Alzheimer's QUEENSLAND

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
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 iCare:	