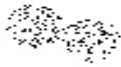



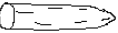








# Victoria Bowel Performance Scale (BPS)

- 4		- 3	- 2	- 1	BPS Score G		+ 1	+ 2	+ 3	+ 4
Constipation				GOAL			Diarrhea			
Impacted or Obstructed +/- small leakage 	Formed Hard with pellets 	Formed Hard 	Formed Solid 	Characteristics	Formed Soft 	Unformed Loose or paste-like 	Unformed Liquid ± mucous 	Unformed Liquid ± mucous 		
				Formed Semi-solid 						
No stool produced after Goal plus 3 days	Goal plus 3 or more days delay	Goal plus 1-2 days delay	Patient's Goal frequency occurs	Pattern	Patient's Goal frequency occurs	Goal or more frequent than goal	More frequent than goal	More frequent than goal		
				Patient's Goal for frequency						
Unable to defecate despite maximum effort or straining	Major effort or straining required to defecate	Moderate effort or straining required to defecate	Minimal or no effort required to defecate	Control	Minimal or no effort required to control urgency	Moderate effort required to control urgency	Very difficult to control urgency and may be explosive	Incontinent or explosive; unable to control or unaware		
				Minimal or no effort to defecate						

## Instructions for Use

- BPS is a 9-point scale. It is a **single score**, based on the overall 'best vertical fit' among the above three parameters [characteristics, pattern, control] and is recorded for example as: BPS +1, BPS -3 or BPS G.
- Look vertically down each BPS level to become familiar with how the three parameters of **characteristics, pattern & control** change in gradation from constipation to diarrhea.
- For the bowel pattern, it is the patient's **goal** that is the determining factor. The goal is recorded in the centre section, marked with the patient's desired goal for how often they would prefer to have a bowel movement. Based on their goal, then the **actual frequency** is either within that goal, delayed beyond the goal, or more frequent than the goal. If the goal is met, the score is **BPS G**.
- Patients may use different words than above to describe their bowel activity. One must use clinical judgment in deciding which boxes are most appropriate.
- For patients with ostomies or short bowel syndrome, **all 3 parameters** should be assessed according to closeness to the patient's desired **goal**.  
In potential confounding cases, determination of the most appropriate BPS score is made using the following methods:
  - Two vertically similar parameters generally outweigh the third;
  - Single priority weighting among parameters is Characteristics > Pattern > Control
- When recording BPS in hospital or facility patient charts where charting is required every shift or daily, a **BPS 'X'** is used to indicate no bowel assessment was done in that timeframe. Otherwise, the actual BPS number is recorded. **Do not write "0"** as it is misleading; the correct recording would be BPS X.
- The BPS cannot be applied when there is no expected functioning bowel, as may occur with patients on TPN or if imminently dying with no oral intake. If this is the case, the correct recording is **BPS N/A**.

The Victoria Bowel Performance Scale (BPS), originally published in the Journal of Pain & Symptom Management 2007, has been slightly revised to incorporate the patients' goal for bowel pattern. Downing, Hawley, Barwich and Black, 2009 © Victoria Hospice Society, 2016.

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