

Assessing Clients with Bowel Elimination Disorders

Exercise

- Use the following health history questions and leading statements, categorized by functional health patterns, with a family member, friend, or client. Identify areas for focused physical assessment based on findings from the health history.

Assessing Bowel Elimination

Health Perception–Health Management

Have you had any illness or surgery that may have affected your bowel elimination patterns, such as gastrointestinal diseases, ulcerative colitis, Crohn’s disease, diverticulitis, spastic colon, anal fissures, hemorrhoids, colostomy, or ileostomy?

How was this condition treated?

Do you use any medications to control or prevent diarrhea or constipation? Describe.

Do you use any type of treatment for hemorrhoids? Describe.

Do you use laxatives, suppositories, or enemas? What type, and how often?

Nutritional–Metabolic

Do you have any food allergies or food intolerances? Describe them. What type of reaction do you have: indigestion, nausea, vomiting, diarrhea, excessive gas, abdominal pain, other?

What do you normally eat within a 24-hour period?

Does your bowel problem prevent you from eating certain foods? Explain.

(If the client has an ostomy.) Do certain foods cause elimination problems? Explain. Do you have skin irritation around the opening of your stoma?

Elimination

How often do you have a bowel movement?

Describe the color and consistency of your stools.

Have your bowel habits recently changed? Explain.

Do you have to strain excessively to have a bowel movement?

Do you ever notice blood in your stools or on the toilet paper after you wipe?

(If the client has an ostomy.) How often do you irrigate your colostomy? How often do you empty the drainage bag?

Activity–Exercise

Describe your activities in a typical day. Does your bowel elimination pattern interfere with your activities of daily living? Explain.

Sleep–Rest

Do the symptoms of your bowel problem (such as frequent stools) interfere with your ability to rest and sleep? Explain.

Does abdominal cramping interfere with your ability to rest and sleep? Explain.

Cognitive–Perceptual

Do you have abdominal cramping and/or pain? Where is it located? What brings it on or relieves it?

Do you have any rectal pain? What brings it on or relieves it?

Describe the bowel elimination pattern that is normal for you.

Self-Perception–Self-Concept

Describe how you feel about your bowel function problems.

How has this problem made you feel about yourself?

(If the client has an ostomy.) How do you feel about having to wear a drainage bag for stool?

Role–Relationship

Has this bowel problem affected your role in your family? If so, how?

Has this bowel problem interfered with your work? Explain.

Have your relationships with your family, friends, or coworkers changed recently? Explain.

Sexuality–Reproductive

Has this health problem changed or interfered with your usual sexual activities? Explain.

Have you noticed any change in your ability to participate in your usual sexual activities? Explain.

How has this problem affected the way you feel about yourself as a man or woman?

Coping–Stress

Do you ever feel depressed or extremely anxious? Explain.

Are there certain events that seem to make your bowel function problems worse? Describe them.

On a scale of 1 to 10 (with 10 being the most stressful), how would you rate the stress of your daily life?

What do you feel is the most stressful aspect of your bowel problem?

Describe what you do to cope with stress.

Who or what will be able to help you cope with the stress of this health problem?

Value–Belief

Are there significant others, practices, or activities that help you cope with this health problem? Explain.

How do you perceive this health problem will affect your future?