Acute Care Established Ostomy Documentation Guide

This provincial document guides the documentation process, electronic health record or paper, in a acute care setting for of an established ostomy or mucous fistula:

- Established ostomy assessment (see below).
- Established ostomy management plan (see page 4).

If the resident has both an ostomy and a mucous fistula, document each separately.

***Established Ostomy**: at least 8 weeks post surgery regardless of care setting for adults, children and neonates.*

Established Ostomy Assessment

Type & Frequency of Assessment		
Care Setting	**Full Assessment**	**Partial Assessment**
Acute Care	• On admission • Whenever there is a change in ostomy condition	• When the pouching system is changed as per management plan.

Assessment Parameters to be Completed as per the Type of Assessment		
Assessment Parameters	**Full Assessment**	**Partial Assessment**
Year of Surgery	√	
Ostomy Type	√	
Ostomy Construction	√	
Stoma Shape/Size	√	
Stoma Os	√	
Stoma Height	√	
Pouching System Change	√	√
Stoma Appearance	√	√
Peristomal Skin	√	√
Bowel Output (if applicable)	√	√
Urinary Output (if applicable	√	√
Pain w pouch change	√	√

*A **parameter** to be a 'question' used to ensure a comprehensive assessment.*

The table below lists the ***assessment findings*** *(terms used as an 'answer' for a parameter)* found on paper documentation form or within electronic health record. It lists both frequently used terms, as well as additional terms that may be found on the documentation form/screen which can also be used when the "Other' option is chosen.

- If a parameter is not needed for the assessment, document "Not Applicable"; (e.g., device insitu).
- If an assessment finding term is not listed, use 'Other' and add in the finding. If required by HA documentation processes, document 'Other' elsewhere in the client's chart, (e.g., narrative notes).
- Some HA/sites documentation systems may have less assessment finding terms available for selection, or there may be different terms available.

Assessment Findings for the Parameters		
Assessment Parameter *The 'question'.*	**Frequently Used Findings** **(Provincial Nursing Ostomy Committee standard)** *A possible 'answer' for the parameter.*	**Additional Findings** **(Provincial Nursing Ostomy Committee standard)** *May be used in some documentation systems, or used to describe findings when 'other" is chosen.*
Year of Surgery	Write in the year	
Ostomy Type	Choose one: • Ileostomy • Colostomy • Urostomy • Mucous Fistula Use the image of the abdomen to indicate where the ostomy 'O" and/or mucous fistula "MF" is located.	Other: write in the following • Enterocutaneous Fistula
Ostomy Construction	Choose one: • End • Loop • Double Barrel	
Stoma Shape & Size	Choose one: • Round (in mm) • Oval (LxW in mm)	
Stoma Os	Choose one: • Centered • Off-centered • Tilted • Flush	
Stoma Height	Choose one: • Raised • Flush • Retracted • Prolapsed (greater than 2cm)	
Date & Signature	Write in date and signature	
Ostomy Assessment On-going		
Pouching System Change	Choose one: • Routine • Leakage For leakage, use clock to describe where the leakage occurred, (e.g., 2-5 o'clock).	
Stoma Appearance	Choose one: • Pink/red & moist • Other	Other: write in one of the following • Edematous • Dusky • Purple/maroon • Slough • Necrotic • Stenosed • Trauma

Assessment Parameter *The 'question'.*	Frequently Used Findings **(Provincial Nursing Ostomy Committee standard)** *A possible 'answer' for the parameter.*	Additional Findings **(Provincial Nursing Ostomy Committee standard)** *May be used in some documentation systems, or used to describe findings when 'other" is chosen.*
Peristomal Skin	Choose one: • Intact • Other	Other: write in one of the following • Erythema • Indurated • Excoriated/Denuded • Macerated • MARSI • Bruised • Wound • Rash • Ulceration • Rash – Fungal • Rash – Contact Dermatitis • Rash – Folliculitis • Rash – Allergy • Psuedoverrucous Lesion • Malignant Lesion • Peristomal Psoriasis • Pyoderma Gangrenosum • Caput Medusae

Bowel Output (if applicable)	If not applicable, then check the N/A box.
	Ostomy producing: choose one
	• Yes
	• No
	Stool Characteristics: choose one
	• Mucousy
	• Watery/Mushy
	• Semi-formed/Formed
	• Colour: choose one
	  ○ Yellow = Y
	  ○ Brown = B
	  ○ Green = G
	• Other
		Other: Write in the finding noted
		• Flatus
		• Pasty
		• Hard
		Colour:
		  ○ Clay
		  ○ Black
		  ○ Bloody

Urinary Output (if applicable)	If not applicable, then check the N/A box.
	Urine Characteristics: choose all that apply
	• Clear
	• Concentrated
	• Mucous shreds
	Colour: choose one
	  ○ Pale yellow = PY
	  ○ Yellow = Y
	• Other
		Other: Write in the finding noted
		• Cloudy
		• Clots
		• Sediment
		• Malodourous (foul smelling)
		• Colour
		  ○ Amber
		  ○ Orange
		  ○ Pink
		  ○ Red

Pain w pouch change	On a scale of 0 – 10, the patient's indication of the level of their pain.	
Documentation of Care Provided		
Change done as per Management Plan	Use a √ to indicate care provided was done as per the Management Plan	
See Narrative Notes for concerns	Use a √ to indicate a concern and/or care provided was different from the current Management Plan; provide rationale for change in care.	
If concerns noted, refer to NSWOC	Use a √ to indicate that a referral has been submitted to the NSWOC	
Initials (paper version only)	Write in first/last initial of name	

Established Ostomy Management Plan

To be developed at the first assessment and updated whenever there is a change in the ostomy condition.

Referrals	
Health Care Professional (HCP)	For each HCP, write in date of when referral was done and add signature.

Management Plan		
Title	Write in if plan is for ostomy or mucous fistula	
Identify level of care resident requires	Choose one: • Self Care • Partial Assistance • Full Care	
See NSWOC Note as of date	Write in date	
Pouch Change Frequency	Write in how often pouch is to be changed, (e.g., daily, Mon-Thurs)	
Full Assessment due	Write in date of next assessment, (e.g., to be done with next RIA assessment)	
Supplies	Choose one: • Health Authority Ordering System • Pharmacy/Retail Store; write in the name of the supplier Choose supplies being used and if enter vendor name/order number is known • Flange • Pouch • Barrier Ring • Adhesive Remover • Ostomy Belt • Urine Collection System • Other	
Date Initiated/Nurse Signature (paper version only)	Write in date management plan was initiated and signature	
Date Changed/Nurse Signature (paper version only)	Write date management plan was changed and signature	