

Name: _____ Case #: _____ Date: _____

BOWEL-FUNCTION ASSESSMENT FORM

1. STOOL FREQUENCY: _____ per day/week (indicate which) _____

2. STOOL CONSISTENCY: _____ watery _____ Soft, formed _____ Soft, unformed with liquid _____ Hard, formed.

3. STOOL AMOUNT (per movement): _____ small _____ medium _____ large

4. STOOL COLOR: _____ Light brown _____ Dark brown _____ Yellow _____ Clay _____ Other

5. BLOOD IN STOOL: _____ Yes, visible _____ Positive guaiac _____ No

6. STRAINS AT STOOL? _____ Yes _____ No

7. INDICATES PAIN WHEN PASSING STOOL: _____ Yes _____ No

8. HEMORRHOIDS PRESENT: _____ Yes _____ Yes, external _____ No

9. ABDOMEN: _____ Distended _____ No distension _____ Soft _____ Hard

10. ABDOMINAL PAIN: _____ Yes _____ No _____ Person cannot communicate discomfort.
If yes, describe:

If person cannot communicate discomfort, describe observable indicators of abdominal discomfort.

11. Present and Past Record of Laxative and/or Enema Use:

12. History of Impaction, ileus or obstruction: _____ Yes _____ No
If yes, describe:

Medications:

13. INCONTINENT: ___ Yes ___ No

14. USUAL EXERCISE PATTERN: ___ Immobile ___ Chair only ___ Ambulatory

Other, describe:

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15. EATING HABITS: ___ Low roughage ___ High roughage ___ Enteral Nutrition (feeding tube)

16. FLUID INTAKE: ___ ml/day

A

17. PRESENT BOWEL PROGRAM (if any) and its EFFECTIVENESS:

M

Nursing Diagnosis:

(e.g. alteration in bowel elimination: constipation; or potential for alteration in bowel elimination constipation). Note: Constipation is usually defined as a chronic condition characterized by hard stools or fewer than three bowel movements per week.

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