



National Audit of Continence Care 2011

Pilot Bowel Audit Proforma

(please complete all questions)

Your Site Code

Instructions for completion:

1. Please use a ball-point pen for all sections.
2. Please cross the boxes as appropriate (⊗ or ⊗).

If you are unclear of any questions on this form please use the accompanying *help booklet*.

All enquires should be sent, quoting your site code, to:

Tel: 020 3075 1347 / 020 3075 1619 / 020 3075 1511 or e-mail: nacc@rcplondon.ac.uk

	DEMOGRAPHIC INFORMATION	Response
A.	Patient numbers	Automatically generated by webtool
B.	Audit date:	Date field
B i	Cycle number	2 digit number
C.	Bowel Proforma	
D.	Patient age	<input type="radio"/> 18-65 / <input type="radio"/> 65+
E.	Patient gender	<input type="radio"/> Male / <input type="radio"/> Female
F.	Clinical setting	<input type="radio"/> Hospital medical ward <input type="radio"/> Hospital surgical ward <input type="radio"/> Hospital elderly care ward <input type="radio"/> Hospital outpatient clinic <input type="radio"/> GP surgery <input type="radio"/> Community clinic <input type="radio"/> Care home
G.	Notes audited	<input type="radio"/> Hospital notes <input type="radio"/> GP notes <input type="radio"/> Continence specialist records <input type="radio"/> Care home care plan
H.	How was faecal incontinence (FI) identified for this audit case/person?	<input type="radio"/> Routine screening by a provider <input type="radio"/> Patient sought help for the problem <input type="radio"/> Was only identified through case-finding for this audit <input type="radio"/> Other <input type="text"/> <input type="radio"/> Not Known
1.	Symptoms	
1.1	Are the patients faecal incontinence symptoms documented?	<input type="radio"/> Yes / <input type="radio"/> No If no go to 1.3



1.2	Do the symptoms of faecal incontinence include:	
1.2a	<ul style="list-style-type: none"> Duration of symptoms? 	<input type="radio"/> Yes (symptom documented) <input type="radio"/> No (symptom documented as not being present) <input type="radio"/> No documentation about this symptom
1.2b	<ul style="list-style-type: none"> Frequency of FI? 	<input type="radio"/> Yes / <input type="radio"/> No / Not documented
1.2c	<ul style="list-style-type: none"> Urgency? 	<input type="radio"/> Yes / <input type="radio"/> No / Not documented
1.2d	<ul style="list-style-type: none"> Passive leakage? 	<input type="radio"/> Yes / <input type="radio"/> No / Not documented
1.2e	<ul style="list-style-type: none"> Constipation symptoms? 	<input type="radio"/> Yes / <input type="radio"/> No / Not documented
1.2f	<ul style="list-style-type: none"> Co-existing urinary incontinence? 	<input type="radio"/> Yes / <input type="radio"/> No / Not documented
1.3	Has a stool diary or bowel chart been used to record frequency of incontinence?	<input type="radio"/> Yes / <input type="radio"/> No
1.3a	Who completed the stool diary or bowel chart?	<input type="radio"/> Patient completed <input type="radio"/> Provider completed
1.4	If the patient has urinary incontinence, are bladder symptoms documented (e.g. urinary urgency, stress leakage, nocturia)?	<input type="radio"/> Yes / <input type="radio"/> No / <input type="radio"/> Patient does not have urinary incontinence
2	Medication / Assessment / Investigations	
2.1	Have the patients' medications been reviewed to assess whether they may be worsening faecal incontinence?	<input type="radio"/> Yes / <input type="radio"/> No / If no go to 2.2
2.1a	Have any such medications been altered as a result of this review?	<input type="radio"/> Yes / <input type="radio"/> No
2.2	Have medical conditions that may be relevant to faecal incontinence been reviewed (e.g. diabetes, heart failure, neurological conditions)?	<input type="radio"/> Yes / <input type="radio"/> No / <input type="radio"/> Patient does not have any coexisting medical conditions If no or patient has none go to Q2.3
2.2a	Have any such medical conditions been optimised as a result of this review?	<input type="radio"/> Yes / <input type="radio"/> No / <input type="radio"/> Patient does not have any coexisting medical conditions
2.3	Has the patient's functional ability been assessed?	<input type="radio"/> Yes / <input type="radio"/> No
2.4	Has the patient's cognition been assessed?	<input type="radio"/> Yes / <input type="radio"/> No
2.5	Has the impact of incontinence on quality of life been assessed?	<input type="radio"/> Yes / <input type="radio"/> No If NO go to Q2.6
2.5a	Has Quality of Life been recorded by standard assessment tool?	<input type="radio"/> Yes / <input type="radio"/> No
	Assessment	
2.6	Has an assessment been performed focussing on finding the cause(s) of faecal incontinence?	<input type="radio"/> Yes / <input type="radio"/> No
2.6a	IF YES: Who did this assessment?	<input type="radio"/> GP <input type="radio"/> Practice nurse <input type="radio"/> District nurse <input type="radio"/> Continence specialist <input type="radio"/> Hospital ward doctor <input type="radio"/> Hospital ward nurse



		<input type="radio"/> Hospital continence specialist (includes surgeon) <input type="radio"/> Care home nurse
2.7	At this assessment what was performed:	Select all that apply
2.7a	<ul style="list-style-type: none"> Examination of abdomen for palpable mass bladder retention? 	<input type="radio"/> Yes / <input type="radio"/> No
2.7b	<ul style="list-style-type: none"> Examination of perineum and anus? 	<input type="radio"/> Yes / <input type="radio"/> No
2.7c	<ul style="list-style-type: none"> Digital assessment of sphincter tone? 	<input type="radio"/> Yes / <input type="radio"/> No
2.7d	<ul style="list-style-type: none"> Rectal examination? 	<input type="radio"/> Yes / <input type="radio"/> No
	Investigations	
2.8	What investigations were performed?	
2.8a	<ul style="list-style-type: none"> Stool culture for loose stool 	<input type="radio"/> Yes / <input type="radio"/> No
2.8b	<ul style="list-style-type: none"> Abdominal x-ray 	<input type="radio"/> Yes / <input type="radio"/> No
2.8c	<ul style="list-style-type: none"> Sigmoidoscopy 	<input type="radio"/> Yes / <input type="radio"/> No
2.8d	<ul style="list-style-type: none"> Colonoscopy 	<input type="radio"/> Yes / <input type="radio"/> No
2.8e	<ul style="list-style-type: none"> Abdominal CT or ultrasound 	<input type="radio"/> Yes / <input type="radio"/> No
2.8f	<ul style="list-style-type: none"> CT enema (virtual colonoscopy) 	<input type="radio"/> Yes / <input type="radio"/> No
2.8g	<ul style="list-style-type: none"> Endoanal ultrasound 	<input type="radio"/> Yes / <input type="radio"/> No
2.8h	<ul style="list-style-type: none"> Anorectal physiology 	<input type="radio"/> Yes / <input type="radio"/> No
2.9	Is the type or cause(s) of faecal incontinence documented in the notes?	<input type="radio"/> Yes / <input type="radio"/> No If no go to 3.1
	IF YES: Are the cause(s) documented as:	Select all that apply
2.9a	<ul style="list-style-type: none"> Overflow from constipation 	<input type="radio"/> Yes / <input type="radio"/> No
2.9b	<ul style="list-style-type: none"> Diarrhoea 	<input type="radio"/> Yes / <input type="radio"/> No
2.9c	<ul style="list-style-type: none"> Medication side-effect 	<input type="radio"/> Yes / <input type="radio"/> No
2.9d	<ul style="list-style-type: none"> Anal sphincter damage 	<input type="radio"/> Yes / <input type="radio"/> No
2.9e	<ul style="list-style-type: none"> Anal sphincter damage obstetric-related 	<input type="radio"/> Yes / <input type="radio"/> No Not for males
2.9f	<ul style="list-style-type: none"> Other anorectal condition 	<input type="radio"/> Yes / <input type="radio"/> No
2.9g	<ul style="list-style-type: none"> Neuropathic bowel (diabetes, neurological conditions etc.) 	<input type="radio"/> Yes / <input type="radio"/> No
2.9h	<ul style="list-style-type: none"> Functional / cognitive 	<input type="radio"/> Yes / <input type="radio"/> No
3	TREATMENT	
3.1	Does the patient have a treatment plan?	<input type="radio"/> Yes / <input type="radio"/> No
3.2	Does the treatment plan include;	Select all that apply
3.2a	<ul style="list-style-type: none"> Further investigations 	<input type="radio"/> Yes / <input type="radio"/> No
3.2b	<ul style="list-style-type: none"> Referrals to another specialist or service 	<input type="radio"/> Yes / <input type="radio"/> No
3.2c	<ul style="list-style-type: none"> Starting treatment 	<input type="radio"/> Yes / <input type="radio"/> No
3.2d	<ul style="list-style-type: none"> Organised follow up 	<input type="radio"/> Yes / <input type="radio"/> No
3.3	Does documented treatment include;	Select all that apply
3.3a	<ul style="list-style-type: none"> Pelvic floor / anal sphincter exercises? 	<input type="radio"/> Yes / <input type="radio"/> No
3.3b	<ul style="list-style-type: none"> Bowel retraining? 	<input type="radio"/> Yes / <input type="radio"/> No
3.3c	<ul style="list-style-type: none"> Fluid and dietary advice? 	<input type="radio"/> Yes / <input type="radio"/> No
3.3d	<ul style="list-style-type: none"> Specific treatment for diarrhoea (e.g. antibiotics, treatment for inflammatory bowel disease, removal of polyp/tumour) 	<input type="radio"/> Yes / <input type="radio"/> No



3.3e	<ul style="list-style-type: none"> • Anti-diarrhoeal medication 	<input type="radio"/> Yes / <input type="radio"/> No
3.3f	<ul style="list-style-type: none"> • Laxatives 	<input type="radio"/> Yes / <input type="radio"/> No
3.3g	<ul style="list-style-type: none"> • Enemas or suppositories 	<input type="radio"/> Yes / <input type="radio"/> No
3.3h	<ul style="list-style-type: none"> • Biofeedback 	<input type="radio"/> Yes / <input type="radio"/> No
3.3i	<ul style="list-style-type: none"> • Anorectal surgery 	<input type="radio"/> Yes / <input type="radio"/> No
3.3j	<ul style="list-style-type: none"> • Containment – pads 	<input type="radio"/> Yes / <input type="radio"/> No
3.3k	<ul style="list-style-type: none"> • Containment – bowel management 	<input type="radio"/> Yes / <input type="radio"/> No
3.4	Has long-term faecal Incontinence management /advice been given to the patient?	<input type="radio"/> Yes / <input type="radio"/> No
3.5	What did this advice include:	
3.5a	<ul style="list-style-type: none"> • Advice and information on continence products 	<input type="radio"/> Yes / <input type="radio"/> No
3.5b	<ul style="list-style-type: none"> • Advice on skin care 	<input type="radio"/> Yes / <input type="radio"/> No
3.5c	<ul style="list-style-type: none"> • Advice relating to preservation of dignity 	<input type="radio"/> Yes / <input type="radio"/> No
3.5d	<ul style="list-style-type: none"> • Advice relating to preservation of independence 	<input type="radio"/> Yes / <input type="radio"/> No
3.5e	<ul style="list-style-type: none"> • Contact details for relevant support groups and or helplines 	<input type="radio"/> Yes / <input type="radio"/> No
3.5f	<ul style="list-style-type: none"> • Periodic review of symptoms 	<input type="radio"/> Yes / <input type="radio"/> No
3.5g	<ul style="list-style-type: none"> • Psychological and emotional support 	<input type="radio"/> Yes / <input type="radio"/> No
3.6a	Does the patient have any of the following consequences of faecal Incontinence:	
3.6b	Urinary tract infection or urosepsis?	<input type="radio"/> Yes / <input type="radio"/> No
3.6c	Pressure ulcers?	<input type="radio"/> Yes / <input type="radio"/> No
4	Care Plan / communication	
4.1	Has the patients own goals/decisions for treatment and care been documented?	<input type="radio"/> Yes / <input type="radio"/> No
4.2	Is there evidence of the treatment plan having been given to the patient (e.g. by patient letter, in discharge summary, through information leaflets)	<input type="radio"/> Yes / <input type="radio"/> No
4.3	Are plans for follow up and review clearly documented?	<input type="radio"/> Yes / <input type="radio"/> No
4.4	Where relevant, have details of the treatment plan been shared with the patients' carer/relative?	<input type="radio"/> Yes / <input type="radio"/> No
4.5	Has the patient been provided with written advice and information on causes and treatment of faecal incontinence?	<input type="radio"/> Yes / <input type="radio"/> No