

Bowel Program

Consumer: _____

Month/Year: _____ / _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AM	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
PM	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
MOM Home	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Documentation must be made daily.

Document by use of the code and initials -- Example



- Codes: SM= small
 M= medium
 L= large
 B/G= bad gas
 N= none
 D= diarrhea
 H= hard/firm
 S= soft

Staff Initials / Signature

_____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____

IF NO BM IN 3 DAYS-STAFF MUST NOTIFY THE NURSE.