

NAME \_\_\_\_\_

## ALTERATION IN BOWEL ELIMINATION/CONSTIPATION

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<p>Related To: (<i>Check/circle all that apply</i>)</p> <p><input type="checkbox"/> Diagnosis of (state)</p> <p><input type="checkbox"/> inactivity/immobility</p> <p><input type="checkbox"/> inadequate fluid intake/dehydration</p> <p><input type="checkbox"/> medications</p> <p><input type="checkbox"/> ↓ dietary fiber</p> <p><input type="checkbox"/> other (state)</p> <p>AEB: (<i>Check/circle all that apply</i>)</p> <p><input type="checkbox"/> hard formed stool</p> <p><input type="checkbox"/> BM &lt; 3XW</p> <p><input type="checkbox"/> ↓ bowel sounds</p> <p><input type="checkbox"/> verbalized feeling of rectal fullness /pressure</p>	<p>(<i>Circle all that apply</i>)</p> <p>1. Passage of soft formed stool according to normal pattern/at least q3days</p> <p>2. Verbalizes no problems during BM</p> <p>3. VS within normal limits</p> <p>4. No impaction noted</p>	<p><b>NURSING</b></p> <p>1. Initial and ongoing nursing assessment/Review of Systems</p> <p>2. Assess VS (T/P/R/BP) _____ (frequency)</p> <p>3. Assess wt. _____ (frequency)</p> <p>4. Assess abd for distention at least _____ (frequency)</p> <p>5. Assess abd for bowel sounds at least _____ (frequency)</p> <p>6. Assess abd for pain at least _____ (frequency)</p> <p>7. Assess fluid and fiber intake/ID factors contributing to constipation</p> <p>8. Plan bowel training program</p> <p>9. Other (state)</p>		<p>(<i>Address all items listed in "goal/outcome" column. If goal not met, revise plan</i>)</p>	

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<input type="checkbox"/> verbalize straining/pain during BM  <input type="checkbox"/> fecal impaction noted  <input type="checkbox"/> abdominal distention  <input type="checkbox"/> N/V/passage of liquid fecal seepage  <input type="checkbox"/> other (list)		<b>DELEGATE</b> 1. Assist with meds as ordered 2. Vital Signs (T/P/R/BP) 3. Monitor I&O/Elimination pattern as directed a. Encourage a minimum of > 32 oz. of fluid/day b. Notify MAS Nurse if no BM in 3 days 4. Encourage daily exercise according to ability 5. Implement bowel training program <ul style="list-style-type: none"> <li>• Encourage/assist with regular toileting time</li> <li>• Provide privacy</li> <li>• Provide at least 30-45 minutes for toileting</li> <li>• Provide daily fiber</li> </ul> 5. other (state)			
<b>RN SIGNATURE:</b>			<b>DATE:</b>			