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, 2009. © Victoria Hospice Society, 2016.

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**Victoria Bowel Performance Scale (BPS)**

<table>
<thead>
<tr>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>G</th>
<th>+1</th>
<th>+2</th>
<th>+3</th>
<th>+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>Normal</td>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impacted or Obstructed +/- small leakage</td>
<td>Formed Hard with pellets</td>
<td>Formed Solid</td>
<td>Formed Semi-solid</td>
<td>Formed Soft</td>
<td>Unformed Loose or paste-like</td>
<td>Unformed Liquid ± mucous</td>
<td>Unformed Liquid ± mucous</td>
<td></td>
</tr>
<tr>
<td>No stool produced after Goal plus 3 days</td>
<td>Goal plus 3 or more days delay</td>
<td>Goal 1-2 days delay</td>
<td>Patient’s Goal frequency occurs</td>
<td>Patient’s Goal frequency occurs</td>
<td>Goal or more frequent than goal</td>
<td>More frequent than goal</td>
<td>More frequent than goal</td>
<td></td>
</tr>
<tr>
<td>Unable to defecate despite maximum effort or straining</td>
<td>Major effort or straining required to defecate</td>
<td>Moderate effort or straining required to defecate</td>
<td>Minimal or no effort required to defecate</td>
<td>Minimal or no effort required to defecate</td>
<td>Moderate effort required to control urgency</td>
<td>Very difficult to control urgency and may be explosive</td>
<td>Incontinent or explosive; unable to control or unaware</td>
<td></td>
</tr>
</tbody>
</table>

**Instructions for Use**

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 center 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**.
6. 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.