



Coastal Community of Care
part of the Vancouver Coastal Health Authority

PALLIATIVE CARE BOWEL PROTOCOL WORKSHEET

Page 1 of 2

DATE: _____

1. TAKE HISTORY: Date of last BM _____ Current BM pattern ☐ daily ☐ Q 2 days Other _____
Goal BM pattern ☐ daily ☐ Q 2 days Other _____
Laxatives prior to admission ☐ None OR List laxatives and doses _____

2. ESTIMATE PROTOCOL STEP EQUIVALENT TO PRE-ADMISSION LAXATIVE USE:

| | A - Stimulant | B - Osmotic | C - Rectal Measures |
|--------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Step 0 | No laxatives | No laxatives | No intervention |
| Step 1 | sennosides 12 mg PO BID | lactulose 10 g (15 mL) PO daily OR PEG 3350 17 g (1 sachet) PO daily (according to patient preference) | glycerin suppository x 1 rectal |
| Step 2 | sennosides 24 mg PO BID | lactulose 10 g (15 mL) PO BID OR PEG 3350 17 g PO BID | bisacodyl suppository 10 mg x 1 rectal |
| Step 3 | sennosides 36 mg PO BID | lactulose 20 g (30 mL) PO BID OR PEG 3350 17 g PO BID | glycerin suppository x 1 followed by bisacodyl suppository x 1 |
| Step 4 | sennosides 36 mg PO BID AND lactulose 20 g (30 mL) PO BID | lactulose 20 g (30 mL) PO BID OR PEG 3350 17 g PO BID AND sennosides 36 mg PO BID | SODIUM phosphates (FLEET ENEMA EQUIV) enema x 1 rectal |
| Step 5 | Step 4 + PRN rectal medications | Step 4 + PRN rectal medications | Disimpaction |

Equivalent Step = ☐
(if on no laxatives, Step 0)

3. CHOOSE MOST APPROPRIATE BOWEL PROTOCOL FOR HOSPITAL STAY:

- A = Stimulant (standard ward protocol)
B = Osmotic (intolerant to sennosides AND taking adequate fluids)
C = Rectal Measures (minimal/no oral intake)

Protocol A, B or C = ☐

4. DETERMINE CURRENT BOWEL PERFORMANCE: BOWEL PERFORMANCE SCALE

| - 4 | - 3 | - 2 | - 1 | GOAL (G) | + 1 | + 2 | + 3 | + 4 |
|-----------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| Constipation ← | | | | | | Diarrhea → | | |
| Impacted or Obstructed ± small leakage | Formed Hard with pellets | Formed Hard | Formed Solid | Characteristic Formed Semi-solid | Formed Soft | Unformed Loose or paste-like | Unformed Liquid ± mucus | Unformed Liquid ± mucus |
| No Stool produced after Goal plus 3 days | Goal plus 3 or more days delay | Goal plus 1-2 days delay | Pt's Goal frequency occurs | Pattern Pt's Goal for frequency | Pt's Goal frequency occurs | Goal or more frequent than goal | More frequent than goal | More frequent than goal |
| Unable to defecate despite maximal effort or straining | Major effort or straining required to defecate | Moderate effort or straining required to defecate | Minimal or no effort required to defecate | Control | Minimal or no effort required to control urgency | Mod. effort required to control urgency | Very difficult to control urgency & may be explosive | Incontinent or explosive - unable to control or unaware |

Downing, Hawley, Barwich, Black BPS revised scale 2009 (© Victoria Hospice Society)

Bowel Performance Scale (BPS) = ☐

5. NOW CALCULATE BOWEL PROTOCOL STARTING STEP:

| BPS score | -4 | -3 | -2 | -1, G or +1 | +2 | +3/+4 |
|--------------------------------|--------------------|-------------------------------------------|--------------|----------------------------|-------------------|----------------------|
| Change from equivalent step | Go up to Step 4 | Go up one Step +/- Rectal intervention | Go up 1 Step | Stay at Equivalent Step | Go down 1 Step | Go down to Step 0 |

STARTING STEP = ☐

Printed Name _____

Signature _____

College ID _____

NURSE TO FAX TO PHARMACY ☐




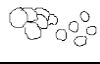



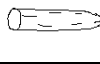



Coastal Community of Care
part of the Vancouver Coastal Health Authority

PALLIATIVE CARE BOWEL PROTOCOL

DAILY WORKSHEET

Page 2 of 2

Determine DAILY bowel performance scale:

| - 4 | -3 | - 2 | - 1 | GOAL (G) | + 1 | + 2 | + 3 | + 4 |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Constipation ← | | | | | | Diarrhea → | | |
| Impacted or Obstructed ± small leakage  | Formed Hard with pellets  | Formed Hard  | Formed Solid  | Characteristic Formed Semi-solid  | Formed Soft  | Unformed Loose or paste-like  | Unformed Liquid ± mucus  | Unformed Liquid ± mucus  |
| No Stool produced after Goal plus 3 days | Goal plus 3 or more days delay | Goal plus 1-2 days delay | Pt's Goal frequency occurs | Pattern Pt's Goal for frequency | Pt's Goal frequency occurs | Goal or more frequent than goal | More frequent than goal | More frequent than goal |
| Unable to defecate despite maximal effort or straining | Major effort or straining required to defecate | Moderate effort or straining required to defecate | Minimal or no effort required to defecate | Control | Minimal or no effort required to control urgency | Mod. effort required to control urgency | Very difficult to control urgency & may be explosive | Incontinent or explosive - unable to control or unaware |

Downing, Hawley, Barwich, Black BPS revised scale 2009 (© Victoria Hospice Society)

Calculate DAILY bowel protocol step:

| BPS score | -4 | -3 | -2 | -1, G or +1 | +2 | +3/+4 |
|-----------------------------|-----------------|----------------------------------------|--------------|-------------------------|----------------|-------------------|
| Change from equivalent step | Go up to Step 4 | Go up one Step +/- Rectal intervention | Go up 1 Step | Stay at Equivalent Step | Go down 1 Step | Go down to Step 0 |

| Date (DD/MMM) | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| BPS | | | | | | | | | | | | | | | | |
| Step | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | |

| Date (DD/MMM) | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| BPS | | | | | | | | | | | | | | | | |
| Step | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | |

| Date (DD/MMM) | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| BPS | | | | | | | | | | | | | | | | |
| Step | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | |