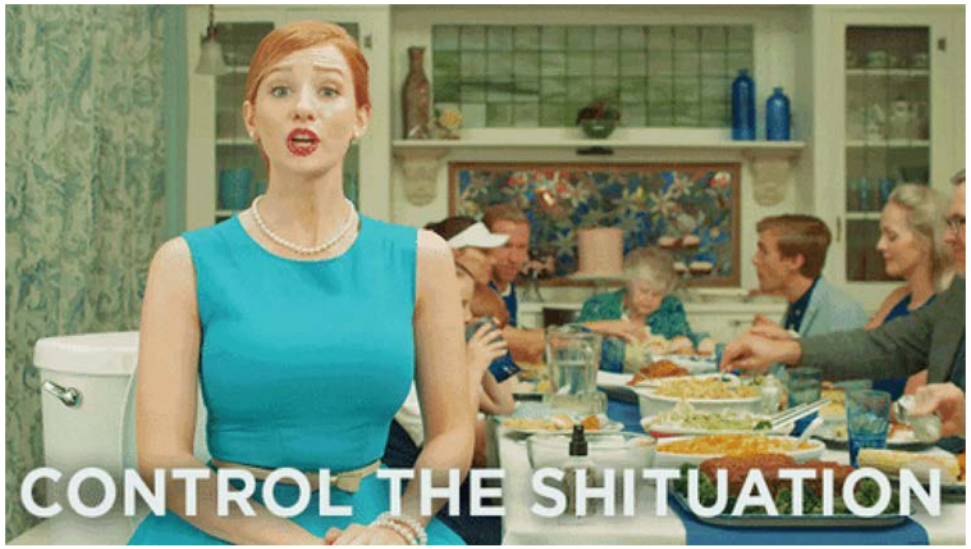
BUT

You've got this!

- Color, consistency, frequency
- When in doubt, do a rectal exam!
- Diagnose

It’s a GI bleed!

- Always do ABCs: 1. Airway: need to secure if hematemesis/AMS
  2. Breathing: check oxygenation
  3. Circulation: BP and HR
- Large bore IV access, type and screen, give fluids and blood (Hb goal 7-8)
- Start IV PPI BID
- If cirrhotic: start octreotide and antibiotics
- Call GI fellow!



GI fellow trade secrets and take-home points

- 💩 Good poop history: color, consistency, frequency
- 💩 Make poop your friend: always do a rectal exam!!!
- 💩 Diagnose etiology – it may make the difference between life and death
- 💩 Remember - Melena: it's not tricky, it's BLACK and STICKY!
  - Bright red and DRIPPIN', hemorrhoids are RIPPIN'!
  - If patient is stable, can keep off the table
    If orthoSTAT-IC, move STAT to ICU
- 💩 Call a friend (GI fellow) when in doubt!

Thank you!