

Pre- & Post-Op Ostomy Assessment, Patient Teaching & Transition of Care Documentation Guide

This provincial document guides the documentation process; electronic health record or paper, of a NSWOC pre-op and post-op ostomy assessment.

Type & Frequency of Assessment			
Care Setting	Surgical Phase	Assessment	Time of Assessment
Acute Care	Pre-Op	Patient Teaching	Done in preparation for abdominal surgery with a planned or potential outcome of an ostomy (ileostomy, colostomy and/or urostomy).
		Stoma Marking	
		Hernia Assessment Pre-op	
	Post-Op	Hernia Assessment Post-op	Done following the surgery and prior to discharge.
		Transition of Care	Done in preparation for transitioning the patient to home (community or long-term care).

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 <i>The 'question'.</i>	Frequently Used Findings (Provincial Nursing Ostomy Committee standard) <i>A possible 'answer' for the parameter.</i>	Additional Findings (Provincial Nursing Ostomy Committee standard) <i>May be used in some documentation systems or used to describe findings when 'other' is chosen.</i>
	Patient accompanied by: Enter free text Patient's preferred language: Enter free text Translator present: Check appropriate box <ul style="list-style-type: none"> • Yes • No • NA 	
	If only stoma marking section of assessment done, check box and provide reason (free text) <ul style="list-style-type: none"> • Stoma Marking Only • Reason: Hernia risk noted: Check appropriate box <ul style="list-style-type: none"> • Yes • No Communication to OR team done: Check appropriate box: <ul style="list-style-type: none"> • Yes • N/A 	

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Surgery	<p>Diagnosis: Enter free text</p> <p>Surgeon: Enter free text</p> <p>OR Date: Use YYYYMMDD format</p> <p>Ostomy: Check appropriate box to indicate pre-surgical strategy for ostomy:</p> <ul style="list-style-type: none"> • Potential • Emergent • Planned <p>Anticipated Surgical Procedure: Enter free text</p> <p>Anticipated Outcome: Check appropriate box</p> <ul style="list-style-type: none"> • Permanent • Temporary • Unknown 	
Medical/Surgical History related to ostomy surgery	<p>Medical history: Enter free text</p> <p>Previous surgical history: Enter free text</p>	
Self Care Assessment	<p>Occupation: Enter free text</p> <p>Support Person: Enter name and relationship</p> <p>Patient has concerns with the following: Check all that apply</p> <ul style="list-style-type: none"> • NA • Cognition • Mental health • Hand dexterity • Mobility • Hearing • Seeing • Other concerns: enter free text 	
Living Amenities	<p>Check all that apply:</p> <ul style="list-style-type: none"> • Housing/Shelter • Electricity • Running water • Phone • Internet • Means of transportation 	
Pre-Op Patient Teaching	<p>Check one as needed:</p> <ul style="list-style-type: none"> • Patient declined • Partial info provided only <p>Patient/family's understanding of the diagnosis and why surgery is needed: Enter free text</p>	
Pre-Op Patient Teaching – Surgical Procedure	<p>Check what teaching was done:</p> <ul style="list-style-type: none"> • Stoma appearance • Stent (urostomy only) • Loop with/without rod • Rectal discharge if applicable 	
Pre-Op Patient Teaching - Diet	<p>Check which type of diet teaching:</p> <ul style="list-style-type: none"> • Urostomy • Colostomy • Ileostomy <p>Check for which periods:</p> <ul style="list-style-type: none"> • Week 1 to 6 post-surgery • 7 weeks and greater 	

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Pre-Op Patient Teaching – Diet cont.	For Ileostomy: Check teaching done <ul style="list-style-type: none"> • Dehydration • Food blockage 	
Pre-Op Patient Teaching - Pouching Systems:	If applicable to the patient, Check all that apply: <ul style="list-style-type: none"> • Components (1-pce and/or 2pce) • Accessories • Pouch application demonstration • Characteristics of effluent over time • Frequency of pouch emptying • How to empty the pouch, check appropriate box: <ul style="list-style-type: none"> ○ Fecal ○ Urine • Cleansing urocare bottles/drainage bags 	
Pre-Op Patient Teaching – ADLs	Check all that apply: <ul style="list-style-type: none"> • Strategies for odour control • Clothing • Showering/swimming • Sexual function • Exercises following abdominal surgery 	
Pre-Op Patient Teaching – Ostomy Education Resources provided	Check all that apply: <ul style="list-style-type: none"> • Video • Booklet • Other: Enter free text Comment: Enter free text	
Pre-Op Patient Teaching – Insurance Coverage	Unknown at this time: Check box if appropriate PharmaCare coverage: Check appropriate box <ul style="list-style-type: none"> • Fair PharmaCare • Plan B (LTC) • Plan W (FN) Extended Health Benefits: Check appropriate box <ul style="list-style-type: none"> • Yes • No 	
Stoma Marking	Chose appropriate purpose for marking: <ul style="list-style-type: none"> • New ostomy • Re-siting Potential site(s) assessed in the following positions: <ul style="list-style-type: none"> • Supine • Standing • Sitting • Bending • Other: Enter free text • Wheelchair bound: chose if appropriate Marked stoma location(s): Chose location <ul style="list-style-type: none"> • RUQ • LUQ • RLQ • LLQ • Other _____ Indicate the following: <ul style="list-style-type: none"> • Within rectus muscle • Within person's visual field • Away from scars/creases/folds 	

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Stoma Marking cont.	<ul style="list-style-type: none"> Belt Line: <ul style="list-style-type: none"> On Above Below <p>Mark an 'X' on the abdomen where ostomy site(s) is marked.</p>  <p>Concerns/Comments/Special Considerations: Enter free text.</p>	
Pre-Op Hernia Assessment	<p>Based on assessment findings below, indicate patient's level of risk:</p> <ul style="list-style-type: none"> At risk No risk <p>Existing hernia : Check appropriate box</p> <ul style="list-style-type: none"> Yes If yes, type: Enter free text No <p>Hx of any hernia repair</p> <p>Age: Check appropriate box</p> <ul style="list-style-type: none"> Greater than 70 Between 5-15 <p>Malnutrition noted: Check appropriate box</p> <ul style="list-style-type: none"> Yes No Unknown <p>BMI greater than 30:</p> <ul style="list-style-type: none"> Yes If yes: BMI: Enter free text No <p>Girth greater than 100cm:</p> <ul style="list-style-type: none"> Yes If yes, Enter measurement in cm No <p>Health concerns: Check appropriate box(es)</p> <ul style="list-style-type: none"> Diabetes Advanced cancer Liver damage Chronic constipation Smoking Abdominal Aortic Aneurysm <p>Occupational, lifestyle or ADL risk of lifting 4.5kgs or greater: Check appropriate box</p> <ul style="list-style-type: none"> Yes If Yes, what is the risk: Enter free text No <p>Medications: Check appropriate box</p> <ul style="list-style-type: none"> Steroids Chemo 	
Signature (paper version only)	Date: Use YYYYMMDD format Signature: Enter free text	

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Post-Op Hernia Assessemnt	<p>Type of colostomy: Check appropriate box</p> <ul style="list-style-type: none"> • Ascending • Transverse • Descending • Sigmoid <p>Procedure: Check appropriate box</p> <ul style="list-style-type: none"> • Loop • End <p>Emergency surgery: Check appropriate box</p> <ul style="list-style-type: none"> • Yes • No <p>Stoma outside rectus abdominis muscle: Check appropriate box</p> <ul style="list-style-type: none"> • Yes • No <p>Fascial trephine aperture: Check appropriate box</p> <ul style="list-style-type: none"> • 25-33mm • Greater than 34mm <p>Post-op wound infection: Check appropriate box</p> <ul style="list-style-type: none"> • Yes • No <p>Patient at risk for hernia development (pre & post pre surgery risk factors): Check appropriate box</p> <ul style="list-style-type: none"> • Yes • No <p>Patient teaching done: Check box if applicable</p> <p>Comments: Enter free text</p>	
Signature (paper version only)	<p>Date: Use YYYYMMDD format</p> <p>Signature: Enter free text</p>	
Transition of Care	<p>Ostomy Supplies required: Enter free text for each of the following as needed</p> <ul style="list-style-type: none"> • Flange • Pouch • Accessories <p>Delivery time of pharmacy/supply store selected by patient: Enter number of days or weeks</p> <p>Hospital supply needed: Chose appropriate box</p> <ul style="list-style-type: none"> • Yes • No <p>Vendor discharge program information provided: Check if appropriate</p> <ul style="list-style-type: none"> • Yes <p>Receiving NSWOC notified: Check if done</p> <ul style="list-style-type: none"> • Yes • Site: Enter NSWOC's site 	
Signature (paper version only)	<p>Date: Use YYYYMMDD format</p> <p>Signature: Enter free text</p>	