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| **Adelaide Quality Care Bowel Chart** | | | | | | | **Consumer Name:**  **Initial Assessment Date:**  Bowels last opened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Usual frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Usual Aperient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ileostomy / Colostomy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **BRISTOL STOOL CHART**  **USE THIS CHART TO DETERMINE TYPE OF STOOL** | | | | | | | | | | |
|  | | | | | | | **OBSERVATIONS** | | | |
| **DATE /TIME** | **Amount** | | **Type** | | **Incontinent**  **Y / N** | | **Comments** | | **Days since bowels open** | |
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|  | | | | | | | | **CONSUMER NAME:** | | | |
|  | | | | | | | | **OBSERVATIONS** | | | |
| **DATE /TIME** | | **Amount** | | **Type** | | **Incontinent**  **Y / N** | | **Comments** | | **Days since bowels open** | |
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