

POST-OP OSTOMY TEACHING RECORD

OSTOMY TEACHING RECORD

Ostomy care to be done at home by: Patient Family _____ Caregiver _____

Comments:

Resources: (write in name of resources e.g. Vendor-related)
 Booklets, Videos, Tip Sheets, etc.
 Ostomy Visitor Offered: Accepted Declined Not Available

Skills

Who is the learner: Patient Family Caregiver

Skills Legend for Action: O = Observed Nurse P = Participated w Nurse NP = Needs Practice I = Independent

Year:	Date								
	Time								
* For discharge, must to be able to empty pouch. If Community follow-up not readily available, must be able to remove/reapply pouching system as per Management Plan		Action	Action	Action	Action	Action	Action	Action	Action
Viewed the stoma									
*Emptying pouch: opening/closing drainable pouch (if applicable)									
*Emptying pouch: removing/replacing closed pouch (if applicable)									
Removing/applying 1-piece pouch system (if applicable)									
Removing/applying 2-piece pouch system (if applicable)									
Cleansing the peristomal skin									
Measuring the stoma									
Cutting the flange									
Applying ostomy accessories as per Management Plan									
Attaching secondary urine drainage system (urostomy only)									
Measuring output (ileostomy only)									
Other									
See Narrative Note									
Nurse's Initials									

Knowledge

* For discharge, patient/family needs to this knowledge	Discussed ✓	With Whom	Date Done	Date Reinforced
Identify and manage peri-stomal skin concerns				
*Maintain fluid balance/prevent dehydration				
Diet modifications				
Ileostomy only – managing high output				
Ileostomy only – managing an obstruction				
Prevention of a parastomal hernia (lifting, exercise)				
Sexual Health				
Lifestyle modifications				
Ostomy Benefit Programs (/Pharmacare, Disability Tax Credit)				
*Order supplies (see BC or Yukon Ostomy Suppliers List)				
*When/how to call for NSWOC/Ostomy Support				
*Follow-up appointment with Surgeon, GP/NP, NSWOC				
See Narrative Note				
Nurse's Initials				

Ready for Discharge: NSWOC Signature	Date
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Skills									
Who is the learner: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver									
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Ready for Discharge: NSWOC Signature	Date
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