NDP 20c
July 2018

NAME _____

ALTERATION IN BOWEL ELIMINATION/DIARRHEA

Bowel Incontinence

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	Related To: □ Diagnosis of (state) □ fecal impaction □ medication side effect □ tube feeding □ other (state) AEB: □ loose liquid stools □ frequency ____ □ cramping/abd pain □↑bowel sounds	***(Circle all that apply)*** 1. Soft formed stool according to normal pattern 2. VS within normal limits 3. No skin irritation in rectal area	**NURSING** 1. Initial and ongoing nursing assessment/Review of Systems 2. Assess VS (T/P/R/BP) _____ (frequency) 3. Assess abd for distention/ hyperactive bowel sounds at least ____(frequency) 4. Assess I&O a. Assess frequency and urgency of loose/liquid stool b. Assess fluid intake and diet/ID factors contributing to diarrhea 5. Assess weight _____ (frequency) 6. Assess abd for pain/cramping at least ____(frequency) 7. Assess perianal skin integrity _____ (frequency) 8. Teach/reinforce standard Infection control practices 9. Other (list)		***(Address all items circled in "goal/ outcome" column. If goal not met, revise plan)***	

			DELEGATE 1. Assist with meds as ordered 2. Vital Signs (T/P/R/BP) 3. Ensure > 32 oz. of fluid/day 4. Record color/odor/amt./freq loose stool 5. Monitor skin integrity in perianal area 6. Notify MAS Nurse of any problems/concerns 7. Use standard infection control precautions 8. Other:			
RN SIGNATURE:					**DATE:**	