

Peristeen Patient Assessment Tool

Client Name.....

Client Diagnosis.....

Client consent to Peristeen Yes No

Contraindications	Yes	No
Peristeen must not be used in the following situations:		
Known anal or colorectal stenosis		
Colorectal cancer		
Acute inflammatory bowel disease		
Acute diverticulitis		
Within 3 months of anal or colorectal surgery		
Within 4 weeks of endoscopic polypectomy		
Ischaemic colitis		

Precautions	Yes	No
Peristeen is not recommended for:		
Children below 3 years of age		
Current or planned pregnancy		

Precautions	Yes	No
Special caution for any of the following:		
Any anorectal condition (anal fissure, third/ fourth degree haemorrhoids)		
Faecal impaction/heavy constipation: If yes, have you cleared the impaction before starting Peristeen?		
Irradiation therapy abdominal/pelvic region		
Severe diverticulosis or diverticular abscess		
Previous anal/colorectal surgery		
Previous major pelvic surgery		
Severe autonomic dysreflexia		
Long term corticosteroid therapy		
Bleeding diathesis/anticoagulant therapy, not including aspirin or clopidogiel		
Diarrhoea of unknown origin/cause		
Use of rectal medications with other diseases		

Neurogenic Bowel Dysfunction Score - Outcome

Digital Rectal Examination: Yes No Results:.....

Endoscopy (optional): Yes No Results:.....

Impacted: Yes No If YES have you cleared the impaction?

Current Regime

Results.....

Have you discussed funding options or cost of Peristeen with the patient and are they happy to proceed?

Yes No

Will the client perform Peristeen independently? Yes No

Does the client have a Carer(s) who will support with Peristeen? Yes No

Who is the Carer?

Will the Carer require training? Yes No

Peristeen Recommended for Use: Yes No

Referring Consultant:

Referring Clinician:

Name: Name:

Title: Title:

Signature: Signature:

Email Address: Email Address: