

Ostomy Assessment:

Patient Name: _____

DOB: _____

MRN: _____

Diagnosis: _____

Surgeon: _____

Surgery Date: _____

Allergy Alert: _____

Previous Ostomy experience/care skills: ___Y ___N

Self-care barriers:

Psychological barriers: ___Y ___N

___ Emotional Instability

___ Body Image

If yes, describe: _____

Physical barriers: ___Y ___N

___ Vision Impairment

___ Hearing Impairment

___ Motor Impairment ___ Fine ___ Gross ___ Paraplegic ___ Other

If yes, describe: _____

Cognitive barriers: ___Y ___N

___ Language

___ Impaired Mental Status

If yes, describe: _____

Pre-op Marking: ___Y ___N

Photo consent obtained: ___Y ___N

Stoma Location:

___ Lower Right

___ Upper Right

___ Central

___ Upper Left

___ Lower Left

Surgery Procedure:

APR
 LAR
 STC
 TPC
 SBR
 Hartmann's
 IPAA Stage 1 Stage 2
 Small Bowel Transplant
 Other

 Temporary Permanent

Type of Diversion: New Established Revision

Ileostomy
Colostomy: Ascending, Transverse, Sigmoid
Kock Pouch
Ileal Conduit
Mucous Fistula

End Loop
 +Rod -Rod Rod Removal Date:
 +Stents x - Stents
 +Catheter -Catheter

Stoma Tissue Assessment: Post-op Follow-up

Color:
 Bright Red /Moist/Viable
 Dark Red
 Pink
 Sloughing
 Necrotic
Comment: _____

Stoma Size: _____ x _____

Round
 Oval
 Irregular

Stoma Height:

Flush
 Retracted
 Budded
 Edematous
 Prolapse

GI Stoma Function: ___ Yes ___ No

Output:

- ___ Sero-Sanguenous
- ___ Sanguenous
- ___ +Flatus ___ - Flatus
- ___ Bilious
- ___ Liquid
- ___ Pasty
- ___ Formed ___ Soft ___ Firm
- ___ None

GU Stoma Function: ___ Yes ___ No

Output:

- ___ Yellow
- ___ Amber
- ___ Pink
- ___ Purple
- ___ Clots
- ___ Odor
- ___ Mucous

GI/GU Complications:

Fistulas:

- ___ Enterocutaneous
- ___ Colocutaneous
- ___ Vesicocutaneous
- ___ Other

Volume:

- ___ Low-output: <150ml/24hrs
- ___ Small to Medium: 150-500ml/24hrs
- ___ High output: >500m/24hrs

Specify: _____

Peristomal skin:

- ___ Intact
- ___ Irritant Dermatitis
- ___ Allergic Contact Dermatitis
- ___ Candidiasis
- ___ Caput Medusae
- ___ Folliculitis
- ___ Mechanical Trauma
- ___ Mucosal Transplantation
- ___ Pyoderma Gangrenosum
- ___ Hyperplasia
- ___ Radiation Trauma
- ___ Allergies

Intervention: _____

Other:

Abdominal Defects: ___Y ___N

Treatment Specify: _____

Intervention: _____

Stoma Complications:

___ Excessive Bleeding

___ Ischemia

___ Abscess

___ Necrosis

___ Prolapse

___ Hernia

___ Retraction

___ Stenosis

___ Mucosal Separation

___ Melanosis Coli

___ Laceration

___ Other

Intervention: _____

Pouch System Recommended: ___ One-Piece ___ Two-Piece ___ Custom

Flat:

___ Pre-cut

___ Cut-to fit

Convexity: ___ Shallow ___ Deep ___ Flexible ___ Creative Convexity

___ Pre-cut

___ Cut to Fit

Flange Order #: _____

Pouch Features: ___ Transparent ___ Opaque

Flange:

___ Floating

___ Locking

___ Snap on

___ Adhesive

Pouch:

___ Drainable

___ Closed End

12" 10" 9" 7"

___ High output

___ Spouted

Gas Management

___ Integrated Filters

___ Add on vents

___ No Filter

Pouch Order #: _____

Accessory Products

- Adhesive Seals
- Adhesive Remover Wipes
- Barrier Wafer
- Barrier Wipes
- Deodorizer
- Liquid Adhesive
- Paste
- Powder
- Strip
- Support Belt
- Tape

Brand/manufacturer

- Hollister
- Coloplast
- ConvaTec
- Marlen
- Nu-Hope
- Cymed/Microskin

Referrals

- Nutritionist
- Social Worker
- Outpatient Ostomy Clinic
- Support Group