


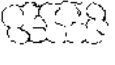
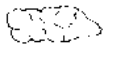
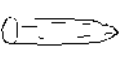





# Victoria Bowel Performance Scale (BPS)

- 4	- 3	- 2	- 1	BPS Score 0	+ 1	+ 2	+ 3	+ 4
← Constipation				Diarrhea →				
Impacted or Obstructed ± small leakage 	Formed Hard with pellets 	Formed Hard 	Formed Solid 	<b>Characteristics</b> Formed Semi-solid 	Formed Soft 	Unformed Loose or paste-like 	Unformed Liquid ± mucous 	Unformed Liquid ± mucous 
No stool produced	Delayed ≥ 3 days	Delayed ≥ 3 days	Pt's Usual	<b>Pattern</b> Pt's Usual	Pt's Usual	Usual or Frequent	Frequent	Frequent
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	<b>Control</b> 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, Watson, Carter [© Victoria Hospice Society]

## Instructions for Use

- BPS is a 9-point numerical 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 +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
- The 'usual' bowel pattern for a patient may be in the 0, -1 or +1 columns. For any of these, the actual frequency of bowel movements may vary among patients from one or more times daily to once every 1-2 days but the patient states as being their usual pattern
- Patients with a surgical intervention (colostomy, ileostomy, short loop bowel) may have a more frequent 'usual' bowel pattern than above. BPS is still overall graded by combining all three parameters (eg. +2 or +3 with ileostomy) to ascertain a 'best fit'
- Patients may use different words than above to describe their bowel activity. One must use clinical judgment in deciding which boxes are most appropriate
- 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

## BPS Case Examples

### Case One

A 62 year old male has metastatic ca prostate. His PPS is 40% and ECOG performance status is 3. He currently takes hydromorphone, colace and senokot. His bowel movements have been regular but today he states he had two "mushy" stools this morning and that "I had to go right away."

His BPS is rated at **BPS +2**. Although his bowel *pattern* has been usual, today it increased to twice. Looking at the scale, this probably fits best with the 'usual or frequent' box. The stool *character* is "mushy" and most resembles the 'unformed, loose or paste-like' box. Finally, there was some effort required to *control* his bowels since he noted having to get to the bathroom 'right away.' This could indicate either the +1 box [minimal or no effort to control] or the +2 box [moderate effort required to control]. Taking all three parameters into account, the best overall vertical fit would fall at the BPS +2 rating.

### Case Two

A 78 year old female has metastatic ca breast. She is quite active at PPS 70% and ECOG 2 but, with increasing pain in her back, she has required higher doses of long-acting morphine. This has caused bowel troubles for her and she has gone only twice in the last week. The stool was lumpy and hard and it sometimes hurts to pass a bm. She denies having hemorrhoids.

Her score is **BPS -2**. She notes a change from her usual *pattern* with decreased frequency since "twice per week" she calls 'trouble.' This pattern fits with either -2 or -3, but not -1 or -4. Also, the stool can be painful to pass which indicates some difficulty in *control*. It is not clear whether this difficulty requires mild or moderate effort but it does not appear to be a major problem. The stool is *characterized* as lumpy and hard which means it is both 'formed' and 'hard' and does not seem by the description to be broken up into pellets. The overall best 'vertical' fit is BPS -2.