



## BOWEL MOVEMENT RECORD

CONSUMER NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

\*INSTRUCTIONS: EACH SHIFT MUST CHART DAILY USING THE CODE BELOW. ALL STAFF DOCUMENTING ON THIS SHEET MUST INITIAL THE ENTRY AND COMPLETE ENTIRE SIGNATURE WITH INITIALS AT THE BOTTOM OF THE SHEET. EVERY BOX SHOULD HAVE AN ENTRY BY THE END OF THE MONTH.

**BOWEL MOVEMENT (BM) SIZE:**

0=No BM during shift    S=Small BM    M=Medium BM    L=Large BM    EX=Extra Large BM

**LAXATIVE:** Chart YES if given during the shift. Chart NO if not given during the shift.

DATE	DAYSHIFT		INITIALS	EVENINGS		INITIALS	NIGHTS		INITIALS
	BM	LAXATIVE		BM	LAXATIVE		BM	LAXATIVE	
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