

Appendix C: Sample Bowel Elimination Record

The following chart has been revised to reflect the type of stool as defined by the Bristol Stool Form Scale:

Patient/Client Name: _____

	Date:		
	Nights	Days	Evenings
BM			
Time			
Continent			
Type (see Bristol Stool Form Scale)			
Amount			
Toilet			
Fluid intake			
Fibre intake			
Treatment			
Referrals/Consults			
Total # of BMs			
# Episodes of constipation/fecal soiling			
Initials			



Legend:

BM (Bowel Movement): ✓ Enter time

Continent:

✓ = Continent

I = Incontinent

Amount:

S = small (< 250 ml)

M = normal (> 250 - < 500 ml)

L = large (> 500 ml)

FO = oozing; **FS** = staining

Type:

1 = separate hard lumps, hard to pass

2 = sausage-shaped but lumpy

3 = like a sausage but with cracks on its surface

4 = like a snake or snake, smooth and soft

5 = soft blobs with clear-cut edges

6 = fluffy pieces with ragged edges, passed easily, a mushy stool

7 = watery, no solid pieces, entirely liquid.

Toilet:

T = toilet

C = commode

B = bedpan

SL = side lying

Fluid intake:

Record actual amount consumed per shift.

Calculate 24-hour intake.

Fibre intake:

Record number of fibre items consumed.

Treatments:

PRN laxatives, suppositories, enemas, rectal stimulation. Enter time treatment given and initials.

Regularly prescribed laxatives are recorded on Medication Administration Record (MAR).

Referrals:

D = Dietitian

NCA = Nurse Continence Advisor

OT = Occupational Therapy

P = Pharmacy

PT = Physiotherapy

Enter total # of BMs:

Enter total episodes of constipation/fecal soiling: