

Southwestern State Hospital

BOWEL ELIMINATION FORM-Rose Haven

Bowel Function Regimen: ___Laxative ___Stool Softener ___Recipe

___Fleets: If Fleets ordered, then how often? _____

Any other: _____

Date	___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___					
Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Number of BMs																								
Size: S/M/L/XL																								
Normal/Loose/ Hard																								
*other(Fleets)																								
Nurse Initials																								
Date	___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___					
Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Number of BMs																								
Size: S/M/L/XL																								
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Date	___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___			___/___/___					
Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Number of BMs																								
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Nurse Initials																								
Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		Nurse signature	Initials		

*A check in the “Other” row indicates that there is some other abnormality of the stool noted, and an entry must be made in the nurses note to elaborate. Fl=Fleets.

BOWEL / ELIMINATION RECORD

Month / Year _____

Individual Normal elimination patterns: _____

Individual

Review and complete on 3-11 shift.

	#BMs	Appearance	S - V - R	Staff signature	Nurse Notes / Comments	Nurse review & signature
1						
2						
3						
4						
5						
6						
7						
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10						
11						
12						
13						
14						
15						
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29						
30						
31						

*Appearance: N=normal L=loose U=unknown O=no Bowel Movement S = Self Report V = Visual R = Refuses

Notify Physician: 3 days without a Bowel Movement or 3 loose stools

SOUTHWESTERN STATE HOSPITAL
NURSING POLICY AND PROCEDURE MANUAL

NUMBER: 345-119

DATE: September 15, 2010

Monitoring of Patients Bowel Function

POLICY:

All patients will be monitored daily for bowel function

PROCEDURE:

1. Upon admission a Bowel/Elimination Record will be initiated on all clients.
2. The RN will inform staff and the client that the form has been initiated.
3. The RN will discuss with the client their normal elimination pattern.
4. The nurse in charge will assign a staff member daily to be responsible for asking each client about their bowel function or to observe bowel function with clients who are unable to self report.
5. On adult mental health units, each day, staff will obtain information from the client about his or her bowel movements.
6. On developmental disability units, each shift, staff will obtain information from the client about his or her bowel movements.
7. If the client is unable to self report regarding their bowel movements, staff must accompany them when toileting and document the bowel movement on the Bowel Elimination record.
8. Nursing staff will encourage clients to increase fluid intake and activity when possible. Use of caffeinated beverages should be discouraged.
9. The Licensed Nurse will be responsible for monitoring and signing daily the clients Bowel Movement Record and to ensure that bowel functions are recorded on the form.
10. If the Licensed Nurse notes that any client has not had a bowel movement recorded for 3 days the nurse will:
 - a) perform a hands on evaluation of the clients abdomen to determine the presence or absence of distention and assess for bowel sounds in all four quadrants. The findings are to be recorded in the nurses' notes. The examination may also include a digital rectum examination.
 - b) notify the assigned Physician of the clients condition and findings - implement Physicians' orders and document results of the implementation.


NUMBER: 345-119

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DATE: September 15, 2010

Attachments: Bowel Elimination Form – RH #40
Bowel Elimination Form – CPS #10
Monitoring Bowel Functioning Competency Assessment Form

APPROVED BY THE NURSING
EXECUTIVE COMMITTEE:



Mark Scott, RN, BC, MS
Nurse Executive

MEDICAL APPROVAL:



Joseph B. LeRoy, M. D.
Clinical Director

Southwestern State Hospital

BOWEL ELIMINATION FORM-Rose Haven

Bowel Function Regimen: Laxative Stool Softener Recipe

Fleets: If Fleets ordered, then how often?

Any other:

Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Number of BMs																					
Size: S/M/L/XL																					
Normal/Loose/ Hard																					
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Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
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Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
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Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
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BOWEL / ELIMINATION RECORD

Month / Year _____

Patient Normal elimination patterns: _____

Patient Identification

Review and complete on 3-11 shift.

#	#BMs	Appearance	S - V - R	Staff signature	Nurse Notes / Comments	Nurse review & signature
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