	Better health. Best in health ca	h are. Ii	nterior Health	island heal	lth n	iorthern heal	th	· · · · ·					
Provincial Services A	Health Vancou authority Coast	uver Antical Health	Provid	e nce care	Yukor	n							
	POS1 ASSESSM		STOMY	т									
Post-Op: 8 weeks	post-surgery.												
Please fill out ONE	E form per Oste	omy or				DOOL							
			Informatio	SURGI n is availat				Record					
Date of Surgery:									O =	Ostomy;	MF = Mu	cous Fist	ula
Type of Surgery											41	-	
Surgical Plan:										C.A	2.5		
-	Temporary		Ro Dotormino		nknown					100			
_			De Delemine		IIKIIOWII						1		
Ostomy Type:		.	—	_		0.1					1		
		J Urosto	my 📋 Muc	ous Fistu	iia ∐ (Other			Notes:				
Ostomy Construct	ion:												
	on 🗌 End	🗌 La	oop 🗌 Do	uble Barro	el								
Date:		Signatu	re:										
				OSTO	MY AS	SESSI	MENT						
Legend: Blank Space	e = Not Assessed	l (as per a	agency) 🗸	Assessed	d/Comple	ted N	N = See N	larrative N	lotes	N/A = Not	Applicabl	le	
Full Assessment to be o	done with each	Year	Month/Day										
Full Assessment to be o pouch change. Partial Assessment to b once/shift as per Manag	e done at least	Year	Month/Day Time										
pouch change. Partial Assessment to b once/shift as per Manag Pouching	pe done at least gement Plan. Not Needed A	Assessmer	Time										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System	e done at least gement Plan. Not Needed A the clear pouch of Needed	Assessmer	Time										
pouch change. Partial Assessment to b once/shift as per Manag Pouching	e done at least gement Plan. Not Needed A the clear pouch of	Assessmer f an intact Head	Time nt done through pouching system										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System	be done at least gement Plan. Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage	Assessmer f an intact Head	Time nt done through pouching system Routine										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System Change	Not Needed A the clear pouch of Verdeal, if leakage, use clock to show where leakage occurred	Assessmer f an intact Head	Time t done through pouching system Routine Teaching Leakage										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System Change Stoma Shape &	e done at least gement Plan. Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage occurred Round (measur	Assessmer f an intact Head	Time nt done through pouching system Routine Teaching Leakage r in mm)										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System	Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage occurred Round (measure Oval (measure L	Assessmer f an intact Head Toe Toe	Time nt done through pouching system Routine Teaching Leakage r in mm)										
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pouch change. Partial Assessment to b once/shift as per Manag Pouching System Change Stoma Shape & Size Chose one Device Insitu Stoma Appearance * Use percentage (%) to describe appearance - total to add to 100%	be done at least gement Plan. Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage occurred Round (measure L Not Applicable Rod/Bridge Stents (chart the Moist Edematous Red/pink* Dusky* Purple/marood Slough* Necrotic* Other* Centered Off-centered Tilted Skin level Raised	Assessmer f an intact Head Toe re diametel LxW in mm e e number)	Time Time nt done through pouching system Routine Teaching Leakage r in mm) h)										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System Change Stoma Shape & Size Chose one Device Insitu Stoma Appearance * Use percentage (%) to describe appearance - total to add to 100%	be done at least gement Plan. Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage occurred Round (measure Oval (measure L Not Applicable Rod/Bridge Stents (chart th Moist Edematous Red/pink* Dusky* Purple/maroon Slough* Necrotic* Other* Centered Off-centered Tilted Skin level Raised Flush	Assessmer f an intact Head Toe re diametel LxW in mm e e number)	Time Time nt done through pouching system Routine Teaching Leakage r in mm) h)										
pouch change. Partial Assessment to b once/shift as per Manag Pouching System Change Stoma Shape & Size Chose one Device Insitu Stoma Appearance * Use percentage (%) to describe appearance - total to add to 100%	be done at least gement Plan. Not Needed A the clear pouch of Needed √ rationale; if leakage, use clock to show where leakage occurred Round (measure L Not Applicable Rod/Bridge Stents (chart the Moist Edematous Red/pink* Dusky* Purple/marood Slough* Necrotic* Other* Centered Off-centered Tilted Skin level Raised	Assessmer f an intact Head """"""""""""""""""""""""""""""""""""	Time Time nt done through pouching system Routine Teaching Leakage r in mm) N Y/N Y/N										

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First Nations Health Authority Health through wellness	fraserhealth Befer health. Best in health care.	Interior Health	island health	northern health	- 0° - 11	
The Provi	incial Health cces Authority CoastalHe POST-O ASSESSMEN	P OSTOMY	CARE	kon		
	eks post-surgery. ONE form per Ostomy	/ or Mucous Fist	ula.			

Year	Month/Day								
	Time								
Mucocutaneous	Intact								
Junction	Separated (if separated, describe):								
Head	Separation #1								
11000	Depth (cm)								
د د ()و	Location ((X o'clock - X o'clock)								
8 7 6 5 4	Separation #2								
Toes	Depth (cm)		1	1	1	1			
Use clock face to indicate location of separation.	Location (X o'clock - X o'clock)								
	Granuloma								
Peristomal Skin	Intact								
Head	Erythema (reddened)								
10 12 1 2	Indurated (firm to touch)								
9()3	Excoriated/Denuded		1	1	1	1			
7 6 5	Macerated								
Toes	MARSI								
Use clock face to indicate location of concerns.	Bruised	<u> </u>							
Excoriated/Denuded – superficial	Wound	<u> </u>							
loss of tissue	Rash		<u> </u>	<u> </u>	<u> </u>				
MARSI = Medical Adhesive Related Skin Injury	Other								
Bowel Output N/A	Ostomy producing? Y/N								
•	Flatus								
Chart all output on In/Out Flow	Mucous								
Sheet (if required). Ileostomy output greater than 1500 ml = High	Watery								
Output									
	Mushy								
Colour Legend: Brown = Br	Pasty Compi formeral								
Yellow = Y	Semi-formed								
Green = G	Formed								
Clay = C Black= Bk	Hard	 							
Bloody = Bd	Other								
	Stool Colour (see legend)								
Urine Output N/A 🗌	Clear	 							
Chart all output on the In/Out Flow	Concentrated								
Sheet (if required).	Mucous Shreds								
Colour Legend:	Cloudy								
Pale Yellow =PY Yellow = Y	Clots Sediment								
Amber = A	Malodourous (foul smelling)								
Orange = O	Other								
Pink = P Red = R	Urine Colour (see legend)								
Pain with pouch change	On a scale of 0 -10								
	Management Plan (see plan)								
See Narrative Notes for concerns									
	See NSWOC Notes								1
	INITIALS								