

Person's Name	Date of Birth	ProviderOne Number
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Developmental Disabilities Administration (DDA)

## Bowel Protocol

**You do not need permission to call 911.**

Date of Protocol Creation:

Call 911 and **START FIRST AID** as trained if:

Possible signs of bowel-related emergency

1. The person is not breathing or is blue / gray in color.
2. The person is having difficulties breathing or making abnormal noises while breathing.
3. The person appears ill; and you are concerned about their immediate health and safety.
4. The person has not had a bowel movement in \_\_\_\_\_ days.
5. The person vomits material which smells like stool or looks like coffee grounds or dark jelly.
6. The person has a temperature greater than \_\_\_\_\_ or less than \_\_\_\_\_.
7. The person has unrelieved abdominal discomfort.
8. Other:

**After 911 has been notified, follow instructions from the dispatcher. Notify the dispatcher if there is a POLST DNR/I in place.**

After calling 911 and stabilizing the person:

- Contact your supervisor.
- Document per agency protocol in the person's chart.

### General Signs and Symptoms of Constipation

**People who are experiencing constipation or a bowel impaction may still have small bowel movements. Please take action to evaluate and treat a person who is experiencing ANY of the General Signs and Symptoms of Constipation.**

- Hard, small, dry stool.
- Extra time in the bathroom with little to no bowel movement.
- Straining to produce a bowel movement.
- Abdominal bloating.
- Stomach pain / discomfort.
- Declining food or fluids.
- Vomiting
- No bowel movement for several days.

### Get to Know Me:

How often I typically have bowel movements:

What signs I show when I'm constipated:

I require the following assistance when toileting:  Independent  Some Assistance  Total Assistance

Comments:

I have a toileting schedule:  Yes  No

If yes, schedule:

**Do not delay creation of a protocol while awaiting medical provider approval.**

Person's Name	Date of Birth	ProviderOne Number
I take the following medications <b>to help with bowel movements</b> (per MAR): <input type="checkbox"/> None		
Medication Name	Medication Dose	Medication Frequency
I take the following medications <b>as needed (PRN)</b> for constipation (per MAR): <input type="checkbox"/> None		
Medication Name	Medication Dose	Medication Frequency
I have a Nurse Delegator who trains staff on medication administration: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Delegator's Name	Delegator's Phone Number	
Notify my Nurse Delegator when I (follow Nurse Delegation Instructions and Task form):		
Notify my Health Care Provider when I:		
Health Care Provider's Name	Phone Number	Fax Number
Preventing Constipation		
Administer medications as prescribed (please review the MAR for instructions). Document bowel movements each shift. Dietary recommendation: Fiber Intake Recommendation: Fluid Goal: Exercise / Activity:		
<b>Contact my Nurse Delegator or Health Care Provider with my medication related questions.</b>		
Additional Information		
Plan Completed by:		Date Plan Completed
Health Care Provider's Signature		Date Signed
Health Care Provider's Name		Phone

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**Date of last review (enter signature and date):**


**Bowel Tracking Sheet**

Month:	Day Shift	Evening Shift	Night Shift	PRN Medications Administered	Comments (e.g., consistency and color and PRN results)	Staff Initial
1						
2						
3						
4						
5						
6						
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31						

Legion:

Small (S) – less than four inches; Medium (M) – between 4 – 8 inches in length; Large (L) – greater than eight inches

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