

**WEST CENTRAL GEORGIA REGIONAL HOSPITAL
BOWEL/ELIMINATION RECORD**

Month/Year: _____ 20_____

Patient Normal Elimination Patterns:

Date	# Bowel Movements	*Appearance	Self Report=S V/usual=V Refuses=R
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Consumer/Client Identification

Shift 3:00 – 11:30 PM				Nurse Notes/Comments	Staff Signature	Nurse Review & Signature
1						
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* **Appearance:** N=Normal; L=Loose; U=Unknown; 0=No BM

Notify Nurse 3 days without BM or 3 loose stools

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WCGRH NURSING SERVICES PROCEDURES

PROCEDURE NUMBER:	55	ANNUAL REVIEW MONTH:	Revised: Nov 2008 Mar 2011
EFFECTIVE DATE:	November 2006	REVIEW RESPONSIBILITY:	Nursing Services
SUBJECT:	Monitoring of Individual's Bowel Movements		
REFERENCES:	<ul style="list-style-type: none"> ▪ DBHDD Policy#03-522 - Physical and Nutritional Supports ▪ DBHDD Policy#03-601 - Risk Management ▪ DBHDD Policy #303-12 - Nutrition Services ▪ DBHDD Policy and Training: Bowel Management Training ▪ Procedure Number: 42 - Coordination of Services for Individual's Nutritional Needs 		
PURPOSE:	To establish guidelines for the monitoring of individual's bowel movements.		
PROCEDURES:	<ol style="list-style-type: none"> 1. All newly admitted individuals will have a PNS Risk Screen completed at the time of admission. All individuals will be monitored daily for their bowel functions utilizing the bowel elimination record. 2. Monitoring individual's daily bowel functions will serve to identify triggers and high-risk conditions that require immediate clinical interventions. 3. Individuals meeting one or more of the following criteria will require preventive measures and implemented as clinically indicated: <ol style="list-style-type: none"> a. History of constipation. b. Diagnosis of constipation not relieved by routine prevention. c. History of bowel obstruction. 4. Individuals meeting one or more of the following criteria will require close monitoring: <ol style="list-style-type: none"> a. Previous diagnosis of bowel adhesions. b. Experienced severe constipation from medications known to cause constipation (i.e., Clozapine). c. Individuals with developmental disabilities and/or have impaired communication skills. 		
CRITERIA:	Constipation Criteria: <ol style="list-style-type: none"> a. Infrequent defecation b. Small stool (approximately pellet sized) c. Hard stool d. Difficulty evacuating stool (i.e., straining) e. Feeling of incomplete emptying 		

PROCEDURES	
RESPONSIBILITY	ACTION
RN	a. The RN will complete the Nursing Assessment and initiate the Bowel/Elimination Record. The RN will complete the Physical and Nutritional Support Risk Screen (PNS Risk Screen) and, if no triggers are identified, provide daily monitoring. If findings suggest that an individual is high risk, the Physician/APRN, Unit Charge Nurse and Dietitian must be notified immediately.
RN	2. The RN will gather information obtained from the individual regarding their bowel pattern. The RN will educate the individual regarding the difference between healthy and unhealthy elimination patterns. In addition, they will also discuss the rationale for any specific measures implemented and document findings in the Interdisciplinary Progress Notes.
RN Interdisciplinary Team	3. The RN, along with the Interdisciplinary Team, will incorporate the individual's predisposing, precipitating and perpetuating factors into specific goals, objectives and interventions in the individual's IRP in order to produce a positive clinical outcome.
RN	4. The RN will instruct staff to obtain information from the individual about his/her bowel movement each shift. This information will be entered on the 24-Hour Shift Assessment (Policy #357-70).
HST/FST	5. It is the responsibility of the second shift HST/FST to ask the individual, "Did you have a bowel movement today?" Their response will be charted in the Bowel/Elimination Record.
RN	6. RN will instruct assigned staff to be responsible for asking each individual in his/her care about their bowel elimination each shift. This assignment must be entered on the staff assignment sheet at the beginning of the shift.
RN	7. RN will instruct staff to accurately document the individual's meals and fluid intake on the 24-Hour Shift Assessment.
RN	8. RN will instruct staff to encourage the individual to increase their activity level and fluid intake; along with encouraging the individual to limit drinks which contain caffeine.
RN/HST/FST	9. RN will instruct the staff if the individual is developmentally disabled or has impaired communication. They must also accompany the individual when toileting
RN	10. It is the responsibility of all RNs to monitor the Bowel/Elimination Record. It is the sole responsibility of the assigned second shift RN to sign the Bowel/Elimination Record every 24-hour period.

	If an individual has had no bowel movements recorded for three (3) days, a GI nursing assessment will be initiated and a physician notified with the results.
RN/LPN	11. The medication nurse will administer medication as ordered by the Physician or APRN.
RN/LPN	12. The RN and/or LPN will monitor the individual for results of the medication. Results will be documented in the Interdisciplinary Progress Note and the findings will be reported to the oncoming nurses during shift report.
RN/LPN	13. If there is no bowel movement within a 24-hour period following medical and/or nursing intervention, notify Physician or APRN immediately.

Approved:

Nurse Executive Team
March 2011

Nicolise Claassens, Interim Nurse Executive

Date