COMMUNITY NURSING BOWEL ASSESSMENT

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Referral by:</td>
<td></td>
</tr>
</tbody>
</table>

Presenting bowel problems, duration & triggers

(if urinary problems present complete continence assessment – bladder)

Previous investigations, treatment & management strategies

Effect of bowel problem on clients’ life?

Client’s treatment goal?

Medical / surgical history

Medications (particularly opiates, antidiarrhoeal, anticholinergic)

Function
- toilets independently
- assisted toileting
- prompted toileting
- inappropriate toileting
- unwilling to use toilet
- restless prior to leakage
- able to wipe self independently
- other

Mobility
- mobile
- impaired
- walks with aid
- wheelchair
- bed bound
- other

Cognitive Function
- Dementia: mild
- moderate
- severe
- Development Disability: mild
- moderate
- severe
- other

Bowel Diary
- Yes
- No
- If no reason why: _______________________________________

Usual stool type: Bristol Stool Form Scale
1  2  3  4  5  6  7

Evacuation frequency x ____________ day/week
Faecal Incontinence x ____________ day/week

Bowel last opened __________________________
Amount of faeces passed __________________________

Laxative use ______________________________________

Bowel symptoms
- constipation
- straining
- difficulty evacuating
- faecal urgency
- faecal frequency
- diarrhoea
- faecal soiling
- faecal incontinence
- digital assistance with evacuation
- mucous leakage
- feeling of incomplete emptying
- blood in stool
- sensation of full rectum
- other

EnableNSW

July 2009
### Females
- no. of pregnancies _________
- no. of births ___________
- □ forceps
- □ large baby (>4kg or 9lb)
- □ 2/3/4 degree tear
- Bowel problems after birth?: ________________________________

### Fluid intake (volume of fluids per day)
- Water x ____________ caffeine (tea/coffee/cola) x ____________ alcohol x ____________
- Juice x ____________ milk x ____________ other x ____________
- Total per day ____________ Comment: ________________________________

### Dietary fibre (no of daily serves)
- Fruit x ____________ vegetables x ____________ cereal x ____________
- Bread (no. & type) x ____________ other x ____________
- Comment: ________________________________

### Exercise (amount per day or week)
- Please describe: ________________________________

### Physical examination
#### Abdomen:
- Skin Condition-perianal, perineum, groin, thighs, buttocks: □ intact □ redness □ excoriated □ other _______
- Comments: ________________________________

### Digital rectal examination
- Evidence of soiling: around anus □ yes □ no
- underpants □ yes □ no
- Haemorrhoids □ yes □ no
- Skin tag □ yes □ no
- Faeces in rectum □ yes □ no □ soft □ firm □ hard
- Faecal impaction □ yes □ no □ soft □ firm □ hard
- Anal contraction □ yes □ no
- Comments: ________________________________

### Management plan
- □ adjust dietary fibre ________________________________
- □ adjust fluid intake ________________________________
- □ adjust daily exercise ________________________________
- □ prevention of straining ________________________________
- □ positioning for defaecation ________________________________
- □ timed toileting using gastrocolic reflex ________________________________
- □ refer to nurse continence adviser for faecal incontinence without faecal impaction ________________________________
- □ refer to GP/Specialist ________________________________
- □ other ________________________________
- □ continence aids/appliances Type: ________________________________
- □ funding: CAAS □ PADP □ self funded - purchase from ________________________________

### Assessment
- □ assessment completed today
- □ assessment unable to be fully completed today – to be completed on ________________________________

### Nurses name: ________________________________
- Designation: ________________________________
- Date: ________________________________

EnableNSW 2/2 July 2009