











Community Care Established Ostomy Documentation Guide

This provincial document guides the documentation process; electronic health record or paper, for the client who is receiving Community Care services for an issue with 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
Community Care	• On admission • When the pouching system is changed	
	Whenever there is a change in ostomy condition	as per management plan.

Assessment Parameters to be Completed as per the Type of Assessment		
Assessment Parameters	Full Assessment	Partial Assessment
Year of Surgery	٧	
Ostomy Type	V	
Ostomy Construction	V	
Stoma Shape/Size	V	
Stoma Os	V	
Stoma Height	V	
Pouching System Change	V	V
Stoma Appearance	V	V
Peristomal Skin	V	V
Bowel Output (if applicable)	V	V
Urinary Output (if applicable	٧	V
Pain w pouch change	√	V

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:	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:	
Stoma Height Date & Signature	Choose one: Raised Flush Retracted Prolapsed (greater than 2cm) 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









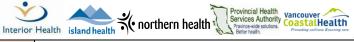




Assessment Parameter The 'question'.	Frequently Used Findings (Provincial Nursing Ostomy Committee standard) A possible 'answer' for the parameter.	Additional Findings (Provincial Nursing Ostomy Committee standard) May be used in some documentation systems, or used to describe findings when 'other" is chosen
Peristomal Skin	Choose one: • Intact	used to describe findings when 'other" is chosen. Other: write in one of the following • Ulceration
	Erythema	• Rash – Fungal
	• Indurated	Rash – Contact Dermatitis
	Excoriated/Denuded	Rash – Folliculitis
	Macerated	Rash – Allergy
	MARSI Device d	Psuedoverrucous Lesion Addispress to a sign
	Bruised Manual	Malignant Lesion Paristance Paristance
	Wound Deals	Peristomal Psoriasis Produces Congress
	• Rash	Pyoderma Gangrenosum Canut Madusas
Barral Ordana (if analisable)	• Other	Caput Medusae Othory Write in the finding pated.
Bowel Output (if applicable)	If not applicable, then check the N/A box.	Other: Write in the finding noted
	Ostomy producing: choose one	• Flatus
	• Yes	• Pasty
	• No	
	Stool Characteristics: choose one	
	Watery/Mushy	
	• Semi-formed	
	• Formed	
	• Hard	
	Colour: choose one	
	o Yellow = Y	
	o Brown = B	
	o Green = G	
	o Clay	
	o Black	
	o Bloody	
	• Other	
Urinary Output (if applicable)	If not applicable, then check the N/A box.	
	Urine Characteristics: choose all that apply	
	• Clear	
	Concentrated	
	Mucous shreds	
	• Cloudy	
	• Clots	
	Sediment	
	Malodourous (foul smelling)	
	Colour: choose one	
	o Pale yellow = PY	
	o Yellow = Y	
	o Cloudy	
	o Clots	
	o Sediment	
	Other	
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	Use a V to indicate care provided was done as	per the Management Plan.
Management Plan		
See NSWOC Notes	NSWOC to use V to indicate that a note has be	en written
See INSWOC NUCES	14344OC to use v to muicate that a note has be	CII WIILLEII.
See Narrative Notes for	Use a V to indicate a concern and/or care prov	
concerns	Management Plan; provide rationale for chang	ge in care.
	management ran, provide rationale for change in care.	













If Other noted, refer to NSWOC	Use a V 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	Choose one:
requires	• Self Care
	Partial Assistance
	• Full Care
Pouch Change Schedule	Write in how often pouch is to be
	changed, (e.g., daily, Mon-Thurs).
See NSWOC Note as of date	Write in date.
Supplies	Choose one:
	Health Authority Ordering System
	Pharmacy/Retail Store; write in the
	name of the supplier
	Choose supplies being used and enter
	vendor name/order number if known
	• Flange
	• Pouch
	Barrier Ring
	Adhesive Remover
	Ostomy Belt
	Urine Collection System
	• Other
Date/Signature (paper version only)	Write in date management plan was
Date, Signature (paper version only)	initiated/changed and signature.
	minuted/enanged and signature.