Bowel Tracking Record

Client Name: _____

Date (1 Line/24hr)	Shift-AM Color	Amt.	Consistency	PM Color	Amt.	Consistency	NOC Color	Amt.	Consistency	Number of Days with No BM

Legend: Please include all of the following when documenting for your shift

Color	Consistency	Amount
Bl-Black	H- Hard/ Lumpy	0-No BM this shift
Br-Brown	F- Formed/ Normal	S-Small
R-Red tinged	SM- Soft Mass	M-Medium
Y- Yellow	Liq- Liquid/Ooze	Lg- Large
G- Green	G- Grainy/Seedy	U- Unobserved

2355 Fulham Street, Suite 400, Roseville, MN 55113

phone 651-482-0549 fax 651-482-0280 email@communitiesofcaremn.com