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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:

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Dietary and fluid intake	
Number of meals/day: _____Meals _____ Snacks	
Eats most meals: ☐ Yes ☐No	
Comments:	
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, e.g., CVA, MS, Parkinson's disease, spinal condition	☐ Yes ☐ No
Cognitive/psychological disorder, e.g., dementia, depression	☐ Yes ☐ No
Gastroenterological disorder, e.g., 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
Don't feel empty after finishing	☐ Yes ☐ No
Have to help themselves empty manually	☐ Yes ☐ No
Faecal incontinence	☐ Yes ☐ No
Diarrhea	
Acute diarrhoea (2-3 weeks)	☐ Yes ☐ No
Chronic diarrhoea (>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 VisualCare: