BOWEL RECORD CHART

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEY**:

Please fill in the chart every day (referring to the Bristol Stool Form Scale).

Place number for description of bowel movement under correct date and time.

If no bowel movement in 48 hours, notify RN. Day & Residential staff need to share date/time of last BM daily.

**Type of Stool** **Quantity of Stool Pain Where Pants Soiled? Type of Soiling**

1 = Separate hard lumps, like nuts (hard to pass) •Large Yes Toilet # of times during day\_\_\_\_\_ •Stained

2 = Sausage-shaped, but lumpy •Medium Some Sleeping •Loose

3 = Like a sausage, but with cracks on its surface •Small No Other •Solid

4 = Like a sausage or snake, smooth and soft •None

5 = Soft blobs with clear-cut edges (passed easily)

6 = Fluffy pieces with ragged edges, a mushy stool

7 = Watery, no solid pieces – ENTIRELY LIQUID **Staff Initials/Nurse Notified**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time**

**of**

**BM** **Initials**

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|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |
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**Comments**: *Date/Time/Initial*

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