

## Appendix C: Sample Bowel Elimination Record

Patient/Client Name: \_\_\_\_\_

	Date:			Date:		
	Nights	Days	Evenings	Nights	Days	Evenings
BM						
Time						
Continent						
Nature						
Amount						
Toilet						
Fluid intake						
24-hour intake						
Fibre intake						
Treatment						
Referrals/Consults						
Total # of BMs						
# Episodes of constipation/fecal soiling						
Initials						

  

	Date:			Date:		
	Nights	Days	Evenings	Nights	Days	Evenings
BM						
Time						
Nature						
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Toilet						
Fluid intake						
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**Legend:** BM (Bowel Movement): ✓ Enter time: Continent: ✓ = Continent; I = Incontinent

**Amount:** S = small (< 250 ml); M = normal (> 250 - < 500 ml); L = large (> 500 ml); FO = oozing; FS = staining

**Nature:** N = normal (soft, formed, brown stool; not foul smelling); H = hard, dry; W = watery, liquid; P = pasty; B = bulky and unformed

**Toilet:** T = toilet; C = commode; B = bedpan; SL = side lying

**Fluid intake:** Record actual amount consumed per shift. Calculate 24-hour intake.

**Fibre intake:** Record number of fibre items consumed.

**Treatments:** PRN laxatives, suppositories, enemas, rectal stimulation. Enter time treatment given and initials. Regularly prescribed laxatives are recorded on Medication Administration Record (MAR).

**Referrals:** D = Dietitian; NCA = Nurse Continence Advisor; OT = Occupational Therapy; P = Pharmacy; PT = Physiotherapy

Enter total # of BMs:

Enter total episodes of constipation/fecal soiling:

*Disclaimer: The above bowel elimination record is developed by the RNAO Guideline Revision panel (2005) and is provided for sample purposes only.*