
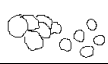









Victoria Bowel Performance Scale (revised) (rBPS)

- 4	- 3	- 2	- 1	BPS Score G	+ 1	+ 2	+ 3	+ 4	
← Constipation					Diarrhea →				
Impacted or Obstructed ± small leakage 	Formed Hard with pellets 	Formed Hard 	Formed Solid 	Characteristic Formed Semi-solid 	Formed Soft 	Unformed Loose or paste-like 	Unformed Liquid ± mucus 	Unformed Liquid ± mucus 	
No Stool produced after Goal plus 3 days	Goal plus 3 or more days delay	Goal plus 1-2 days delay	Pt's Goal frequency occurs	Pattern Pt's Goal for frequency	Pt's Goal frequency occurs	Goal or more frequent than goal	More frequent than goal	More frequent than goal	
Unable to defecate despite maximal 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 to defecate	Minimal or no effort required to control urgency	Mod. effort required to control urgency	Very difficult to control urgency & may be explosive	Incontinent or explosive - unable to control or unaware	

Downing, Hawley, Barwich, Black. BPS revised scale 2009. [© Victoria Hospice Society].

1. 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.
2. 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.
3. 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**.
4. Patients may use different words than above to describe their bowel activity. One must use clinical judgment in deciding which boxes are most appropriate.
5. 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
7. 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.
 8. 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. © Victoria Hospice Society, 2009. For permissions, please send request via email to edu.hospice@viha.ca

PALLIATIVE PERFORMANCE SCALE (PPS) v2

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
100	Full	Normal Activity and Work No Evidence of Disease	Full	Normal	Full
90	Full	Normal Activity and Work Some Evidence of Disease	Full	Normal	Full
80	Full	Normal Activity with Effort Some Evidence of Disease	Full	Normal or Reduced	Full
70	Reduced	Unable Normal Job / Work Some Evidence of Disease	Full	Normal or Reduced	Full
60	Reduced	Unable Hobby / House Work Significant Disease	Occasional Assistance Necessary	Normal or Reduced	Full or Confusion
50	Mainly Sit/Lie	Unable to do Any Work Extensive Disease	Considerable Assistance Required	Normal or Reduced	Full or Confusion
40	Mainly in Bed	Unable to do Most Activity Extensive Disease	Mainly Assistance	Normal or Reduced	Full or Drowsy +/- Confusion
30	Totally Bed Bound	Unable to do Any Activity Extensive Disease	Total Care	Normal or Reduced	Full or Drowsy +/- Confusion
20	As Above	Unable to do Any Activity Extensive Disease	Total Care	Minimal to Sips	Full or Drowsy +/- Confusion
10	As Above	Unable to do Any Activity Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma +/- Confusion
0	Death	-	-	-	-

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