Guardian Light
quality care services

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BOWEL, BLADDER & INCONTINENCE TRACKING SHEET

CONFIDENTIAL – Contains personal health information

1. INDIVIDUAL INFORMATION

Individual		**Date of birth**	
Room #		**Tracking period**	From: _____ To: _____
Continence products used		**Toileting schedule / plan**	
Bowel protocol / PRN laxative (name, dose)		**Notify nurse if no BM for**	_____ days (per bowel protocol)

2. RECORDING KEY

Bristol Stool Scale (Stool type)	Codes	Amount / other
1 – Separate hard lumps 2 – Lumpy, sausage-shaped 3 – Sausage-shaped with cracks 4 – Smooth, soft sausage 5 – Soft blobs with clear edges 6 – Mushy, ragged pieces 7 – Watery, no solid pieces *Types 1–2 may suggest constipation; 5–7 loose stool.*	**Event:** U = urine BM = bowel movement B = both **Where:** T = toilet (continent) I = incontinent R = refused toileting **Skin:** OK = intact R = redness B = broken skin (report) **Behaviour during care:** C = calm/cooperative A = agitated X = refused	**Amount:** S = small M = medium L = large **Urine:** note colour (pale / yellow / dark / red) and strong odour **Stool:** note blood, black/tarry, mucus, or unusual colour **Smearing:** write “SM” in Notes if stool was smeared

3. DAILY LOG

Record every void, bowel movement, and incontinence episode, including continent toilet use. One row per event.

Date	Time	Event (U/BM/B)	Where (T/I/R)	Stool type (1–7)	Amount (S/M/L)	Urine colour / odour	Skin	Care given / products changed	Behav. (C/A/X)	PRN laxative given?	Notes / concerns	Staff initials

Date	Time	Event (U/BM/B)	Where (T/I/R)	Stool type (1–7)	Amount (S/M/L)	Urine colour / odour	Skin	Care given / products changed	Behav. (C/A/X)	PRN laxative given?	Notes / concerns	Staff initials

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4. WEEKLY BOWEL & BLADDER SUMMARY

Complete at the end of each day (overnight staff) from the daily log. Use this to spot patterns and share with the nurse and physician.

	Day 1 ___/___	Day 2 ___/___	Day 3 ___/___	Day 4 ___/___	Day 5 ___/___	Day 6 ___/___	Day 7 ___/___
Bowel movements – total							
Bowel movements – incontinent							
Stool type(s) (1–7)							
Urine voids in toilet							
Urine – incontinent episodes							
Days since last BM							
PRN laxative given (time)							
Skin concerns (Y/N)							
Staff initials							

5. REPORT TO NURSE / SUPERVISOR

Report the same shift and record it in the notes. Follow the individual's bowel protocol and care plan where they give specific instructions.

- No bowel movement for the number of days set in the bowel protocol
- Hard stools (type 1–2) with straining, pain, or distress
- Frequent watery stools (type 7), especially several in one day
- Blood in stool, or black / tarry stool
- Swollen or hard abdomen, vomiting, or refusing food and fluids
- Dark or red urine, strong odour, or signs of pain when passing urine
- Redness or broken skin in the perineal area
- A sudden change from the usual pattern, or incontinence with a seizure or behaviour change

6. STAFF INITIALS AND REVIEW

Initials	Staff name	Signature	Role / shift

Reviewed by (nurse / supervisor)		**Date reviewed**	
Actions / follow-up		**Shared with physician?**	☐ Yes date: _____ ☐ No