Bladder and Bowel Record

Alberta Aids to Daily Living (AADL) Program

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Why is it important to keep a record?

A bladder and bowel record gives important information to the health care team about incontinence, voiding and fluid intake patterns. This information is very important in planning and evaluating the client's treatment programs.

How do I keep a Bladder and Bowel record?

Time The time an event happens must always be recorded on the appropriate time line.

Amount/ type of drink Each time fluid has been taken, write the amount (in cups or mls) and the type of fluid (e.g., coffee, juice, milk, water) in the second column.

Urination Each time urine is passed in the toilet, write the amount (in cups or mls) in the third column. If, for some reason, you are unable to measure the urine, please put a ✓mark at the time the urine was passed.

Amount of urine Each time there is leakage of urine, write in the fourth column if it was a small or a large amount.

Activity In the fifth column, write down the activity undertaken before the leakage of urine. Do this by picking a number from the list below the record marked "Behaviour Prior to Incontinence" that best describes the behaviour that you saw.

Bowel Movement In the sixth and last column, write the number of the type of bowel movement; pick the number from the list at the bottom of the record marked "Bowel Movement".

Number of pads Beside number of pads used for 24 hours, write the number of pads used. If no pads were used but other things were used (e.g., paper towels or wash cloths), write that number.

Type of pads After type of pads, write whether menstrual or incontinence pads were used and what weight (e.g., pantyliner or maxi pad) or write down anything else that was used to soak up the urine.

FAMILY/CAREGIVER
If possible, record the post-void residual.

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Bladder and Bowel Record

Patient Name: _____

Date: _____ Record Day: _____

Time	Amount and type of drink	Urination in toilet (✓ or amount)	Incontinence episode Small	Incontinence episode Large	Activity*	Bowel movement**
6 - 7 AM						
7 - 8 AM						
8 - 9 AM						
9 - 10 AM						
10 - 11 AM						
11 - 12 PM						
12 - 1 PM						
1 - 2 PM						
2 - 3 PM						
3 - 4 PM						
4 - 5 PM						
5 - 6 PM						
6 - 7 PM						
7 - 8 PM						
8 - 9 PM						
9 - 10 PM						
10 - 11 PM						
11 – 12 AM						
12 – 1 AM						
1 – 2 AM						
2 – 3 AM						
3 – 4 AM						
4 – 5 AM						
5 – 6 AM						

***Activity prior to incontinence:**

1. Coughing or sneezing
2. Urgency
3. Pacing
4. Restless, fidgeting
5. Intense emotion
6. Repetitive verbalization
7. Agitation
8. Touching self/picking at clothing
9. Other (please specify)

****Bowel Movement**

1. Diarrhea
2. Toothpaste like
3. Formed but soft
4. Formed and hard
5. Pebble like

Number of pads used per 24 hours: _____ **FAMILY/CAREGIVER:**

Types of pads: _____ Post-void residual if possible: _____

This form has been adapted from material originating from Alberta Health Services in conjunction with the Canadian Nurse Continence Advisors Association.

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