dacs
DEMENTIA & AGED CARE SERVICES

BALLARAT BOWEL ASSESSMENT AND MANAGEMENT PLAN				
Client Name:			Date of Birth:	
Person able to give an accurate history ☐Yes ☐No				
Details:	☐Language barrier	☐Memory problems	☐Other cognitive problem	☐Other
History obtained from:	☐Family	☐Staff	☐Medical Record	☐Other

SECTION 1 – THE CURRENT BOWEL PATTERN			
Bowel frequency/timing			
Usual bowel pattern	Regular	Irregular	More than 1/day
Usual time of day for bowel motions	Daily	Less than daily (/week)	
Has this changed from usual	☐Yes ☐No		
If yes, document the usual pattern			
Any specific toileting routine for bowels	☐Yes ☐No		
Specify			

Characteristics of bowel motions	
• Hard pellets/lumps (1)	☐Yes ☐No
• Lumpy, hard cylinder (2)	☐Yes ☐No
• Dry, cracked cylinder (3)	☐Yes ☐No
• Soft, smooth cylinder (4)	☐Yes ☐No
• Soft blobs with clear edges (5)	☐Yes ☐No
• Fluffy and unformed (6)	☐Yes ☐No
• Watery-no solid pieces (7)	☐Yes ☐No
Is the stool consistency variable?	☐No ☐A little ☐Considerably
Is there a presence of any of these in the stool?	
• Mucous	☐Yes ☐No
• Blood	☐Yes ☐No
• Undigested food	☐Yes ☐No
Other:	

Other bowel symptoms			
Seems unaware of the urge to use bowels	☐Yes > ¾ of a time	☐Occasionally	☐No
Has to use their bowels urgently	☐Yes > ¾ of a time	☐Occasionally	☐No
Strains to open bowels	☐Yes > ¾ of a time	☐Occasionally	☐No
Has pain during bowel emptying	☐Yes > ¾ of a time	☐Occasionally	☐No
Has abdomen pain at times other than bowel emptying	☐Yes > ¾ of a time	☐Occasionally	☐No
Feels like theirs a blockage when emptying	☐Yes > ¾ of a time	☐Occasionally	☐No
Uses manual evacuation methods to aid bowel emptying	☐Yes > ¾ of a time	☐Occasionally	☐No
Feels as though not empty, even when finished	☐Yes > ¾ of a time	☐Occasionally	☐No
Comments			

Continence status	☐No bowel incontinence go to next section		
Is aware of soiling or incontinence	☐Yes ☐No		
Frequency of incontinence	Per day or	Per week	
Specify when incontinence occurs:			
If incontinent, stool consistency is	☐Hard ☐Soft ☐Loose/fluid		
Usual amount if incontinence	☐Whole bowel action ☐Partial bowel action or soiling		
Comments:			
Nature of the problem	☐No current problem go to end of assessment		
☐Constipation ☐Faecal incontinence ☐Diarrhea ☐Other			
How long has it been a problem:			
☐Weeks(s)	☐Month(s)	☐<1 year	☐>1 year
Frequency of problem:			
☐Only occasional ☐Comes and goes but quite regularly ☐Constant			
Comments:			
Toileting issues	☐Uses pan in bed ☐Or toileting assessed elsewhere go to next section		
Level of assistance required			
☐None	☐Supervision only	☐One staff	☐Two staff
Height of toilet for client	☐Appropriate	☐Too low	☐Too high
Feet well supported when sitting	☐Yes ☐No		
Adequate privacy	☐Yes ☐No		
Comments:			
Dietary and fluid intake			
Number of meals/day	Meals	Snacks	
Eats most meals	☐Yes ☐No	Comment	
Dietary fibre intake	☐Adequate/normal ☐Poor-specify		
Fluid intake	Amount per day	Type of fluids	
Diet modified to help bowels	☐No ☐Sometimes ☐Yes – specify modifications to diet below		
Extra high fibre foods and drinks	☐Other – specify		
Comments:			
Continence aids and appliances	☐Not applicable go to next question		
Continence aids and appliances	☐Yes ☐ No ☐Sometimes		
Required for bowel incontinence	☐Yes ☐ No ☐Sometimes		
The aids used are adequate	☐Yes ☐ No ☐Sometimes		
Skin integrity	☐Skin integrity intact go to next question		
State of skin in groin/perianal area	☐Red ☐Broken ☐Bleeding ☐Painful ☐Other		
Comments:			

Impact of the problem	
Current bowel problems affects the following	
• Activities of daily living	☐Yes ☐No
• Ability to socialize	☐Yes ☐No
• Emotional state/self-esteem	☐Yes ☐No
Comments	

SECTION 2 – GENERAL CONDITION RELATED TO BOWEL PROBLEM		
None known		☐Yes
Neurological problem, eg, CVA, MS, Parkinson's disease, spinal condition		☐Yes ☐No
Cognitive/psychological disorder, eg, dementia, depression		☐Yes ☐No
Gastroenterological disorder, eg, hemorrhoids, rectal prolapse, IBS		☐Yes ☐No
Other:		
Relevant Surgical History		
None known		☐Yes
Bowel surgery		☐Yes ☐No
Recent procedures involving bowel preparation		☐Yes ☐No
Other:		
Use of laxatives Types and doses of laxatives, suppositories, enemas used (prescribed and unprescribed)		
Regular use of laxatives		☐Yes ☐No
Treatment effective		☐Yes ☐No
Comments:		
Other Medicines and Bowel Status		
Number of medications prescribed		
☐ <2 different medications	☐ 2-5 different	☐ <5 different
Prescribed medicines that may cause constipation:		☐No (go to next section)
• Anticholinergics		☐Yes ☐No
• NSAID		☐Yes ☐No
• Opiates		☐Yes ☐No
• Diuretics		☐Yes ☐No
• Iron Preparations		☐Yes ☐No
• Verapamil/Nifedipine		☐Yes ☐No
• Anti-Parkinsonian		☐Yes ☐No
• Anti-psychotics		☐Yes ☐No
• Tricyclic antidepressants		☐Yes ☐No
• Other		☐Yes ☐No
Prescribed medicines that may cause diarrhea/faecal incontinence:		☐No (go to next section)
• Antibiotics		☐Yes ☐No
• Laxatives		☐Yes ☐No

• Other	☐Yes ☐No
Cognitive state and toileting:	☐No impairment (go to next section)
• Unable to initiate the use of the toilet	☐No ☐Sometimes ☐Always
• Shows altered behavior when need to void	☐No ☐Sometimes ☐Always
• Is unaware of toilet location	☐No ☐Sometimes ☐Always
• Unable to sequence toileting tasks independently	☐No ☐Sometimes ☐Always
• Is uncooperative when assisted to toilet	☐No ☐Sometimes ☐Always
Mobility/dexterity and toileting	No impairment (go to next section)
General activity level	
☐Fully ambulant ☐walks around house ☐walks around room ☐non-ambulant/bedfast	
Activity level recently decreased	☐Yes ☐No
• Getting out of chair bed	☐Supervision ☐Assistance ☐Independent
• Walking to the toilet	☐Supervision ☐Assistance ☐Independent
• Getting on and off toilet	☐Supervision ☐Assistance ☐Independent
• Managing clothing	☐Supervision ☐Assistance ☐Independent
• Managing toilet paper/wiping	☐Supervision ☐Assistance ☐Independent
• Changing continence aids	☐Supervision ☐Assistance ☐Independent
• Comments	☐Supervision ☐Assistance ☐Independent

SECTION 3 – IDENTIFYING THE PROBLEM AND DEVELOPING AN INDIVIDUALISED MANAGEMENT PLAN	
Constipation with the main symptom(s) of	
• Infrequent bowel actions	☐Yes ☐No
• Straining	☐Yes ☐No
• Having a feeling of blockage	☐Yes ☐No
• Do not feel empty after finishing	☐Yes ☐No
• Have to help themselves empty manually	☐Yes ☐No
• Faecal incontinence	☐Yes ☐No
Diarrhea	
○ Acute diarrhea (2-3 weeks)	☐Yes ☐No
○ Chronic diarrhea (>2-3 weeks)	☐Yes ☐No
Other:	
Causative/Related Factors:	
• High/low fibre intake	☐Yes ☐No
• Inadequate fluid intake	☐Yes ☐No
• Reduced mobility	☐Yes ☐No
• Physical difficulties using toilet	☐Yes ☐No
• Cognitive difficulties using the toilet	☐Yes ☐No
• Medicines	☐Yes ☐No
• Neurogenic factors	☐Yes ☐No
• Other medical/surgical condition	☐Yes ☐No

Other:	
Treatment and Management Plan	
Educate person about bowel function	☐Yes ☐No
Increase fluid intake	☐Yes ☐No
Increase dietary fibre intake	☐Yes ☐No
Increase mobility/exercise	☐Yes ☐No
Introduce a toileting program	☐Yes ☐No
Reduce/modify current laxative use	☐Yes ☐No
Introduce laxative therapy	☐Yes ☐No
Referral to medical or nursing specialist	☐Yes ☐No
Other:	
Details of treatment and management plan:	

Assessment Completion		
Name of person completing the assessment:		Designation:
Date and time assessment completed:	Signature:	
Date uploaded to iCare:		