




**ESTABLISHED OSTOMY  
MANAGEMENT PLAN  
Community Home Support**

Client Name: \_\_\_\_\_

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

FULL ASSESSMENT (Baseline)		REFERRAL/DATE
<p>Mark location O = Ostomy MF = Mucous Fistula</p> 	<p>Ostomy Type: <input type="checkbox"/> Ileostomy <input type="checkbox"/> Colostomy <input type="checkbox"/> Urostomy <input type="checkbox"/> Mucous Fistula <input type="checkbox"/> Other _____</p> <p>Stoma Shape: <input type="checkbox"/> Round <input type="checkbox"/> Oval <b>Size:</b> _____mm</p> <p>Stoma Appearance: <input type="checkbox"/> Pink/red &amp; Moist <input type="checkbox"/> Other: _____</p> <p>Stoma Height: <input type="checkbox"/> Above skin level <input type="checkbox"/> At skin level <input type="checkbox"/> Below skin level <input type="checkbox"/> Prolapse greater than 2cm</p> <p>Peristomal Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Not Intact <b>Hernia Present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Concerns: _____ <b>Photo Done:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date: _____ <b>Signature</b> _____</p>	<p><input type="checkbox"/> NSWOC _____</p> <p><input type="checkbox"/> Dietitian _____</p> <p><input type="checkbox"/> Social Worker _____</p> <p><input type="checkbox"/> Other: _____</p>

**MANAGEMENT PLAN** for \_\_\_\_\_ (Indicate Ostomy or Mucous Fistula)

Self-Care  Partial Assistance  Full Care

**Supplies** add Vendor Name/Order Number (if known)

Health Authority Ordering System

Pharmacy/Retail Store \_\_\_\_\_

Flange \_\_\_\_\_

Pouch \_\_\_\_\_

Barrier Ring: \_\_\_\_\_

Adhesive Remover \_\_\_\_\_

Ostomy Belt \_\_\_\_\_

Urine Collection System  Leg Bag  2L Bag  Bottle

Other: \_\_\_\_\_

**See NSWOC Note as of date** \_\_\_\_\_ **Pouch Change Schedule** \_\_\_\_\_ **Full Assessment due** \_\_\_\_\_

**Date Initiated** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date Changed** \_\_\_\_\_ **Signature** \_\_\_\_\_



**ESTABLISHED OSTOMY  
MANAGEMENT PLAN  
Community Home Support**

Client Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 OR ADDRESSOGRAPH/LABEL Year: \_\_\_\_\_

**FULL ASSESSMENT (Baseline)**

	<p><b>Mark location O = Ostomy MF = Mucous Fistula</b></p> <p><b>Ostomy Type:</b> <input type="checkbox"/> Ileostomy <input type="checkbox"/> Colostomy <input type="checkbox"/> Urostomy <input type="checkbox"/> Mucous Fistula <input type="checkbox"/> Other _____</p> <p><b>Stoma Shape:</b> <input type="checkbox"/> Round <input type="checkbox"/> Oval <b>Size:</b> _____ mm</p> <p><b>Stoma Appearance:</b> <input type="checkbox"/> Pink/red &amp; Moist <input type="checkbox"/> Other: _____</p> <p><b>Stoma Height:</b> <input type="checkbox"/> Above skin level <input type="checkbox"/> At skin level <input type="checkbox"/> Below skin level <input type="checkbox"/> Prolapse greater than 2cm</p> <p><b>Peristomal Skin:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Not Intact <b>Hernia Present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Other Concerns:</b> _____ <b>Photo Done:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date _____ Signature _____</p>	<p><b>REFERRAL/DATE</b></p> <p><input type="checkbox"/> NSWOC _____</p> <p><input type="checkbox"/> Dietitian _____</p> <p><input type="checkbox"/> Social Worker _____</p> <p><input type="checkbox"/> Other: _____</p>
--	---	--

**MANAGEMENT PLAN**

for \_\_\_\_\_ (Indicate Ostomy or Mucous Fistula)

Self-Care  Partial Assistance  Full Care

**Supplies add Vendor Name/Order Number (if known)**

Health Authority Ordering System

Pharmacy/Retail Store \_\_\_\_\_

Flange \_\_\_\_\_

Pouch \_\_\_\_\_

Barrier Ring: \_\_\_\_\_

Adhesive Remover \_\_\_\_\_

Ostomy Belt \_\_\_\_\_

Urine Collection System  Leg Bag  2L Bag  Bottle

Other: \_\_\_\_\_

**See NSWOC Note as of date \_\_\_\_\_ Pouch Change Schedule \_\_\_\_\_ Full Assessment due \_\_\_\_\_**

**Date Initiated** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date Initiated** \_\_\_\_\_ **Signature** \_\_\_\_\_