Division of Developmental Disabilities Resource Team: Nursing Support Unit Bowel Movement Monitoring Chart

Name:		DOB:		Month/Year:	
Location:					
				BM Prote	ocol: 🗆 Yes 🗆 No
Key co	ode: Size: L= Large	M= Medium	SM= Small	Constipa	tion Diagnosis: \square Yes \square No
	Type: H= Hard	S= Soft	D= Diarrhea/Loose Stool	Example: Large & Soft BN	A
(For ty	ype, you can referer	nce the Bristol St	ool Chart on back of this page)	Day Shift: L/S	
Please	e document "No" if	No Bowel Move	ment.	Staff Initials: DK	

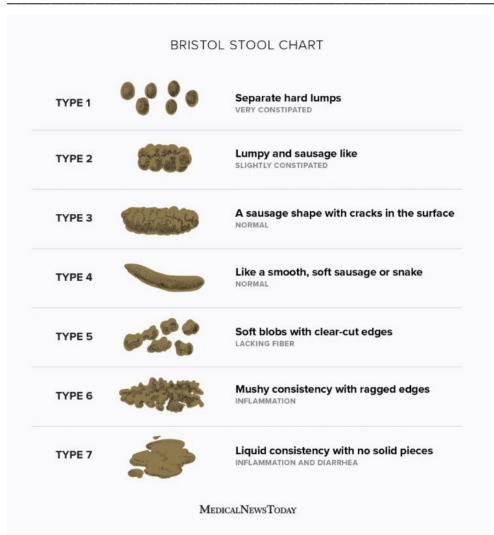
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
																														-
	1	1 2	1 2 3	1 2 3 4	1 2 3 4 5	1 2 3 4 5 6	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 1 <td< td=""><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 <</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</td><td>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</td><td>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</td><td>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 </td><td>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</td><td>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 N N N N N N N N N N N N N N N N N N N</td><td>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</td></td<>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 <	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	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	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	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	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	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 N N N N N N N N N N N N N N N N N N N	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

Staff Signatures:

Name	Initials	Name	Initials	Name	Initials

Please Document any bowel changes on the back of this sheet and report to the Primary Care Physician as per agency policy.

R I	_		
IN	n	TC	es:
1 1	v	··	



Reference:

Louise Morales-Brown, Debra Sullivan, Ph.D., MSN,R.N.,CNS,COL 2021, *Medical News Today*, accessed 23 May 2023, https://www.medicalnewstoday.com/articles/bristol-stool-scale.