

# Salisbury Regional Spinal Centre

## Peristeen® Bowel Management Audit

Patient initials:  Date of birth:   
Date of audit:  Nurse name:

### Which bowel management procedure did you perform?

Manual / Digital Rectal Evacuation (DRE)  Peristeen® transanal irrigation

### How long did you spend personally involved in patient's bowel management? (Please include any prep time as part of this)



### Ease of procedure

*Complicated* *Easy*

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1 2 3 4 5 6 7 8 9 10

### Confidence of procedure

*Very unsure* *Very confident*

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1 2 3 4 5 6 7 8 9 10

### Effectiveness of procedure

*Incomplete evacuation* *Full evacuation*

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1 2 3 4 5 6 7 8 9 10

### How did you rate the patient's experience today?

*Negative* *Positive*

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1 2 3 4 5 6 7 8 9 10

### How do you rate your experience of performing bowel management today?

*Negative* *Positive*

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1 2 3 4 5 6 7 8 9 10