

Clinical Assessment Checklist for Faecal Incontinence

Action: All patients who present with faecal incontinence will have a clinical assessment checklist completed.

Responsibility: Within 48 hours the nurse-in-charge of each shift will ensure that the checklist is in place and active.

Quality of life (ask the patient):

How much do your symptoms bother you? (√)

not at all a little moderately a lot

Assessment criteria	Action/comment	Date/Time/Print Name/Signature
Urine test (Dipstick)		
Bowel diary (minimum of 7 days)		
Medication review		
Cognitive status		
Functional status		

Physical examination (by Specialist or Doctor)	Action/comment	Date/Time/Print Name/Signature
Rectal exam (to exclude faecal loading)		
Vaginal exam (check for pelvic floor contraction; prolapse; urogenital atrophy)		
Abdominal exam (check for palpable mass or bladder retention)		
Perineum & anus		
Neurological exam		

Warning signs for lower GI cancer (MeReC 2011)

- Persistent unexplained change in bowel habits
- Palpable mass in the lower right abdomen or the pelvis
- Persistent rectal bleeding without anal symptoms
- Narrowing of stool calibre
- Family history of colon cancer, or inflammatory bowel disease
- Unexplained weight loss, iron deficiency anaemia, fever, or nocturnal symptoms

Follow-up investigations:

Problem identified (tick or state type/cause of faecal symptoms)

Constipation / faecal loading	
Diarrhoea	
Haemorrhoids	
Anal sphincter damage/injury	
Neurological abnormality	
Rectal prolapse	
Other (please state)	

Triggers for referral:

Red flags – referral to secondary care

Complexity or failure to respond to treatment – discussion with and/or referral to Continence Promotion Service (not for pad provision)

Follow-up of care plan; management of incontinence – referral to local community nurse team

Agree goal/s with patient/carer

Intervention	Tick when completed
Care plan completed	
Care plan discussed with patient and carer	
Copy of care plan given to patient and carer	

Clinician (Please PRINT name).....
 (signing off the completed assessment checklist)

Signature.....Date.....Time.....

Patient /Carer

Signature.....Date.....Time.....