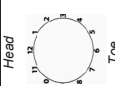




Client Name: _____

ESTABLISHED OSTOMY ASSESSMENT FLOWSHEET Long Term Care

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))				
	Peristomal Skin	Intact			
	Same as baseline	Not intact			
Stoma Assessment (Shape, Size, Appearance & Height) (see Management Plan for baseline)	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 Long Term Care

Client Name: _____

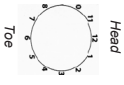
DOB: _____

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.	Routine	Leakage (chart clock numbers, (e.g., 5-7))													
		Peristomal Skin	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																			
Leakage/peristomal skin concerns, Nurse/NSWOC notified																			
See Narrative Notes for "Other", (e.g., leakage, pain)																			
Management Plan modified by nurse																			
INITIALS																			