## URINATION/VOIDING RECORD Children's Mercy



Child's Name:	Medical Record Number:

## **Instructions for Completing This Form:**

Check the appropriate boxes to note any dribbling/leaking, pain when urinating, or "bladder spasms". Check the proper box to note whether the child is damp, wet, or soaked during the night.

Measure the child's urine with a measuring cup or a container and keep an accurate record of urine for any three days and nights before your visit. This does not have to be done for three days/nights in a row.

Record when bladder medications are taken by the child. CONTINUE GIVING ALL BLADDER MEDICATIONS UNLESS INSTRUCTED

	Measured Amount of Urine		CHEC	K ALL	THAT	APPL	′ (✓)		MEDICATIONS		
Time					er Sr	BEC	WETT				
Time		Dribbling/ Leaking	Pain	Urgency	Bladder Spasms	Damp	Wet	Soaked	TIME	NAME AND DOSE	
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## STOOL RECORD



Child's Name:	hild's Name:Medical Record Number:						Number:							
Please use the chart following page to cla	belo	w to re what	ecord h type of	now o	often y I was <sub>I</sub>	our ch passe	nild is ed at e	havinç ach e	g a ba pisodo	wel m e.	novement and use	the Bristol Stool Chart on the		
	SYMPTONS			TYF	E OF	STOO	<b>L</b> (per l	Bristol :	Stool C	:hart)		MEDICATIONS		
TIME	PAIN	STRAINING	STOOL	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7	TIME	NAME AND DOSE		
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## STOOL DIARY

BRISTOL STOOL CHART								
TYPE 1	• • • •	Separate hard lumps, like nuts (hard to pass)						
TYPE 2	65765	Sausage-shaped but lumpy						
TYPE 3	E P	Like a sausage but with cracks on its surface						
TYPE 4		Like a sausage or snake, smooth and soft						
TYPE 5		Soft blobs with clear-cut edges (passed easily)						
TYPE 6		Fluffy pieces with ragged edges, a mushy stool						
TYPE 7		Watery, no solid pieces. <b>ENTIRELY LIQUID</b>						