

# BOWEL CHART

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Month: \_\_\_\_\_ Year: 20\_\_\_\_

**REFER TO BOWEL MANAGEMENT PLAN AND MEDICATION ORDERS FOR CLIENT**

Date	Day	AM		PM		NIGHT		Time Supps or Enema given	Comments		
		Amount	Signed	Amount	Signed	Amount	Signed		Consistency	Colour	Odour
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

**KEY:**

**Day:** Enter the number of days since bowels last open

**Amount:** **NIL** = no bowel movement **SBO** = smaller than an orange (Smear is also to be noted)  
**BO** = the size of an orange **BWO** = larger than an orange

**If suppository or enema given:** Tick the relevant column and **ALSO** record on medication sign off

**Staff sign off:** Put your initials under the relevant shift

**Comments:** *Consistency* (loose, soft, firm, hard, dry, pebbles). *Colour* (pale, yellow, brown, green, black)  
*Odour* (faecal{usual}, foul, sweet)