

Bowel Management Plan

Student Name:	DOB:
	Grade/School
Parent/Guardian Name:	Phone #:
Parent/Guardian Name:	Phone #:
Other Emergency Contact aware of child's condition:	Phone #:
Physician Name:	Phone #:

Signs/Symptoms to watch for: Flatus/gas ____ Lower abdominal cramps ____ Urgent need to defecate/ have bowel movement ____	Intervention: Allow to use restroom ____ Daily water bottle use ____ Eat high fiber foods (raisins, bran muffins, prunes) ____ Other ____
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Medication for bowel concerns such as Miralax/polyethylene glycol may be used at home. This medication assists the person to have a bowel movement, but may cause multiple bowel movements. Developing a restroom plan is important, especially if there is an urgent need to defecate.

Next steps:

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

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