| 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. | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | |
| I take the following medications **to help with bowel movements** (per MAR):  None | | | | | | | | | | | | | | | | |
| **Medication Name** | | | | | | **Medication Dose** | | | | | **Medication Frequency** | | | | | |
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| I take the following medications **as needed (PRN)** for constipation (per MAR):  None | | | | | | | | | | | | | | | | |
| **Medication Name** | | | | | | **Medication Dose** | | | | | **Medication Frequency** | | | | | |
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| I have a Nurse Delegator who trains staff on medication administration:  Yes  No | | | | | | | | | | | | | | | | |
| Delegator’s Name | | | | | | | | | Delegator’s Phone Number | | | | | | | |
| Notify my Nurse Delegator when I (follow Nurse Delegation Instructions and Task form):  Notify my Heath 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:  **Contact my Nurse Delegator or Health Care Provider with my medication related questions.** | | | | | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | | |
| Plan Completed by: | | | | | | | | | | | | Date Plan Completed | | | | |
| Health Care Provider’s Signature | | | | | | | | | | | | Date Signed | | | | |
|  | | | | | | | | | | | |  | | | | |
| Health Care Provider’s Name | | | | | | | | | | | | Phone | | | | |
| **Date of last review (enter signature and date):** | | | | | | | | | | | | | | | | |
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| **Bowel Tracking Sheet** | | | | | | | | | | | | | | | | |
| Month: | | Day Shift | | Evening Shift | Night Shift | | PRN Medications Administered | | | Comments (e.g., consistency and color and PRN results) | | | | | Staff Initial | |
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| Legion:  Small (S) – less than four inches; Medium (M) – between 4 – 8 inches in length; Large (L) – greater than eight inches | | | | | | | | | | | | | | | | |