

BM TRACKING SHEET

Month: _____

Clients Name: _____

Medication Given (Just PRN)	DS Dulc. Suppository
	FE Fleets enema
	MOM Milk of Magnesia
	MC Mag Citrate

Size:	S - small
	M- medium
	L- large
	XL - X Large

Consistency: Type 1, 2, 3, 4, 5, 6, or 7 per Bristol Stool Formation Scale on reverse side.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Days																																
Eves																																
Nights																																
Number of Days No BM																																
Staff	Must initial below every shiftIf no BM on your shift leave area blank ...But you still must sign your initials below																															
Days																																
Eves																																
Nights																																

Do Not Count Smalls when counting for PRN NEED

Notify _____ in AM of ___ day if no BM and document in notification in daily notes

Notify _____ for loose stools or if having small hard Bowel Movements