

Institution: _____

Encounter Form: Constipation / Diarrhea

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Pain: Location: _____

- Quality of pain: Sharp Dull
- Radiating: (describe) _____
- On scale of 0-10 (0 = no pain 10 = worst pain) _____
- Does the pain radiate to other parts of the body?
- What makes the pain better? What makes the pain worse?

Accompanying symptoms: cramping nausea
 vomiting fever

Bowel movements:
Date of last bowel movement.
Description of last bowel movement: diarrhea
 constipation normal clay colored black
 yellow green tarry bloody

Recent food or drink: _____

Urinary symptoms urinary frequency dysuria
 hematuria

History of chronic diseases: Hepatitis pelvic inflammatory disease
 peptic ulcers abdominal surgery irritable bowel syndrome
 inflammatory bowel disease thyroid disease

Allergies : _____
 Current medication: _____

OBJECTIVE:

Vital signs: Temp _____ Weight: _____ Resp: _____

Pulse(sitting) _____ Pulse (standing) _____

BP (sitting) _____ BP (standing) _____

Skin: Pink Pale Grey Cyanotic

Turgor: resilient tenting

Bowel Sounds: Normal Hyperactive
 Hypoactive Absent

Abdomen: Soft Rigid Distended
 Guarding Rebound Tenderness

Location of findings: Epigastric Periumbilical
 LUQ LLQ RUQ RLQ

FOBT results (if history of black, tarry or bloody stools):
 positive negative

ASSESSMENT:

Constipation as evidenced by/related to: _____

Diarrhea as evidenced by: _____

ENCOUNTER FORM: CONSTIPATION/DIARRHEA

PLAN:

MD referral completed: (circle) NO / YES If yes:

- STAT** (fever > 101.5 F, hypotension, vomiting, moderate or severe abdominal pain, moderate or severe tenderness on palpation, rebound tenderness, black tarry stools, frank bloody stools, or if bloody emesis is present, refer patient to physician **STAT** for further evaluation. If bowel sounds are absent, refer patient to a physician **STAT** for further evaluation. If stool guaiac positive, without any of the above symptoms refer patient to a physician within 24 hours)
- Urgent Routine
- Orders received by phone from POC.

Physician called (name / time) _____

Physician responded (time) _____

CONSTIPATION

- Instruct patient to increase fluids, eat a high fiber diet, exercise regularly and consider one or more of the following:
- Magnesium Hydroxide 400mg/5ml; give 30 cc with 8-12 ounces of water P.O. TID PRN constipation while symptoms persist if no vomiting; or
- Docusate Sodium 100mg 1 to 3 soft gels PO QD PRN constipation while symptoms persist

DIARRHEA

- Loperamide HCL 2 mg: 2 caplet PO after 1st loose stool; then 1 caplet PO after each loose stool while symptoms persist; not to exceed 4 caplets in 24 hrs
- Instruct patient to monitor and record frequency and characteristics of stool.
- Instruct patient to follow-up in clinic in 72 hours if vomiting develops or if symptoms persist.
- All other symptoms: Refer to a physician on a **STAT, Urgent, or Routine** basis.

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.

Signature / Title

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- Document the education provided and the patient's level of understanding on the nursing protocol encounter form.
- Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
- Advise patient to utilize the urgent/emergent process to access medical care if vomiting develops.

DISPOSITION

Time released: _____ Condition on release: _____

- Returned to housing unit
- Housing reassignment to: _____
- Referred for follow-up
 - Physician clinic RN clinic
- Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

List name(s) of RN Protocols used: _____

Signature / Title

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. Comments: _____		