

Bowel and Bladder Diary

This tool is to identify incontinence patterns and/or root causes of it. The first seven days of the diary will establish a baseline which can be utilized to measure any improvement or areas of opportunity. This tool is set up in seven-day periods with an evaluation at the end of each period.

Instructions

Time of Day

The log begins at midnight and covers a 24-hour period. Select the hour block that corresponds with the time of day being recorded.

Type and Amount of Fluid and Food Intake

- Record type and amount of fluid.
- Record type and amount of food.
- Record when the person woke up for the day and the hour they went to sleep.

Incontinent Bladder

Place a check mark in the box if the person experienced bladder incontinence.

Incontinent Bowel

Place a check mark in the box if the person experienced bowel incontinence.

Toileted

Indicate if the person was successfully toileted (T)

Indicate urine (U) or bowel movement (BM)

Example: T – U; T – BM

Notes

Describe the activity associated with incontinence episode, i.e., coughed, heard running water, sneezed, bent over, lifted something or had a strong urge.

Recorder Initials

The person entering information in the diary should initial their documentation.

Comments

Special circumstances. Examples might include medication changes, acute change of condition, transfer status, etc.

Daily Bowel and Bladder Diary - Example

Resident Name: Violet Blue Toileting Plan: Every two-hour check; offer toileting and/or check and change.

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00	Woke up	X		T-U	Incontinent during night	PC
6:00						
7:00	8 oz coffee, small bagel, 1 c scrambled egg				Offered toilet – declined	PC
8:00						
9:00	1 small apple			T-U		PC
10:00						
11:00	½ slice meat loaf, ½ c mashed potatoes and gravy, ¼ cup corn, 1 brownie		X	T-U	Couldn't make it to the toilet from dining room in time	KP
Noon						
13:00		X			Attempted self-transfer	PC
14:00	2 c popcorn				Offered toilet declined	PC
15:00		X				
16:00						
17:00	1 c vegetable soup, ½ ham and cheese sandwich, 2 crackers, ¼ c Jello			T-U		PC
18:00						
19:00	Went to bed			T-U		TK
20:00						
21:00	Asleep				Checked	CT
22:00						
23:00	Awake	X				CT
Total		4	1	U-5		

Comments:

- Violet has early-stage dementia
- Stand by assist

Daily Bowl and Bladder Diary

Day 1 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 2 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 3 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 4 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 5 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 6 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments:

Daily Bowl and Bladder Diary

Day 7 – Date:

Resident Name:

Toileting Plan:

Time of Day	Type and Amount of Food and Fluid Intake	Incontinent Bladder	Incontinent Bowel	Successfully Toileted	Notes	Initials
Midnight						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						
Noon						
13:00						
14:00						
15:00						
16:00						
17:00						
18:00						
19:00						
20:00						
21:00						
22:00						
23:00						
Total						

Comments: