

EAST CENTRAL REGIONAL HOSPITAL

BOWEL ELIMINATION / EXCRETA RECORD

Month/Year:

Consumer's Normal Elimination Pattern(s):

CONSUMER IDENTIFICATION

Date	# bowel movements	*appearance	Self report=S Visual=V Refuses=R	# bowel movements	*appearance	Self report=S Visual=V Refuses=R	# bowel movements	*appearance	Self report=S Visual=V Refuses=R	NURSE NOTES/COMMENTS:	Staff Signature	Staff Signature	Staff Signature	NURSE Review & signature
											3 rd	1 st	2 nd	
Shift	3 rd			1 st			2 nd				3 rd	1 st	2 nd	
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*appearance: **N**=normal, **L**=loose, **U**=unknown

O=no BM

Notify Nurse: 3 days without a BM or 3 loose stools

CONSUMER NAME: _____

MONTH/YEAR: _____

UNIT/LIVING AREA: _____

VOID RECORD

(FOR DD CONSUMERS ONLY)

DATE	# Times Voided	Appearance	# Times Voided	Appearance	# Times Voided	Appearance	COMMENTS Please use this section to describe in detail information regarding What, Where, When and Who Questions relating to the consumer.	STAFF INITIALS		
								3 rd	1 st	2 nd
Shift	3 rd		1 st		2 nd			3 rd	1 st	2 nd
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APPEARANCE CODES

- O - Odor C - Clear
- D - Dark Yellow I - Independent

PROCEDURE FOR NOTIFYING NURSE

1. No Urine output for 8 hours – Call Nurse

EAST CENTRAL REGIONAL HOSPITAL

BOWEL ELIMINATION / EXCRETA RECORD

MONTH: _____ YEAR: _____

Consumer's Normal Elimination Pattern(s):

TO BE COMPLETED EVERY DAY BY SECOND SHIFT

CONSUMER IDENTIFICATION

Date	# bowel movements	*appearance	Self report=S Visual=V Refuse=R	NURSE NOTES/COMMENTS	Staff Signature	NURSE Review & Signature
1						
2						
3						
4						
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*Appearance: N=Normal L=Loose U=Unknown O=No BM

Notify Nurse: 3 Days without BM or 3 loose stools

Bowel Elimination Patterns

PURPOSE: To assure consumers are monitored for bowel elimination patterns and appropriate care for potential complications or discomfort is addressed.

RESPONSIBLE PERSONNEL: R.N., L.P.N.

GENERAL INFORMATION:

1. Bowel elimination patterns are recorded by the nursing support staff as they occur.
2. The Nurse on the unit checks the rosters for potential consumer problems/discomfort.
3. Prune juice is offered to all MH consumers with their 10:00 a.m. nourishment daily.
4. Staff on each shift is responsible for recording results on appropriate rosters.
5. If the consumer has not bowel activity for three (3) consecutive days, the nurse (usually evening shift) administers a cathartic per use of the Minor Treatment Plan/order of the physician. This is documented on the MAR and progress notes.
6. Results from the cathartic are recorded in the medical chart. If there are no results, the physician is notified.
7. The physician is notified of any specific problems regarding any of the above as appropriate.

Cheryl Bly, RN, MSN
Nurse Executive

August 2008
Date

Protocol: Monitoring of Consumer Bowel Movements

Purpose: To establish guidelines for monitoring of consumer bowel movements

Procedures:

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

ACTION

RATIONALE

ACTION	RATIONALE
<ol style="list-style-type: none"> 1. At the time the registered nurse completes the nursing assessment, the nurse will initiate the Bowel Movement Record and will: <ol style="list-style-type: none"> a. Inform the staff that the form has been initiated. b. Inform the consumer that the form has been initiated. c. Inform staff that they must obtain information from the consumer about his or her bowel movement each shift. If the consumer is developmentally disabled or has impaired communication, the staff must accompany/assist as needed consumer when toileting. d. This form is to be filed in the consumer's chart. e. Request a dietary consult. f. Will discuss with the consumer their normal elimination pattern. 	<ol style="list-style-type: none"> 1. Ensure tracking of the consumer's bowel movement and staff is recording consumer's bowel movement. Ensure consumer's normal elimination pattern is documented. <ol style="list-style-type: none"> a. Foods high in fiber should be added to diet. Snacks should include fruits such as apples to prevent and/or aid in the relief of constipation

<ol style="list-style-type: none">2. The Nurse in Charge will assign Technicians to be responsible for asking each consumer about his or her bowel functions. The name of the Technicians responsible for this task will be documented on the Staff Assignment Sheet each day and shift.3. Nursing staff will encourage consumer to increase fluid intake and activity when possible. They should encourage consumer to limit all drinks, which contain caffeine.4. The licensed nurse(s) will be responsible for monitoring each consumer Bowel Movement Record daily to ensure that bowel functions are recorded on the form. This assignment must be entered on the Staff Assignment sheet.5. If the licensed nurse(s) finds that any consumer with no bowel movement recorded in 3 days, the nurse will:<ol style="list-style-type: none">a. Increase fluids and consult M.D. if there are no orders.b. Check the abdomen to determine presence of distention and bowel sounds in all 4 quadrants (Look, Listen, and Feel). The findings must be documented in the consumer's progress notes.6. The Medication nurse will administer suppositories and/or medication ordered by the physician and will:<ol style="list-style-type: none">a. Record results in the progress notesb. Report results to the Nurse-in-	<ol style="list-style-type: none">2. To promote regularity of bowel movements and normal bowel functions. To establish accountability for monitoring bowel functions.3. Increased fluid intake and activity helps to relieve not only the constipation itself but also its cause. Caffeine has a diuretic affect and will lead to further problems with constipation.4. To establish accountability for monitoring bowel functions. Any delay in communication and nursing interventions may lead to an adverse event.5. To avoid possible constipation, obstruction and associated complications. To ensure continuity of care 24 hours. It is important that results are obtained to ensure that further complications do not present.6. To avoid possible constipation, obstruction and associated complications. To ensure adequate communication and continuity of care.
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Charge	
<p data-bbox="224 296 743 583">c. If medication and /or suppository are given at the end of a shift with no results, the off going nurse will report it to the on-coming shift nurse. The on-coming nurse will monitor and then record the results in the progress notes.</p> <p data-bbox="126 625 743 913">7. If there is no bowel movement after the above medical and nursing intervention, the nurse will:</p> <ul data-bbox="224 730 711 913" style="list-style-type: none">a. Check for abdominal distentionb. Check for nauseac. Check for vomitingd. Document findings and notify M.D. of positive findings. <p data-bbox="126 955 743 1354">8. The Licensed Nurse will be responsible for the completion of a Review / Audit on a Sample of at least 10 consumer's per unit each week utilizing the Medical Treatment Audit Tool. ECRH CLN Form 391 (Attachment E)</p> <ul data-bbox="224 1171 743 1354" style="list-style-type: none">a. Complete form will be retained By the Nurse Manager at least One Year from completion and the archive for a minimum of one year.	<p data-bbox="824 657 1458 840">7. Understand that many serious clinical problems do not present with localized findings until the course of the problem is well advanced; instead, constitutional signs or symptoms are present.</p> <p data-bbox="824 951 849 982">8.</p> <ul data-bbox="873 1171 1474 1497" style="list-style-type: none">a. To ensure tracking of consumer's bowel Movement & Staff is recording Consumer Bowel Movement.b. To ensure consumer's Normal Elimination pattern is documented.c. To ensure accountability for monitoring of Bowel function and possible associated symptoms related to constipation.

MEDICATIONS

That frequently produces constipation as a side effect

Antacids

Aluminum hydroxide
Calcium carbonate

Anticonvulsants & antispasmodics

Carbamazepine (Tegretol)
Phenytoin (Dilantin)
Phenobarbital
Phenobarbital & Belladonna (Donnatal)
Clonazepam (Klonopin)
Divalproex (Depakote, Depakene)

Antidepressants

Amitriptyline (Elavil)
Amoxapine (Asendin)
Bupropion (Wellbutrin)
Citalopram (Celexa)
Clomipramine (Anafranil)
Desipramine (Norpramin)
Escitalopram (Lexapro)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Imipramine (Tofranil)
Mirtazapine (Remeron)
Nortriptyline (Pamelor)
Paroxetine (Paxil)
Protriptyline (Vivactyl)
Sertraline (Zoloft)
Trazodone (Desyrel)
Venlafaxine (Effexor)

Antihistamines

Cyproheptadine (Periactin)
Diphenhydramine (Benadryl)
Triprolidine/pseudoephedrine (Actifed)

Calcium channel blockers

Diltiazem (Cardizem)
Nifedipine (Procardia)

Antiparkinson drugs

Benzotropine (Cogentin)
Biperidn (Akineton)
Selegiline (Eldepryl)
Trihexyphenidyl (Artane) (Tremmin)

Antipsychotics

Aripiprazole (Abilify)
Chlorpromazine (Thorazine)
Clozapine (Clozaril)
Fluphenazine (Prolixin)
Haloperidol (Haldol)
Loxapine (Loxitane)
Molindone (Moban)

Olanzapine (Zyprexa)
Perphenazine (Trilafon)
Prochlorperazine (Compazine)
Quetiapine (Seroquel)
Risperidone (Risperdal)
Thiothixene (Navane)
Trifluoperazine (Stelazine)
Ziprasidone (Geodon)

Diuretics

Amiloride & hydrochlorothiazide (Moduretic)
Furosemide (Lasix)
Hydrochlorothiazide (Esidrix, Oretic)
Hydrochlorothiazide & triamterene (Dyazide, Maxide)

Miscellaneous

Ferrous sulfate

Pain killers

Codeine
Oxycodone

EXAMPLE

East Central Regional Hospital NURSING ASSESSMENT NURSING TREATMENT PLAN		PATIENT IDENTIFICATION	
NURSING DIAGNOSIS	PATIENT GOALS	NURSING INTERVENTIONS	NURSING ACTIONS
<p>HIGH RISK FOR CONSTIPATION RELATED TO:</p> <p><input type="checkbox"/> Stool frequency less than 3 times/week.</p> <p><input type="checkbox"/> Excessive straining during defecation at least 25% of the time.</p> <p><input type="checkbox"/> Passage of lumpy or hard stool at least 25% of the time.</p> <p><input type="checkbox"/> Other, please specify placement on Medication which can cause constipation</p> <p>AS EVIDENCED BY:</p> <p><input type="checkbox"/> History of constipation</p> <p><input type="checkbox"/> Receiving medications known to cause constipation</p> <p><input type="checkbox"/> Poor dietary habits</p> <p><input type="checkbox"/> Disease of the bowel (cancer, anal fissures, irritable syndrome, other _____.)</p> <p><input type="checkbox"/> Other, please specify _____</p>	<p>Will state and identify bowel functioning of most healthy people for at least 2 day prior to discharge.</p> <p>Will state on at least 2 ways to maintain healthy bowel functioning including understanding the e importance of proper diet, fluid intake, and exercise.</p>	<p>HEALTH AWARENESS 1:1: At least 1 time per week for 10-15 minutes to educate consumers regarding:</p> <ul style="list-style-type: none"> • Dietary modifications, • fluid intake, exercise • medications for constipation • Routine for elimination (Schedule adequate time, proper position on toilet, etc.) • Physical activity 	<ul style="list-style-type: none"> • Document bowel movements least than three days/week and report to MD. • Complete abdominal assessment if no bowel movement in three days (Inspection, Auscultation, & light palpation). • Encourage increase intake of high-fiber foods and fluids. • Work with patient to establish a regular routine of elimination.
<p>Health Teaching Issues: The patient needs additional information regarding:</p> <p><input type="checkbox"/>Medication <input type="checkbox"/>Other Health Issues <input type="checkbox"/>Nutritional Issues <input type="checkbox"/>Coping Skills</p>			
<p>Patient Barriers Impacting Learning: <input type="checkbox"/>Language <input type="checkbox"/>Vision <input type="checkbox"/>Hearing <input type="checkbox"/>Reading & Writing Skills <input type="checkbox"/>Other (specify):</p>			
<p>History of non-compliance with medications? <input type="checkbox"/>NO <input type="checkbox"/>YES →</p> <p>Comments:</p>		<p>History of non-compliance with aftercare plans? <input type="checkbox"/>NO <input type="checkbox"/>YES →</p> <p>Comments:</p>	
<p>RN Signature:</p>		<p>Date / Time:</p>	
<p>FORM #</p>			

Patient Education---Constipation

What is Constipation?

It is when you have a bowel movement less than 3 times per week. The stools are usually hard, dry, small in size, and difficult to pass. Some people complain it is painful to have a bowel movement and report straining, bloating, and a feeling of fullness in their lower stomach.

What causes Constipation?

There are many causes such as lack of physical activity, not enough fiber in the diet, medication, milk, etc. The most common causes are a poor diet and a lack of physical activity.

What is the treatment for Constipation?

Most problems with constipation can be changed by good eating habits which include fiber, vegetables, and increasing fluids. Persons with constipation should increase their physical activity. If the above does not help, or you are in distress, the doctor can order a laxative for you.

How will my bowel movements be monitored here at the hospital?

The health services technicians (HST) will ask you daily about your bowel movement and chart this information in your record. The nurses will check this information daily. When you have not reported a bowel movement for 3 days, the nurse will do an examination of your abdomen. This is not a painful procedure and only involves the nurse looking at, listening to and palpating (lightly touching) your abdomen. After his/her examination, the nurse will notify your doctor of the results and request further orders. The nurse will also instruct you on changes you need to make such as increasing fluid or exercise.

Risk Factors for Constipation

PURPOSE: To provide general guidelines that will aid in the identification of Consumers who are at increased risk/have increased Risk Factors that could increase potential for Constipation. To ensure Consumers who are identified as having Risk Factors/increased risk for Constipation are consistently monitored for bowel elimination patterns and appropriate care for potential complications or discomfort is addressed.

REFERENCE: [WWW.http://digestive-disorders.health-cares.net/constipation-risk-factors.php-22k,online](http://digestive-disorders.health-cares.net/constipation-risk-factors.php-22k,online) database November 6, 2008

RESPONSIBLE PERSONNEL: R.N., L.P.N., DCS, Dietary Staff, Activity Staff, Medical Staff

GENERAL INFORMATION:

Consumers will be assessed using identified Risk Factors to determine if considered high risk/have increased potential for Bowel Obstruction and/or Constipation. Assessment for Risk Factors will be completed at time of Annual Assessment by the Medical Staff, the Nursing Staff, and the Dietitians and will be incorporated into the Annual Assessment.

Not enough Fiber in Diet/Amount of fiber in diet. The most common cause of constipation is a diet low in fiber found in vegetables, fruits, and whole grains and high in fats found in cheese, eggs, and meats. People who eat plenty of high-fiber foods become constipated less often. Fiber -- soluble and insoluble -- is the part of fruits, vegetables, and grains that the body cannot digest.

Not enough liquids. Liquids like water and juice add fluid to the colon and bulk to stools, making bowel movements softer and easier to pass. Consumers who have problems with constipation will be encouraged to drink enough of these liquids every day, about eight 8-ounce glasses. Liquids that contain caffeine, like coffee and soft drinks, seem to have a dehydrating effect.

Low Calorie intake

Depression

Age-Elderly

Lack of exercise. Lack of exercise can lead to constipation, although physicians do not know precisely why. For example, constipation often occurs after an accident or during an illness when one must stay in bed and cannot exercise.

Medications. Pain Medications (especially narcotics), antacids that contain aluminum, antispasmodics, antidepressants, iron supplements, diuretics, and anticonvulsants for epilepsy can slow the passage of bowel movements.

Irritable bowel syndrome. Many people with IBS, also known as spastic colon, have irregular bowel movements. Constipation and Diarrhea , often alternate, and abdominal cramping, gassiness, and bloating are other common complaints. Although IBS can produce lifelong symptoms, it is not a life-threatening condition. It often worsens with stress, but causes nothing unusual that a physician can see in the colon. Aging may also affect bowel regularity because a slower metabolism results in less intestinal activity and muscle tone. In addition, people often become constipated when traveling disrupts their normal diet and daily routines.

Abuse of laxatives. Myths about constipation have led to a serious abuse of stimulant laxatives, especially among older adults who are preoccupied with having a daily bowel movement. Stimulant laxatives should be avoided. Over time, stimulant laxatives can damage nerve cells in the colon and interfere with the colon's natural ability to contract. Ignoring the urge to have a bowel movement. People who ignore the urge to have a bowel movement may eventually stop feeling the urge, which can lead to constipation. Some people delay having a bowel movement because they do not want to use toilets outside the home. Others ignore the urge because of emotional stress or because they are too busy. Children may postpone having a bowel movement because of stressful toilet training or because they do not want to interrupt their play.

Specific diseases. Ten percent of patients that have the symptom of constipation have an underlying disease or disorder. Diseases that cause constipation include neurological disorders, metabolic and endocrine disorders, and systemic conditions that affect organ systems. These disorders can slow the movement of stool through the colon, rectum, or anus. Neurological disorders that may cause constipation include Multiple Sclerosis, Parkinson's disease, chronic idiopathic intestinal pseudo-obstruction, stroke, and spinal cord injuries. Metabolic and endocrine conditions include diabetes, underactive or overactive thyroid gland, and uremia. Systemic disorders include amyloidosis, Lupus,, and scleroderma.

Problems with the colon and rectum. Intestinal obstruction, scar tissue (adhesions), diverticulosis, tumors, colorectal stricture, Hirschsprung's disease, or cancer can compress, squeeze, or narrow the intestine and rectum and cause constipation. Colonic inertia is caused by decreased muscle activity in the colon. These syndromes may affect the entire colon or may be confined to the left or lower (sigmoid) colon. Pelvic Floor disorders including rectoceles, pelvic descent, and nonrelaxing puborectalis syndrome may all cause constipation.

Cheryl Bly, RN, MSN
Nurse Executive

Date

BOWEL MANAGEMENT PROGRAM-Standardized Protocol

Purpose:

To provide a standardized protocol incorporating Dietary Measures consisting of increased fiber and fluids increased Physical Activity and monitoring with emphasis being to aid Bowel Elimination and reduce the potential for Bowel Obstruction/Constipation.

Responsible Person: R.N., L.P.N, Direct Care Staff, Dietary Staff, Activity Staff, Medical Staff

General Guidelines:

A. Dietary Service will increase the consumer's daily intake of fiber as recommended in Level One of the Bowel Management Program to a target of 25-35gms by implementing fiber with each meal and snack by:

1. Providing the consumer with an additional 8gms of fiber per day by serving fiber spread with the breakfast meal.
2. Providing consumer with cold and hot cereals with increased fiber content with the breakfast meal.
3. Providing fruits and vegetable high in fiber with the lunch and evening meals.
4. By serving brown rice which contains 2-3 grams of fiber per serving instead of white rice with meals.
5. Adding 4 oz of prune juice to breakfast meal 2 days per week and mid-morning on Saturday and mid-afternoon on Sunday.
6. Providing consumer with wheat or whole grain bread and crackers. This will provide 2-3 grams of fiber.
7. Consumers who cannot have citrus will be provided additional Prune J Juice at breakfast.

B. Dietary Service will increase the consumer's daily intake of fluid as recommended in Level One of the Bowel Management Program by:
(Based on average weight of 200lbs – 100oz per day)

1. Providing the consumer with a total of 44oz of fluid per day at meal times.
 2. Providing the consumer with 16oz of fluid (8oz of water and 8oz of beverage of choice) at mid morning, mid afternoon and evening snack (Must use a ten ounce cup).
 3. Additional fluid given with medication administration and at other times of consumer's choice.
- C. Activity Therapy Service will provide opportunities for consumers to increase his/her activity level as outlined in Level One of the Bowel Management Program by:
1. All Developmental Disabled consumers Active Treatment Schedules (Consumers Activities Schedule) will reflect opportunities for increased physical activities daily. This is to include but not limited to; stretching, walking, physical fitness exercises, sensory motor exercises, alternate positioning etc.
 2. All Adult Mental Health, Forensic, and Forensic Step-Down Unit consumers will be provided opportunities to engage actively in physical fitness activities at a minimum of (5) five times a week to enhance consumers' activity level.

Cheryl Bly, RN, MSN
Nurse Executive

Date

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Revised 3/09