

## Long Term Care Established Ostomy Documentation Guide

This provincial document guides the documentation process, electronic health record or paper, for the resident in a long term care setting with 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
Long Term Care	<ul style="list-style-type: none"> <li>• On admission.</li> <li>• As per Management Plan (scheduled).</li> </ul>	<ul style="list-style-type: none"> <li>• With each pouching change.</li> </ul>

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 Ostomy Assessment Flowsheet		
Assessment Parameter <i>The 'question'.</i>	Frequently Used Findings (Provincial Nursing Ostomy Committee standard) <i>A possible 'answer' for the parameter.</i>	Additional Findings (Provincial Nursing Ostomy Committee standard) <i>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"> <li>• Routine</li> <li>• Leakage</li> </ul> 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"> <li>• Intact</li> <li>• Non-intact</li> </ul>	
Stoma Assessment (Shape, Size, Appearance, Height)	To be done by Nursing as per Management Plan Choose one: <ul style="list-style-type: none"> <li>• Same as Baseline</li> <li>• Change from Baseline</li> </ul>	
<b>Note: Bowel &amp; urine output is to be recorded as per Health Authority/Facility process</b>		

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 (Provincial Nursing Ostomy Committee standard) <i>A possible 'answer' for the parameter.</i>	Additional Findings (Provincial Nursing Ostomy Committee standard) <i>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"> <li>• Ileostomy</li> <li>• Colostomy</li> <li>• Urostomy</li> <li>• Mucous Fistula</li> </ul> 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"> <li>• Round</li> <li>• Oval</li> </ul>	
Stoma Size	Free text: <ul style="list-style-type: none"> <li>• Round in mm</li> <li>• Oval LxW in mm</li> </ul>	
Stoma Appearance	Choose all that apply: <ul style="list-style-type: none"> <li>• Pink/red &amp; moist</li> <li>• Other</li> </ul>	Other: write in one of the following <ul style="list-style-type: none"> <li>• Edematous</li> <li>• Purple/maroon</li> <li>• Slough</li> <li>• Necrosis</li> </ul>

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

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

<b>Date Initiated/Nurse Signature</b> (paper version only)	Write in date management plan was initiated and signature	
<b>Date Changed/Nurse Signature</b> (paper version only)	Write date management plan was changed and signature	