



This Care Plan can be used for people we support who require regular monitoring and assistance with bowel care, but not high intensity support.

- A Health Professional must develop this plan with the person.
- The Plan must be signed by the Health Professional and reviewed at least annually, or more often as determined by the Health Professional.

**Note:** Should the person require support with enemas, suppositories or an ostomy, the [NDIS LWB 5613 HIDPA Complex Bowel Care Protocol](#) must be used.

Section 1: Non-Complex Bowel Care Plan			
<b>Personal Details</b> <i>(to be completed by the person we support and LWB staff)</i>			
<b>Name:</b>			
<b>CIRTS ID:</b>			
<b>Date of Plan:</b>		<b>Review Date:</b>	

Non-Complex Bowel Care Requirements <i>(to be completed by Health Professional only)</i>	
<b>Medical History – Bowel Related</b>	
Describe all and any investigations, previous surgery or reports from specialists / health professionals	
<b>Individual Risk Factors</b>	<b>Causes of this person’s poor bowel health</b>
<b>Indicate relevant risk factors to the person</b> <input type="checkbox"/> Limited mobility <input type="checkbox"/> Medication side effects <input type="checkbox"/> Diet <input type="checkbox"/> Genetic disorder <input type="checkbox"/> Obesity <input type="checkbox"/> Insufficient fluids <input type="checkbox"/> Smoker <input type="checkbox"/> Other: → (include in description) <input type="checkbox"/> Lack of exercise <input type="checkbox"/> Age	
<b>Bowel Care Goal</b>	
Describe the ideal type and regularity of bowel motions the person should aim for – per Bristol Stool Chart. <i>(see Appendix)</i>	

<b>Bowel Movement Monitoring</b>	<b>Note to staff:</b> where all bowel movements are to be monitored, ensure the <a href="#">NDIS LWB 5590 Bowel Movement – Recording Chart</a> accompanies them when away from home.
<p>Does the person require their bowel movements to be monitored?</p> <p><input type="checkbox"/> No    <input checked="" type="checkbox"/> YES →</p> <p>If YES, describe the period of time monitoring is required:</p>	
<b>Preventative Measures</b>	
<p>Describe preventative measures needed to support this person maintain their bowel health, avoid constipation or complications. e.g. diet, fluid intake, exercise, length of time to spend on toilet</p> <p>Where preventative measures includes medication<sup>1</sup>, document medication requirements in the person’s Medication Chart and within a PRN Protocol (if relevant).</p>	
<b>Symptoms to monitor</b>	
<p>Describe symptoms of constipation or bowel issues that staff should monitor this person for (provide instructions for interventions below in the Bowel Care Action Plan – Section 2):</p>	
<b>Complications</b>	
<p>Describe all complications staff should monitor this person for:</p>	
<b>Requirement for immediate review</b>	
<p>Describe signs that indicate the person should be reviewed by a Health Professional as soon as possible:</p>	
<b>Emergency Response</b>	
<p>Describe signs that indicate staff should call an ambulance / seek emergency assistance for the person:</p>	
<b>Nearest Emergency Department details:</b>	

<sup>1</sup> All medication is to be administered per the medication charts. Should there be a discrepancy between this plan and the medication charts, staff are to administer per the authorised medication charts, refer the discrepancy to the prescribing health professional and have the plan updated.

<b>Section 2: Bowel Care Action Plan</b> <i>(to be completed by Health Professional only)</i>					
<b>Symptom</b> <i>(as described in Section 1)</i>	<b>Timing of intervention and Action required</b> <i>(describe what staff should do and how often)</i>		<b>Review requirements</b> <i>(when should this be reviewed?)</i>		
<b>Health Professionals involved in the development of this plan</b> <i>(to be completed and signed by Health Professionals only)</i>					
<b>Note:</b> LWB requires this Non-Complex Bowel Care Plan to be reviewed at minimum annually, or sooner if required.					
<b>Name:</b>		<b>Profession:</b>		<b>Phone:</b>	
<b>Signature:</b>			<b>Date:</b>		
<b>Name:</b>		<b>Profession:</b>		<b>Phone:</b>	
<b>Signature:</b>			<b>Date:</b>		

<b>Section 3: Consent and Authorisation</b> <i>(to be completed by staff with person we support)</i>			
My LWB staff and I have discussed and agreed upon this Non-Complex Bowel Care Plan. I, or if I am unable, my Authorised Decision Maker consent to the support requirements as detailed within to be implemented in order to assist in the management of my Bowel Care or receive general emergency response as required.			
	Name	Signature	Date
<b>Person we support</b>			
<b>Authorised Decision Maker</b>			
<b>LWB Line Manager</b>			

<b>Section 4: LWB Staff Declaration</b> <i>(All staff who work with this person to sign)</i>					
<b>I have read and understand the requirements of implementing this Non Complex Bowel Care Plan as well as when to seek medical review or an ambulance.</b>					
Name		Signature		Date	
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**Upload to CIRTS as follows:** Plans and Assessments > Add New Plan > Bowel Management Plan > Start date / Review due date / Add New Attachment > SURNAME, First Name.YYYY.MM.DD

**Section 5: Review** *(to be completed and signed by Health Professionals only)*








- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person’s health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#)
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person we support, a new plan is required.

**Treating Health Professional Declaration**

**I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.**

Health Professional Name and Title	Health Professional Signature	Date

**Appendix – Bristol Stool Chart**

Type 1		Separate hard lumps, like nuts (hard to pass)	Hard to pass
Type 2		Sausage-shaped but lumpy	
Type 3		Sausage-shaped but with cracks on the surface	Ideal consistency
Type 4		Sausage or snake like, smooth and soft	
Type 5		Soft blobs with clear-cut edges (easy to pass)	Difficult to control
Type 6		Fluffy pieces with ragged edges, mushy	
Type 7		Watery, no solid pieces (entirely liquid)	