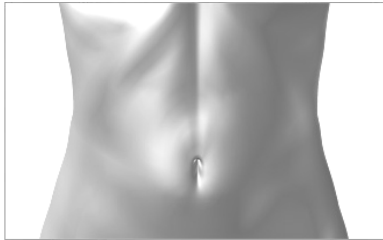



## POST-OP OSTOMY ASSESSMENT FLOWSHEET


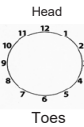
**Post-Op: 8 weeks post-surgery.  
Please fill out ONE form per Ostomy or Mucous Fistula.**

SURGICAL PROCEDURE	
Information is available on the Operating Room Record	
<p><b>Date of Surgery:</b> _____</p> <p><b>Type of Surgery</b> _____</p> <p><b>Surgical Plan:</b></p> <p><input type="checkbox"/> Permanent    <input type="checkbox"/> Temporary    <input type="checkbox"/> To Be Determined    <input type="checkbox"/> Unknown</p> <p><b>Ostomy Type:</b></p> <p><input type="checkbox"/> Ileostomy    <input type="checkbox"/> Colostomy    <input type="checkbox"/> Urostomy    <input type="checkbox"/> Mucous Fistula    <input type="checkbox"/> Other _____</p> <p><b>Ostomy Construction:</b></p> <p><input type="checkbox"/> New    <input type="checkbox"/> Revision    <input type="checkbox"/> End    <input type="checkbox"/> Loop    <input type="checkbox"/> Double Barrel</p> <p><b>Date:</b> _____ <b>Signature:</b> _____</p>	<p style="text-align: center;"><b>O = Ostomy; MF = Mucous Fistula</b></p> <div style="text-align: center;">  </div> <p><b>Notes:</b></p>

OSTOMY ASSESSMENT											
<b>Legend: Blank Space = Not Assessed (as per agency)    ✓ = Assessed/Completed    NN = See Narrative Notes    N/A = Not Applicable</b>											
<p><b>Full Assessment to be done with each pouch change.</b> <b>Partial Assessment to be done at least once/shift as per Management Plan.</b></p>	<b>Year</b>	<b>Month/Day</b>									
		<b>Time</b>									
<b>Pouching System Change</b>	<p><b>Not Needed</b> Assessment done through the clear pouch of an <b>intact</b> pouching system</p> <p><b>Needed</b> ✓ rationale; if leakage, use clock to show where leakage occurred</p>		<p style="text-align: center;">  </p>	<p>Routine</p> <p>Teaching</p> <p>Leakage</p>							
<b>Stoma Shape &amp; Size</b> Chose one	<p>Round (measure diameter in mm)</p> <p>Oval (measure LxW in mm)</p>										
<b>Device Insitu</b>	<p>Not Applicable</p> <p>Rod/Bridge</p> <p>Stents (chart the number)</p>										
<b>Stoma Appearance</b>	<p>Moist <span style="float: right;"><b>Y/N</b></span></p> <p>Edematous <span style="float: right;"><b>Y/N</b></span></p> <p>Red/pink*</p> <p>Dusky*</p> <p>Purple/maroon*</p> <p>Slough*</p> <p>Necrotic*</p> <p>Other*</p>										
* Use percentage (%) to describe appearance - total to add to 100%											
<b>Stoma Os</b> (opening)	<p>Centered</p> <p>Off-centered</p> <p>Tilted</p> <p>Skin level</p>										
<b>Stoma Height</b>	<p>Raised</p> <p>Flush</p> <p>Retracted</p> <p>Prolapsed (greater than 2cm)</p>										
<b>INITIALS</b>											

## POST-OP OSTOMY ASSESSMENT FLOWSHEET

Post-Op: 8 weeks post-surgery.  
Please fill out ONE form per Ostomy or Mucous Fistula.

Year	Month/Day													
	Time													
<b>Mucocutaneous Junction</b>  Head Toes Use clock face to indicate location of separation.	Intact													
	Separated (if separated, describe):													
	Separation #1													
	Depth (cm)													
	Location ((X o'clock - X o'clock)													
	Separation #2													
	Depth (cm)													
	Location (X o'clock - X o'clock)													
Granuloma														
<b>Peristomal Skin</b>  Head Toes Use clock face to indicate location of concerns. Excoriated/Denuded – superficial loss of tissue MARSIs = Medical Adhesive Related Skin Injury	Intact													
	Erythema (reddened)													
	Indurated (firm to touch)													
	Excoriated/Denuded													
	Macerated													
	MARSIs													
	Bruised													
	Wound													
	Rash													
	Other													
<b>Bowel Output N/A <input type="checkbox"/></b> Chart all output on In/Out Flow Sheet (if required). Ileostomy output greater than 1500 ml = High Output  Colour Legend: Brown = Br Yellow = Y Green = G Clay = C Black= Bk Bloody = Bd	Ostomy producing? Y/N													
	Flatus													
	Mucous													
	Watery													
	Mushy													
	Pasty													
	Semi-formed													
	Formed													
	Hard													
	Other													
	Stool Colour (see legend)													
<b>Urine Output N/A <input type="checkbox"/></b> Chart all output on the In/Out Flow Sheet (if required).  Colour Legend: Pale Yellow =PY Yellow = Y Amber = A Orange = O Pink = P Red = R	Clear													
	Concentrated													
	Mucous Shreds													
	Cloudy													
	Clots													
	Sediment													
	Malodourous (foul smelling)													
	Other													
	Urine Colour (see legend)													
<b>Pain</b> with pouch change On a scale of 0 -10		/	/	/	/	/	/	/	/	/	/	/	/	/
	Change done as per Management Plan (see plan)													
	See Narrative Notes for concerns													
	See NSWOC Notes													
<b>INITIALS</b>														