SPHERE Bladder and Bowel Service
Statement of Case - COMMUNITY

New Client/ Ontex ID No (if known)		**Address:** **Post Code**	
DOB/CHI		**CHP/BASE:**	
GP		**Surgery Address:**	
Requesting Assessor:		**Sent in by:** **Contact No:**	
Background information	Please also detail samples you have already provided and tried by patient.		
Rationale for request	As the assessing nurse, please provide the reason(s) why you consider a non core product necessary for this individual continence needs.		
Further Action anticipated	Please include your follow up and review plans		
Other relevant information	Review checklist on next page – please detail current medication used for bladder and/or bowels.		
Signed:			

FOR OFFICE USE ONLY

DATE REVIEWED:

Is assessor a registered prescriber for products: Yes ☐ No ☐

APPROVED: ☐ **REJECTED:** ☐ **Other:**

Signed: **Date:**

CHECKLIST

Complete for *all* patients:	**YES**	**NO**
Exclude UTI	☐	☐
Exclude constipation	☐	☐
Review medications in relation to bladder and bowel symptoms	☐	☐
Assess skin conditions and treat accordingly	☐	☐
Modify type and quantity of fluid intake (ref to Fluid matrix)	☐	☐
Give advice on weight loss if BMI>30	☐	☐

BLADDER SYMPTOMS		
Bladder diary completed	**Yes** ☐ **No** ☐	If no please state why Use bladder diary to plan toileting regime Consider prompted and timed toileting programmes
Urinalysis:	**Yes** ☐ **No** ☐	Results:
Does the patient have symptoms of a UTI	**Yes** ☐ **No** ☐	If yes, is the patient asymptomatic (encourage fluids) or symptomatic (consider MSSU)
MSSU necessary	**Yes** ☐ **No** ☐	Sent: Results:
BOWEL SYMPTOMS		
Bowel diary completed	**Yes** ☐ **No** ☐	If no please state why
Frequency of bowel action:	Per day/week	Bristol Stool Score:_____
Urgency of defecation:	**Yes** ☐ **No** ☐	
Loose stools	**Yes** ☐ **No** ☐	check dietary intake, encourage low fibre diet Consider Loperamide once other causes excluded
Offensive smelling stool	**Yes** ☐ **No** ☐	Take stool specimen
Incontinent of faeces:	**Yes** ☐ **No** ☐	If rectum empty/loose stool check dietary intake, encourage low fibre diet, consider Loperamide
Constipated: If rectum is full/partially full – follow Constipation guidelines and give patient Constipation leaflet	**Yes** ☐ **No** ☐	Encourage bowel emptying (apprx 30mins) after meals to utilise gastro colic response Check dietary (high fibre diet) / fluid intake (1.5 litres per day) Encourage gentle exercise (immobility makes constipation worse) Consider appropriate medication to relieve constipation
Is faecal impaction suspected	**Yes** ☐ **No** ☐	perform DRE in accordance with RCN Guidelines
Blood in stool:	**Yes** ☐ **No** ☐	If yes, refer to GP for further investigations
Mucus in stool:	**Yes** ☐ **No** ☐	If yes, refer to GP for further investigations
Changes in bowel pattern:	**Yes** ☐ **No** ☐	If yes, refer to GP for further investigations
Consent for rectal examination	**Yes** ☐ **No** ☐	If yes to blood, mucus or changes in bowel pattern, DRE should NOT be performed. Refer to GP
Performed DRE:	**Yes** ☐ **No** ☐	Results:

This list is not exhaustive and should always be used along side a full clinical assessment and relevant policy and guideline documents.