

Bowel Score Assessment for Plain Abdominal X-ray

Patient Name: _____ Date: _____

MR #: _____ Age: _____

Clinical Presentation: _____

Medications: _____

Other Risk Factors: _____

	0	1	2	3	4	5	COMMENT
A STOOL IN ASCENDING COLON	Small Amount	Moderate Amount	Large Throughout				
B STOOL IN TRANSVERSE COLON	Little or None			Moderate Amount	Large Amount	Large; Dilated	
C STOOL IN DESCENDING COLON	Little or None			Moderate Amount	Large Amount	Large; Dilated	
D STOOL IN RECTUM	Little or None		Moderate Amount			Large Amount; Full Distally	
E ROCK-LIKE STOOLS	Few or None	Moderate Amount	Large Amount; Transverse Descending Colon	Large Amount Ascending Colon			
F GRANULAR STOOLS	Little or None		Moderate Amount Distal		Large Amount Distal	Throughout Length	

• Distal = past splenic flexure

TOTAL SCORE _____

SIGNATURE/ TITLE/DATE