Name: ……………………………………………………………

NHS No: ………………………………………………………... Date of Birth: …. / …. / ….

|  |  |  |
| --- | --- | --- |
| **Day 1 date:** | **Day 2 date:** | **Day 3 date:** |

**PLEASE COMPLETE IN FULL INCLUDING BOWEL FREQUENCY AND BRISTOL STOOL SCORE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Fluid mls** | **Fluid type** | **Toilet/****Commode** | **Wet** | **Bowels** | **Fluid mls** | **Fluid type** | **Toilet/** **commode** | **Wet** | **Bowels** | **Fluid mls** | **Fluid type** | **Toilet/** **commode** | **Wet** | **Bowels** |
| **6am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12noon** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12midnight** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**Guidance notes for completion of 3-day bladder diary.**

**Fluid mls**

 **= Fluid intake in mls. Please document accurate amounts and do not count discarded drinks.**

**Fluid Type**

 **= Type of fluid consumed e.g. Water, milk, tea, coffee, soup, milk on cereal etc and Nutritional Supplements.**

**Toilet**

 **= Urine passed in toilet or commode. Measure quantity passed if possible. Please document if patient has declined toilet.**

**Wet**

 **= Please document level of wetness e.g. Damp + Wet ++ Very Wet +++**

**Hints and Tips:**

* **Did you know** that the quantity of fluid our body requires daily depends on our body weight? Our body requires 30mls of fluid per kg of our weight e.g. a person who weighs 65 kg requires 1950 mls per day. By having the amount of fluid our body needs this can prevent Urinary tract infections, prevent constipation, and help to keep our bowels more regular, keep us alert and hydrated.
* **DRINKS WHICH DON’T IRRITATE THE BLADDER**: Water, Milk, Decaffeinated Tea, Decaffeinated Coffee, Herbal Teas, Milk Shake, Dilute juices e.g. apple, grape, pear.
* **DRINKS WHICH CAN IRRITATE THE BLADDER**: Tea, Coffee, Hot Chocolate, Green Tea, Blackcurrant Juice, Citrus fruit and juices, Tomatoes, Cola and other fizzy drinks, Alcohol.
* Take last big drink 2 hours before bed preferably milk, if thirsty through night take sips of water and avoid large drinks.

 **BOWEL DIARY.**  

|  |  |  |  |  |  |  |  |  |
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| **Day / Date** | **Time** | **Stool Type – see attached Bristol Stool Chart** | **Amount****(Small, Adequate, Large)?** | **On commode or toilet** | **Within pad?** | **Did you have any pain or discomfort?** | **What laxatives had been taken and at what time** | **Any other comments?** **i.e. Any blood or mucus in patients faeces?**  |
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