

BOWEL ELIMINATION RECORD

Month _____ Year _____

Date of last Bowel Movement: _____

| Date | # of bowel movements | *appearance | Self report=S Refuses = R | Visual=V | Staff Initials | NURSE Review Signature & Date | # of bowel movements | *appearance | Self report=S Refuses = R | Visual=V | Staff Initials | NURSE Review Signature & Date | # of bowel movements | *appearance | Self report=S Refuses = R | Visual=V | Staff Initials | NURSE Review Signature & Date | Nurse Notes/Comments |
|------|-----------------------------|-------------|------------------------------|----------|----------------|----------------------------------|------------------------------|-------------|------------------------------|----------|----------------|----------------------------------|------------------------------|-------------|------------------------------|----------|----------------|----------------------------------|----------------------|
| Date | 1 st (7 a – 3 p) | | | | | | 2 nd (3 p – 11 p) | | | | | | 3 rd (11 p – 7 a) | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |

*appearance:

UNK: unable to obtain information

2 = sausage-like but lumpy

4 = like a sausage or snake, smooth and soft

6 = fluffy pieces with ragged edges, a mushy stool

1 = separate hard lumps/like nuts

3 = like a sausage but with cracks in the surface

5 = soft blobs with clear-cut edges

7 = watery, no solid pieces

NOTIFY PHYSICIAN: 3 days or 9 shifts without a BM or positive signs and symptoms of constipation/impaction/bowel obstruction. If multiple stools in one shift, describe in comments section and refer to nurse.

Stamp Plate

BOWEL ELIMINATION

PURPOSE:

To establish guidelines for the monitoring of clients bowel function and establish accountability for the documentation and follow up of client's elimination patterns.

OBJECTIVES:

1. All clients will be maintained on daily monitoring of bowel functions.
2. A Nursing Care plan for Constipation will be generated for all newly admitted clients meeting one or more of the following criteria:
 - a. Clients with a history of constipation.
 - b. Clients who have experienced severe constipation from medications known to cause constipation.
 - c. Clients with Developmental Disabilities and/or impaired communication.

PROCEDURE:

1. During the completion of the admission Nursing Assessment the registered nurse is responsible for obtaining the clients history of his/her normal bowel function.
2. The Nurse will initiate the Bowel Elimination Record and will:
 - a. Inform the staff that the form has been initiated.
 - b. Inform the client that the form has been initiated.
 - c. Inform staff that they must obtain information from the client about his or her bowel movement each shift. If the client is developmentally disabled or has impaired communication, the staff must accompany client when toileting.
 - d. This form will be filed in the client's chart when completed.
 - e. Request a dietary consult.
3. The Unit Charge Nurse will be responsible for ensuring assignments are made to the CNA/HST/FST staff regarding clients they are responsible for monitoring bowel function for the shift. (This will be documented on the Staff Assignment Sheet each day and shift.)
4. The CNA/HST/FST staff are responsible for asking each client about his/her bowel function for the assigned shift and document on the Bowel Elimination Record.
5. The licensed nurse (s) will be responsible to monitor each client's Bowel Elimination Record each shift to ensure that the bowel functions are recorded on the form.

6. If the licensed nurse finds that any client with no bowel movement recorded in 3 day (9 shifts) or the client has positive signs and symptoms of constipation/impaction/bowel obstruction the physician is to be notified.

Consideration: 11-7 Nurses may notify the physician at the end of their shift if the client is not in distress and does not have sign and symptoms of bowel obstruction.

7. If the client has physician orders for bowel elimination issues the nurse will follow the physician orders. The physician will be notified if there is no response to the treatment within a reasonable time frame for the specified treatment or the client presents signs of distress.
8. The nurse(s) will communicate bowel elimination issues during the hands off report to ensure continuity of care.

PREVENTION:

1. Encourage fluid intake unless client has a limited fluid intake order.
2. Encourage increased physical activity.
3. Dietary modifications, consult dietician.
4. Encourage routine schedule for elimination, adequate time, and proper position on toilet. If client unable to utilize toilet, utilize effective positions when in bed. (Lying on the side with knees placed towards chest.)

DOCUMENTATION:

1. Documentation in the progress notes of abdominal assessment for clients without bowel movements in three days (9 shifts) will include: Inspection/Auscultation/Light palpation.
2. Documentation of treatment and responses to treatment will be recorded in the medical record.

Developed by: Nurse Practice Council 12/10/07
Approved by: Nurse Executive Council 2/11/08