



Overview of Bowel Health & the Older Adult

Education for Health Care Professionals

Part 3: Assessment & Evaluation



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Assessment & Evaluation of Bowel Function

Careful assessment of the nature and severity of the person's symptoms and concerns is necessary to identify the issues and appropriate interventions.

- Obtain an accurate client history
- Asking the right questions during assessment is critical
- People with fecal incontinence frequently avoid medical care vs those with constipation problems
- Assessment includes:
 - clinical/bowel history
 - diet history
 - medication review
 - functional
 - cognitive/psychosocial
 - physical/ medical
 - 7 day bowel record/diary

(RNAO, 2011)



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Assessment of Older Adults >>

Assessment of older adults requires an inter professional approach. Undertake the following assessments.

Bowel History

- description of usual pattern of bowel movements
- frequency & quality of stool using the [Bristol Stool Scale](#)

Diet History

- usual amount & type of daily food & fluid intake (in particular amount of caffeine and alcohol intake)

Medication review

- including prescribed & over-the-counter drugs
- identify those which may increase the risk of constipation/diarrhea including chronic laxative use

Functional Assessment (Mobility)

- limited mobility increases risk of constipation and may restrict a person's nutritional status & toileting ability

(RNAO, 2011)



Assessment of Older Adults

Cognitive & Psychosocial Function

- assess cognition, mood, feelings about quality of life & morale
- lifestyle & self care practices

Physical Function

- perform a thorough assessment of the abdomen and rectum
- assess for urinary continence

7 Day Bowel Record/Diary

- an accurate record of a person's bowel elimination patterns will provide baseline information and help monitor how treatment helps
- You can view sample bowel record is [here](#) (click on the link)

(RNAO, 2011)



Watch for Red Flags

- Blood in stool:
 - bright red blood in the stool can be an indication of several conditions, including an anal fissure, polyps, diverticula, Crohn's disease, hemorrhoids, ulcerative colitis, and cancer, among other conditions
- It is important to identify:
 - Iron deficiency/anemia
 - Unintended weight loss
 - Change in vital signs
 - Sudden onset & change in bowel habits
 - Bowel sounds absent
 - Family history of colorectal cancer in a 1st degree relative

(Calgary Division of Gastroenterology & Hepatology, 2016)

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Diagnostic tests

- If comprehensive history & physical exams do not reveal causes, further testing may reveal more information. They could include:
 - blood work, CBC, chemistry profile
 - urinalysis
 - routine stool exam, stool for infection, parasites, toxins
 - stools for OB (Occult Blood)
 - X rays, endoscopy, colonoscopy, CT scan, barium enema, sigmoidoscopy
 - gold standard for prevention to detect premalignant polyps in people > over 50 yr with normal risk is colonoscopy
 - anorectal function tests and/or bowel transit studies

(Day, Paul, Williams, Smeltzer, & Bare, 2007; Fillit, Rockwood & Young, 2017)

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