Interior Health

Patient Name *(last)* _____

(first) _____

DOB *(dd/mmm/yyyy)* _____

PHN _____ MRN _____

Account/Visit # _____

IH USE ONLY

BOWEL RECORD (Bristol Stool Chart)

Use on all inpatients. Place a checkmark or descriptor (see key below) in box describing bowel movement.

Key: **M** = mucous present **B** = blood present

Date (dd/mm/yyyy)	**Time** (24 hour)	**Amount Estimates** **0**: no BM **Small**: < ½ cup (125 mL) **Medium**: ½ to 1 cup (125-250 mL) **Large**: > 1 cup (250 mL)	**Type 1** Separate hard lumps, like nuts (hard to pass) 	**Type 2** Sausage shaped but lumpy 	**Type 3** Like a sausage but with cracks on surface 	**Type 4** Like a sausage or snake, smooth and soft 	**Type 5** Soft blobs with clear-cut edges (passed easily) 	**Type 6** Fluffy pieces with ragged edges, a mushy stool 	**Type 7** Watery, no solid pieces (entirely liquid) 	**Initials**

Permanent part of the health record

Bristol stool form scale. (From Dains, J.E., Baumann, L.C., Scheibel, P. [2020]. Advanced health assessment and clinical diagnosis in primary care [6th ed.]. St. Louis: Elsevier

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