

BLADDER LOG FORM

Name _____

Date of Birth _____

Date	Day	Time																							
		5a	6a	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12m	1a	2a	3a	4a
	1																								
	2																								
	3																								
	4																								
	5																								
	6																								
	7																								
Patterns																									

LEGEND: If older adult urinates and is continent, mark C for the appropriate time and day. Indicate amount only if incontinent.

C = **C**ontinent (urinated successfully on toilet/urinal/bedpan)

I = **I**ncontinent (involuntary loss of urine)/indicate amount

D = **D**ry when checked and did not urinate

Track for at least three days. Mark as **C**ontinent, **I**ncontinent or **D**ry in the hour checked.

After at least three days:

Check for average time between accidents such as approximately 2, 3 or 4 hours

Plan a schedule for toileting or prompting with assistance to match the pattern seen

If there is no pattern, use a schedule of every 2 to 3 hours.

Developed by Vincent Healthcare/Marie Mangino, MSN, CRNP

BOWEL LOG FORM

Name _____

Date of Birth _____

Date	Day	Time																							
		5a	6a	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12m	1a	2a	3a	4a
	1																								
	2																								
	3																								
	4																								
	5																								
	6																								
	7																								
Patterns																									

LEGEND: Indicate whether no stool, continent or incontinent. Show size and consistency for all stools, continent and incontinent.

N = No stool when checked

C = Continent (stool in toilet or bedpan)

I = Incontinent

SIZE

S = Small amount of stool

M = Moderate amount of stool

L = Large

CONSISTENCY

H = Hard

F = Formed

S = Soft

L = Loose or liquid

EXAMPLES: **CMS** = **C**ontinent of **M**edium sized **S**oft stool

ISL = **I**ncontinent of **S**mall **L**oose stool

Track for at least three days. Mark as **C**ontinent, **I**ncontinent or **N**o stool in the hour checked.

After at least three days:

Check for pattern of bowel movements (Is it same time each day, more than once daily or less?)

Plan a schedule for toileting or prompting with assistance to match the pattern seen

If there is no pattern use identified bladder schedule with prompting.

Developed by Vincent Healthcare/Marie Mangino, MSN, CRNP