



Health through wellness

Better health. Best in health care

Interior Health

island health

northern health

Client Name:



Provincial Health Services Authority

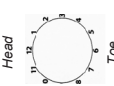
Vancouver Coastal Health

Providence Health Care
How you want to be treated.

Yukon

ESTABLISHED OSTOMY ASSESSMENT FLOWSHEET Community Home Support

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

OSTOMY ASSESSMENT									
Please fill out ONE form per Ostomy and/or Mucous Fistula									
Legend: Blank Space = Not Assessed (as per agency)			✓ = Assessed/Completed			NN = See Narrative Notes		N/A = Not Applicable	
Stoma Assessment to be done by nursing as per management plan	Year	Month/Day	Time						
Pouching System Change  Not intact: reddened, rash, wound etc. If wound, see Wound Assessment & Treatment Flow Sheet.	Routine								
	Leakage (chart dock numbers, (e.g., 5-7))								
Stoma Assessment (Shape, Size, Appearance & Height) (see Management Plan for baseline)	Peristomal Skin	Intact							
	Same as baseline	Not intact							
Change from baseline									
Note: Bowel & urine output is to be recorded as per Health Authority/Facility process									
Change done as per Management Plan									
Leakage/peristomal skin concerns, nurse/NSWOC notified									
See Narrative Notes for "Other", (e.g., leakage, pain)									
Management Plan modified by nurse									
INITIALS									



ESTABLISHED OSTOMY ASSESSMENT FLOW SHEET Community Home Support

Client Name: _____

DOB: _____

PHN: _____

OR ADDRESSOGRAPH/LABEL Year: _____

OSTOMY ASSESSMENT

Legend: Blank Space = Not Assessed (as per agency)

✓ = Assessed/Completed

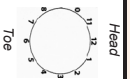
NN = See Narrative Notes

N/A = Not Applicable

Stoma Assessment to be done by nursing as per management plan

Year	Month/Day																	
	Time																	

Pouching System Change



Not intact: reddened, rash, wound etc.
If wound, see Wound Assessment & Treatment Flow Sheet.

Stoma Assessment (Shape, Size, Appearance & Height)
(see Management Plan for baseline)

Routine	Leakage (chart clock numbers, (e.g., 5-7))	Peristomal Skin		Change from baseline														
		Intact	Not intact															
Same as baseline																		
Change from baseline																		

Note: Bowel & urine output is to be recorded as per Health Authority/Facility process

Change done as per Management Plan																		
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