Bowel & Bladder Log

Two weeks on one page — because "I think Tuesday?" is not something a doctor can act on.

DAY TO DAY DEMENTIA

Why this exists

Constipation affects roughly 40–60% of people in long-term care. Left unmanaged it can progress to impaction, and impaction in an older adult causes agitation, confusion, urinary problems and hospital admissions. It is one of the most common reversible causes of a sudden decline.

The problem is rarely that nobody cares. It is that nobody is counting — so when a clinician asks when the last bowel movement was, most of us do not know. Two weeks of ticks on one sheet changes that conversation completely.

How to use it

Page 2 is the log — fourteen days, one line each. **Page 3** is the Toileting Troubleshooter, to run through *before* anyone calls it a behavior.

- Put it somewhere it will actually get filled in — inside the bathroom cabinet door, or on the back of the bedroom door. Not in a folder.
- A tick is enough. This is not a research study.
- For stool, note roughly what it was like: **H** hard/pellets, **N** normal, **L** loose, **W** watery.
- Take it to appointments. Photograph it and send it through the patient portal before the visit if you can — it gets into the record that way.

> **The one pattern to know.** Frequent small amounts of watery stool in someone who has not passed a normal formed stool in days is often *overflow around an impaction* — not diarrhea. Treating it as diarrhea makes it worse. If your log shows that pattern, say to the nurse or doctor: *"I think this may be overflow from an impaction — can someone examine her?"*

When to call the same day

- Sudden confusion, drowsiness, or a change in alertness
- Vomiting, especially with a swollen abdomen
- A hard, distended or tender belly
- Several days with no bowel movement *plus* new agitation or leakage
- Passing no urine, or only tiny amounts
- Bleeding, or severe pain on passing stool

Bowel & Bladder Log

Name _____ Fortnight beginning _____

DATE	BOWEL MOVEMENT	TYPE H / N / L / W	ACCIDENT (BOWEL)	PASSED URINE OK	FLUIDS (APPROX.)	NOTES — APPETITE, PAIN, MOOD, BEHAVIOR, MEDICATION GIVEN

Type: H = hard or pellets · N = normal, formed · L = loose · W = watery

ANYTHING THAT CHANGED THIS FORTNIGHT

New or changed medication	
Eating or drinking differently	
Questions for the doctor or nurse	

WHAT TO SAY WHEN YOU CALL

- "This started *[when]* — it is new."
- "Last normal bowel movement was *[date]*. Here is the log."
- "I think this may be overflow from an impaction — can someone examine her?"
- "Can we rule out a urinary infection before we change anything else?"
- "Which of her medications slow the bowel, and is there an alternative?"

Toileting Troubleshooter

Work through this **before** anyone decides a change in toileting is "just the dementia." A behavior that started suddenly is usually reporting something physical.

1 · RULE OUT THE PHYSICAL FIRST

CHECK	DONE	WHAT YOU FOUND
Constipation — when was the last normal, formed stool?		
Leakage that could be overflow around an impaction		
Urinary tract infection — new confusion, urgency, smell, fever		
Skin under the brief — redness, rash, thrush, breakdown		
Brief fit — too tight, wrong absorbency, riding up, already wet		
Pain anywhere — including teeth, joints, back		
New or changed medication in the last few weeks		
Sleep — has it collapsed? (it travels with these behaviors)		

2 · THEN MAKE THE TOILET FINDABLE

CHANGE	DONE	NOTES
Colored toilet seat — contrast against a white bowl		
Door left open, light on, nightlight along the route		
Picture sign at eye level (lower than you think)		
Open bins and bowl-shaped things removed from reach		
Footstool so knees sit above hips		
Prompted after meals, not waiting to be asked		
Lidded laundry basket in plain sight in the bedroom		

Two things worth holding onto. Smearing has a name — *scatolia* — and it is a recognized symptom, not defiance. And these behaviors cluster: smearing, wandering and broken nights travel together, because they come from the same underlying state. You are not treating a behavior. You are treating pain, sleep, constipation or boredom — and they move together when that improves.

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Education and peer support — not medical advice. Discuss laxatives, enemas and medication changes with a clinician or pharmacist.