First Nations Health Authority — Health through wellness | fraserhealth — Better health. Best in health care. | Interior Health | island health | northern health — the northern way of caring | Provincial Health Services Authority | Vancouver CoastalHealth | Providence Health Care | Yukon

Client Name:

ESTABLISHED OSTOMY
ASSESSMENT FLOWSHEET & MANAGEMENT PLAN
Community Care

Established: at least 8 weeks post-surgery.
Please fill out ONE form per Ostomy or Mucous Fistula.

OSTOMY ASSESSMENT - ON ADMISSION

(to be reassessed if change in ostomy condition)

Year of Surgery: ____________________

Ostomy Type: ☐ Ileostomy ☐ Colostomy ☐ Urostomy ☐ Mucous Fistula ☐ Other _______

Ostomy Construction: ☐ End ☐ Loop ☐ Double Barrel

Stoma Shape/Size: ☐ Round (mm) ______ ☐ Oval_________(L x W in mm)

Stoma Os: ☐ Centered ☐ Off-centered ☐ Tilted

Stoma Height: ☐ Raised ☐ Flush ☐ Retracted ☐ Prolapsed greater than 2cm

Date: _____________ **Signature**: ______________________________

O = Ostomy MF = Mucous Fistula

Notes:

OSTOMY ASSESSMENT – ONGOING

Legend: Blank Space **=** Not Assessed (as per agency) ✓**=** Assessed/Completed **NN =** See Narrative Notes **N/A** = Not Applicable

Assessment to be done with pouch change	**Year**											
	Month/Day											
	Time											
Pouching System Change (clock: Head, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, Toe)	Routine											
	Leakage use clock to indicate where											
Stoma Appearance	Pink/red & moist											
	Other											
Peristomal Skin	Intact											
	Erythema											
Excoriated (**E**) Superficial skin loss	Indurated											
Denuded (**D**): Partial thickness skin loss	**E**xcoriated / **D**enuded											
	Macerated											
MARSI = Medical Adhesive Related Skin Injury	MARSI											
	Bruised											
	Wound											
	Rash											
	Other											
Bowel Output N/A ☐ **Characteristics**	Ostomy producing? **Y/N**											
Chart all output on In/Out Flow Sheet (if required).	Watery/Mushy											
Colour Legend:	Semi-formed											
Yellow = Y	Formed											
Green = G	Hard											
Clay = C / Black= Bk	Colour (see legend)											
Bloody = Bd	Other											

ESTABLISHED OSTOMY ASSESSMENT FLOWSHEET & MANAGEMENT PLAN Community Care

Client Name: ____________________

DOB: ____________________

PHN: ____________________

OR ADDRESSOGRAPH/LABEL

Urine Output N/A ☐ **Characteristics** Chart amount on In/Out FlowSheet (if required) Colour Legend: Pale Yellow =PY Yellow = Y Amber = A Orange = O Pink = P Red = R	Clear											
	Concentrated											
	Mucous Shreds											
	Cloudy											
	Clots											
	Sediment											
	Malodourous (foul smelling)											
	Colour (see legend)											
	Other											
Pain (with pouch change)	On scale of 0-10 out of 10	/	/	/	/	/	/	/	/	/	/	/
Change done as per Management Plan												
See NSWOC Notes												
See Narrative Notes for concerns												
If Other noted, refer to NSWOC												
Initials												

REFERRALS

NSWOC Date: Signature:	**Dietitian** Date: Signature:
Occupational Therapy Date: Signature:	**Social Work** Date: Signature:

MANAGEMENT PLAN for ____________________ (indicate Ostomy or Mucous Fistula)

☐ **Self-Care** ☐ **Partial Assistance** ☐ **Full Care**

Supplies (add Vendor Name/Order Number if known)

☐ Health Authority Ordering System

☐ Pharmacy/Retail Store____________________

☐ Flange____________________

☐ Pouch ____________________

☐ Barrier Ring ____________________

☐ Adhesive Remover ____________________

☐ Ostomy Belt____________________

☐ Urine Collection System: ☐ Leg Bag ☐ 2L Bag ☐ Bottle

☐ Other:

Pouch Change Schedule____________ **See NSWOC Note as of date** __________

Date: **Signature:**