

Community Home Support Established Ostomy Documentation Guide

This provincial document guides the documentation process, electronic health record or paper, for the client who is receiving home support for an established ostomy or mucous fistula:

- Established ostomy assessment (see below).
- Established ostomy baseline full assessment and management plan (see page 2).

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 Charted on Assessment Flow Sheet & Management Plan	Partial Assessment
Community Care	<ul style="list-style-type: none"> • On admission. • As per Management Plan (scheduled). 	<ul style="list-style-type: none"> • With each pouching change.

Assessment Parameters to be Completed as per the Type of Assessment		
Assessment Parameters	Full Assessment	Partial Assessment
Ostomy Type	√	
Pouching System Change	√	√
Stoma Shape	√	
Stoma Size	√	
Stoma Appearance	√	
Stoma Height	√	
Peristomal Skin	√	√
Hernia Present	√	
Other Concerns	√	
Photo Done	√	

A **parameter** is a ‘question’ used to ensure a comprehensive assessment.

The table on the next pages lists the **assessment findings, terms used as an ‘answer’ for a parameter**. It lists both frequently used terms, as well as, other terms which may be listed on the documentation form/screen or could 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 Flowsheet		
Assessment Parameter <i>The 'question'.</i>	Frequently Used Findings <i>(Provincial Nursing Ostomy Committee standard) A possible 'answer' for the parameter.</i>	Additional Findings <i>(Provincial Nursing Ostomy Committee standard) May be used in some documentation systems, or used to describe findings when 'other' is chosen.</i>
Pouching System Change	Choose one: <ul style="list-style-type: none"> • Routine • Leakage For leakage, use clock to describe where the leakage occurred, (e.g., 2-5 o'clock).	
Peristomal Skin	Choose one: <ul style="list-style-type: none"> • Intact • Non-intact 	
Note: Bowel & urine output is to be recorded as per Health Authority/Facility process		

Documentation of Care Provided	
Change done as per Management Plan	Use a V to indicate care provided as per the Management Plan.
Leakage/peristomal skin concerns, nurse/NSWOC notified	Use a V to indicate concerns noted and nurse/NSWOC was notified.
See Narrative Notes for "Other", (e.g., leakage, pain)	Use a V to direct the reader to the Narrative Notes for further information.
Management Plan modified by nurse	Use a V to indicate Management Plan was modified.
Initials (paper version only)	Write in first/last initial of name.

Assessment Findings for the Parameters Baseline Full Assessment/ Management Plan/		
Assessment Parameter <i>The 'question'.</i>	Frequently Used Findings <i>(Provincial Nursing Ostomy Committee standard) A possible 'answer' for the parameter.</i>	Additional Findings <i>(Provincial Nursing Ostomy Committee standard) May be used in some documentation systems, or used to describe findings when 'other' is chosen.</i>
Ostomy Type	Choose one: <ul style="list-style-type: none"> • Ileostomy • Colostomy • Urostomy • Mucous Fistula Use the image of the abdomen to indicate where the ostomy 'O' and/or mucous fistula "MF" is located.	
Stoma Shape & Size	Choose one: <ul style="list-style-type: none"> • Round • Oval 	
Stoma Size	Free text: <ul style="list-style-type: none"> • Round in mm • Oval LxW in mm 	
Stoma Appearance	Choose all that apply: <ul style="list-style-type: none"> • Pink/red & moist • Other 	Other: write in one of the following <ul style="list-style-type: none"> • Edematous • Purple/maroon • Slough • Necrotic • Other • Dusky • Stenosed • Trauma

Assessment Parameter <i>The 'question'.</i>	Frequently Used Findings <i>(Provincial Nursing Ostomy Committee standard) A possible 'answer' for the parameter.</i>	Additional Findings <i>(Provincial Nursing Ostomy Committee standard) May be used in some documentation systems, or used to describe findings when 'other' is chosen.</i>
Stoma Height	Choose one: <ul style="list-style-type: none"> • Above skin level • At skin level • Below skin level • Prolapsed (greater than 2cm) 	
Hernia Present	Choose one: <ul style="list-style-type: none"> • Yes • No 	
Other Concerns	Free text	
Photo Taken:	Choose one: <ul style="list-style-type: none"> • Yes • No 	
Date & Signature (paper version only)	Write in date and signature	

Established Ostomy Management Plan

To be developed following the initial pouching system change and assessment. The plan is updated, as needed, with each subsequent Full Assessment.

Management Plan		
Title	Write in if plan is for ostomy or mucous fistula	
Identify level of care client requires	Choose one: <ul style="list-style-type: none"> • Self Care • Partial Assistance • Full Care 	
See NSWOC Note as of date	Write in date	
Pouch Change Frequency	Write in how often pouch is to be changed, (e.g., daily, Monday & Thursday)	
Full Assessment due	Write in date of next assessment, (e.g., to be done with next RIA assessment)	
Supplies	Choose one: <ul style="list-style-type: none"> • Health Authority Ordering System • Pharmacy/Retail Store; write in the name of the supplier <p>Choose supplies being used and if enter vendor name/order number is known</p> <ul style="list-style-type: none"> • Flange • Pouch • Barrier Ring • Adhesive Remover • Ostomy Belt • Urine Collection System • Other 	
Date Initiated/Nurse Signature (paper version only)	Write in date management plan was initiated and signature	
Date Changed/Nurse Signature (paper version only)	Write date management plan was changed and signature	