

# Caring for a Person with an Ostomy

A guide for home care in Alberta with a focus on Indigenous health.

This Professional Guide is focused on caring for a person with an ostomy in the community setting. It addresses psychosocial and lifestyle issues, recognition of possible complications, discussion of interventions and identification of resources available to health-care providers and patients and their families.

This guide is based on a commitment to provide support to patients through their entire community to help them adapt to and self-manage their condition in the face of social, physical and emotional challenges. It is a model based on the premise that cultural sensitivity in personalized care delivery and self-management is an essential element of high-quality health care, as the beliefs, values, traditions and biases on the part of health systems, care providers, patients, families and communities can all influence care.

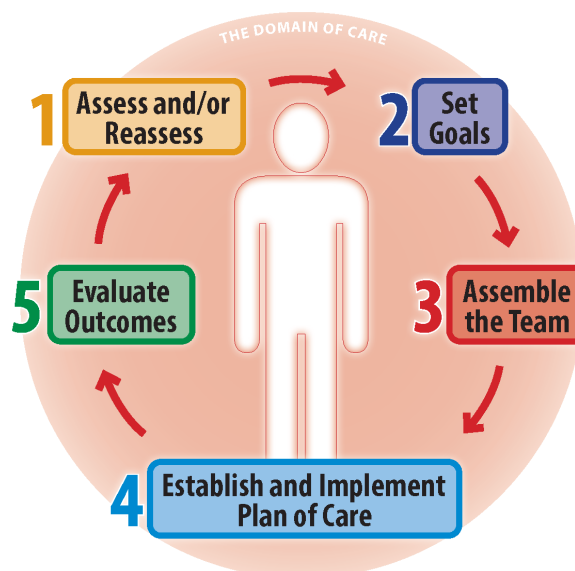
This document uses the Wounds Canada Wound Prevention and Management Cycle (WPMC)<sup>1</sup> (Figure 1) as the basis for clinical decision making. For clinicians, this document is meant as a cue for treatment; it provides non-inclusive examples listed below each recommendation. For policy makers, it highlights (in bold, italicized text) actions and policies that support best practice.

For more information on content or tools related to a particular recommendation, click on the links provided.

## Introduction

An ostomy is an artificial opening created into an organ resulting in a condition such as a colostomy, ileostomy, urostomy, tracheostomy or gastrostomy. This life-changing condition has implications for various aspects of a person's quality of life and their ability to work and engage in community activities. Living with an ostomy may lead to changes in physical, emotional and spiritual wellbeing, and it will require lifestyle adjustments and support from a collaborative health team.<sup>2</sup> Ostomy care and peristomal skin management as well as management of co-existing conditions (like arthritis or mental health issues) are important factors to address to ensure a healthy stoma and prevent peristomal skin complications. Providing ostomy education and developing self-care strategies with patients and families are needed so they can identify signs and symptoms of complications and seek assistance and timely support.<sup>3</sup> Health-care providers need ostomy-related knowledge, skills and judgement so they can offer the most effective care.

**Figure 1:** The Wound Prevention and Management Cycle<sup>1</sup>



## Step 1: Assess and/or Reassess

Assessment must occur to determine the causes and factors that may impact an ostomy and peristomal skin and goals of care. Patient assessment includes history and current physical, mental and social health status; environmental factors and system factors. If, after the WPMC has been completed, goals of care have not been fully met, reassessment must take place, followed by the rest of the recommendations in the WPMC.

**Assessment tools need to be available and in use in all care settings, supported by staff education and policy.**

### 1.1 Select and use validate patient assessment tools.

Utilize evidence-based tools to assess the patient's overall health status, their ostomy and surrounding skin. Include in the assessment relevant caregivers and family members who support the patient in their care setting. The RNAO<sup>2</sup> provides a detailed [ostomy assessment tool](#) (pages 81–83). As well, see Appendix 1: Sample Ostomy and Peristomal Assessment Form (adapted for use in the home and community settings) on page 11.

### 1.2 Identify risk and causative factors that may impact skin integrity and wound healing.

Complete a holistic patient assessment to identify factors that may affect or may be affecting the patient's general health, ostomy or skin status.

#### 1.2.1 Patient: Physical, emotional and lifestyle

##### Physical

A physical assessment should include a focused ostomy and peristomal skin assessment. When wounds and drains are present, complete an assessment focused on wound care. Helpful links to assessment policies and procedures include:

- Alberta Health Services/Covenant Health: [Local Wound Assessment](#)
- Alberta Health Services/Covenant Health: [Wound Infection](#)
- Alberta Health Services/Covenant Health: [Comprehensive Patient Assessment](#)
- Wounds Canada: [Foundations of Best Practice for Skin and Wound Management: Best Practice Recommendations for the Prevention and Management of Wounds](#), pages 11–27.

##### Emotional and Lifestyle Assessment

Living with an ostomy will affect the person's quality of life and their initial ability to participate in home, work and community activities. It is therefore important to screen for risk of anxiety and depression and offer culturally relevant services, social worker support and spiritual care as appropriate to help the individual adapt.<sup>2,3</sup> Take time to understand any employment (e.g., seatbelts, work belts) or home life concerns and discuss them with a clinician specializing in ostomy care for advice and to procure devices to protect the stoma.

#### 1.2.2 Environmental: Socio-economic, care setting and potential for self-management

- Assess available funding for preventative skin care and pouching systems. Cost of [ostomy supplies](#) and reimbursement may be an issue if not covered by insurance.
- Provide culturally sensitive care that creates an environment of trust building.
- Conduct a self-management assessment to identify the patient's strengths.
- Engage family to identify strengths and ability to support the patient in a way that will not cause additional burden to the patient and family.

### 1.2.3 Systems: Health-care support and communication

Support from all levels of the health-care system is imperative for the management of an ostomy and peristomal skin. It is important to assess access to funding, availability of services and products, levels of service delivery personnel and co-ordination of care.

Communication and plans of care need to be established as well as plans for the patient when assessment reveals the ostomy has changed or a complication arises. Listening to the patient's preferences and needs is a key for providing holistic care. Communication with clinicians specialized in ostomy care is important particularly when peristomal skin issues, stomal separation or issues related to ill-fitting appliances arise. Communication with a registered dietitian is necessary for assessing and troubleshooting dietary concerns if the person is not managing intake and ostomy effluent/gas issues effectively. As well, regular communication with the surgeon and primary care provider are essential. There may be times when the patient needs to be re-admitted to the hospital for care. This may be due to fluid and electrolyte depletion (dehydration), signs and symptoms of primary or secondary infection (skin infection, sepsis), inability to control ostomy output and manage skin protection/damage, malnourishment and pain that is not well managed.

### 1.3 Complete a wound assessment, if applicable.

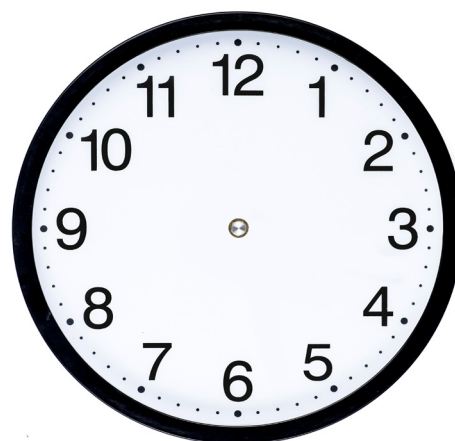
Complete a wound assessment, including drains (if present), to identify factors that may affect skin and wound healing. If the patient has undergone surgery or a surgical event is being planned, identify factors that may affect surgical wound healing in the pre-operative, intra-operative, and post-operative phases. See [Foundations of Best Practice for Skin and Wound Management: Best Practice Recommendations for the Prevention and Management of Surgical Wound Complications](#) for more on surgical wounds.

#### 1.3.1 Complete a stoma and peristomal skin assessment

Assessment of the stoma includes: colour, height, tissue, mucocutaneous junction, condition of the peristomal skin and identification of any devices *in situ*.<sup>2</sup> Using a clock like the one in Figure 2, draw and document all findings.

Helpful resources:

- Alberta Health Services/Covenant Health: [Moisture-Associated Skin Damage](#)
- Wounds Canada: [Foundations of Best Practice for Skin and Wound Management: Best Practice Recommendations for the Prevention and Management of Moisture-associated Skin Damage](#)
- Registered Nurses' Association of Ontario: [Supporting Adults Who Anticipate or Live with an Ostomy](#), pages 101–14



**Figure 2:** Example of a Clock for Documenting Findings

An assessment must also be completed to identify the supplies being utilized such as: the pouching system, skin barrier, pouch type, powder, filter for odour, sealant, adhesive remover, ostomy belt, hernia belt, deodorant, or stoma protection device and to determine if they are appropriate for the patient. This information will be essential for creating and implementing a care plan.<sup>4</sup>

Some 20–71% of persons with an ostomy experience stoma-related complications, the most common being ostomy leakage and peristomal skin problems. Peristomal skin complications affect one third of persons with a colostomy and two thirds of persons with a urostomy or ileostomy.

A common complication is a parastomal hernia, which occurs when one or more loops of the bowel protrude through the abdominal muscle, creating a bulge around the peristomal skin. Living with a parastomal hernia has been associated with impairments in quality of life, stressors related to body image, fatigue and the physical burden of the hernia.<sup>2</sup> Other complications include a prolapsed stoma, where the bowel telescopes outward through the stoma,<sup>2</sup> and a mucocutaneous separation, where the skin around the stoma separates from the stoma edge. In this latter case, the ulcer is treated as a wound before the barrier is re-applied. See Appendix 2: Selected Examples of Ostomy-related Complications on page 16 for more information.

## Step 2: Set Goals

### 2.1 Set goals for prevention, healing, non-healing and non-healable wounds.

Prevention of complications should be a primary focus for goal setting and should be related to keeping peristomal skin healthy, nutritional support and prevention of infection and other complications.

Knowing that patients with any type of ostomy will face intrinsic and extrinsic barriers to healing, clinicians should always recognize the opportunity to promote healing and self-care through goal setting.

#### 2.1.1 Identify goals based on prevention or healability of wounds.

Prevention goals might include:

- Team, including mental health and wellness services, proactively addresses prevention issues.
- Infection prevention and control activities are implemented. See [Alberta Health Services/Covenant Health: Infection Prevention and Control](#) for more information (sign in required).
- A plan for daily care of peristomal skin, using appropriate cleansing, protecting and moisturizing products to prevent skin complications is implemented.
- A nutrition consult is arranged.
- A professional fit and function test is done to ensure the ostomy does not incur trauma.

If the ostomy junction (wound and drain sites, if present) have sufficient vascular supply, the underlying causes are corrected and health is optimized for healing, goals might include:

- Mental health and wellness strategies are maximized.
- Peristomal skin recovers in 10–14 days.
- Stoma effluent is managed by the patient/family in 7 days.
- Pain is managed.

For non-healable wounds (wounds that have no ability to heal due to untreatable causes such as terminal disease or end-of-life status), goals might include:

- Mental health and wellness strategies are maximized.
- Peristomal skin is clean and dry (intact).
- Risk of infection is controlled.
- Stoma that is becoming non-functioning continues to be managed.

### 2.1.2 Identify quality-of-life and symptom-control goals.

Ostomy education, interactive learning and health-care provider support need to be part of goal setting and care planning following the assessment of potential for self-management.

Goals might include:

- Patient receives training and is able implement self-management activities of a stoma.
- Patient and appropriate care provider discuss changes to body image, sexuality and sexual activity.
- Pain is controlled.
- Patient successfully implements and continues a nutrition and hydration plan.
- Patient knows how to access to funding.
- Patient knows when and has a list of whom to contact in case of complications.
- Social and work activities resume to previous levels.

Resources to assist in self-management for quality-of-life and symptom control goals include:

- Alberta Health Services: [Eating Well after Colostomy Surgery](#)
- MyHealth.Alberta.ca: [Bowel Disease: Caring for your Ostomy](#)
- Registered Nurses' Association of Ontario
  - [Getting Ready for Ostomy Surgery: A Fact Sheet for Adults](#)
  - [Caring for Your Ostomy](#)
- Ostomy Canada Society: [Ostomy 101](#)
- Nurses Specialized in Wound Ostomy and Continence Canada:
  - [A Guide to Living with a Colostomy](#)
  - [A Guide to Living with an Ileostomy](#)
  - [A Guide to Living with an Ileal Conduit](#)
- For patients with additional needs, children, youth, older adults with issues related to vision, wheelchair bound patients, pregnant individuals, and those with learning challenges see Registered Nurses' Association of Ontario: [Supporting Adults Who Anticipate or Live with an Ostomy](#).

## Step 3: Assemble the Team

*An integrated team is necessary for case management, to implement, adjust and sustain a plan to meet the patient-specific goals.* The team should include the relevant health-care professionals and other service providers as required as well as the patient, family and their support system.

### 3.1 Identify appropriate health-care professionals and service providers.

Health-care providers focused on ostomy, continence and wound care will be of support to the patient and family, to promote and support self-management, prevent complications and provide education for the patient, family and associated caregivers. For example, team members might include: Indigenous liaison; registered dietitian; physical therapist; occupational therapist; social worker; wound, ostomy, continence nurse; personal support worker; surgeon; primary care provider.

### 3.2 Enlist the patient and their family and care partners as part of the team.

Develop a therapeutic relationship with the patient and care partner to build trust. Ensure they have the knowledge they need to be able to contribute to team decision making. Assessment of the patient's and care partners' abilities is important to ensure success at managing ostomy care at home. For example, a team decision may need to be made about which pouching system is best suited for the patient based on their knowledge, self-management skills, activity level and employment type, among other things. The proper

selection between a simple versus complicated pouching system can determine the patient's success in achieving independent self-care of the ostomy.

To support planned ostomy and peristomal education, follow the Registered Nurses' Association of Ontario's *Ostomy Teaching Record*,<sup>2</sup> pages 113–15.

### 3.3 Ensure organizational and system support.

*Supporting an individual successfully requires proactive, risk-based interventions at a variety of levels: individual, organizational and cultural. To secure successful outcomes:*

- *Decision makers must establish, train and support an integrated team composed of interested, skilled and knowledgeable persons to address and monitor all elements related to adapting to life with an ostomy and the prevention and management of complications.*
- *Frontline care providers must communicate with decision makers through appropriate channels about the needs and concerns of their patients, as well as about workplace issues that may impact their ability to deliver best-practice-based care.*

## Step 4: Establish and Implement a Plan of Care

Ensure the team and care plan address the goals or revised goals and incorporate the patient's specific needs, factors relating to the ostomy management, skin protection, wound care (if present) and nutritional optimization, as well as the home environment and the system in which the care is being delivered.

### 4.1 Identify and implement a personalized, evidence-informed plan to correct the causes or co-factors that affect skin integrity, including patient needs (physical, emotional and social), the wound (if applicable) and environmental/system challenges.

It is essential for the health team to support the patient in adapting to body image changes while living with an ostomy. Offering psychosocial, mental health and wellness care is a priority. This will assist with managing the ostomy and promoting the health of the peristomal skin. Other elements to consider include:

- Ensuring the patient has supports in place to attend health-related appointments, including e-platform health appointments, when it is often necessary to have a family member and/or clinician present to maximize communication and to discuss re-assessment of goals of care.
- Addressing extrinsic factors that may impact healing (e.g., access to a computer for e-appointments; safe housing; potable water; funds for wound, skin and ostomy pouching supplies; and presence of social and emotional distress).
- Maximizing supports for all team members to achieve and maintain skin, wound and ostomy education to manage patient issues in the community setting.
- Addressing internal factors such as nutrition and hydration, infection risk and management of the ostomy and peristomal skin, all with the goal of promoting the health of the skin.

### 4.2 Optimize the local skin/ostomy environment.

The stoma is normally soft, warm, moist and pinkish-red in colour. The size of a stoma varies depending on the individual and the nature of the surgery. It may protrude slightly from the abdomen or be retracted. If the stoma is new, it usually shrinks in size and shape over the first six to eight weeks. Stitches, which are usually dissolvable, will be visible during this time. The peristomal skin should be intact, with no skin irritation present and no stomal separation.<sup>5</sup>

### 4.2.1 Cleansing

Cleanse the ostomy and peristomal skin with warm water. Avoid using creams and lotions on the skin around the stoma as they may prevent the pouching system from sticking and may irritate the skin. Hair on the skin around the stoma can be removed by trimming with scissors or electric clippers (not commercial hair removal products). Use of a razor may risk cutting the skin or stoma and cause skin irritation for some people. Discuss concerns with a clinician who specializes in ostomy care.<sup>5</sup>

#### Skin Care and Steps to Change the Pouching System

- Cleanse the skin around the stoma with warm water and a soft cloth; soap is not required. If you choose to use soap, choose a mild, unscented, non-oil-based soap. Showers are preferred over bathing.
- Rinse the skin well with warm water to remove soap residue. Pat the skin dry.
- Avoid the use of baby wipes as they may contain ingredients such as moisturizers that may interfere with the pouching system sticking.
- Use an adhesive remover to gently remove any residue, if required.
- Rinse the skin well with warm water to completely remove the adhesive remover, as residue from some removers may interfere with the pouching system sticking.
- After the skin is cleansed and dried, apply the new pouching system as directed by the care plan.<sup>5,6</sup>

### 4.2.2 Managing bacterial balance

- Employ good hand hygiene for all care activities.
- Promote hydration and correct medication use (e.g., antibiotics). Antibiotics may alter the balance of the normal skin bacteria, leading to skin irritation under the flange/pouch. Contact the ostomy care specialist with concerns.<sup>5</sup>
- Treat minor skin irritations to prevent further damage. Contact the ostomy care specialist for troubleshooting.

### 4.2.3 Managing moisture balance

If the presence of moisture leads to the barrier not adhering, contact the ostomy care specialist on your team to assist with plan of care adjustments and for the use of stoma rings, ostomy paste or barrier strips. For information on assessment and management of peristomal skin breakdown (images and topical treatment options) see pages 109–12 in the Registered Nurses' Association of Ontario document<sup>2</sup> [Supporting Adults Who Anticipate or Live with an Ostomy](#).

For more on clinical skills related to application see [Clinical Procedures for Safer Client Care](#).<sup>6</sup>

## 4.3 Select the appropriate dressing and/or advanced therapy.

For advanced therapy or complicated ostomy care, work closely with the ostomy care specialist on your team to assist with treatment options. If there is a wound present alongside the ostomy, work closely with the wound care professional on your team.

### 4.3.1 Select the appropriate ostomy system.

In collaboration with the ostomy care specialist select and fit the most appropriate ostomy system. As the patient's health strengthens (after surgery or a procedure) ostomy systems may need to be remeasured and refitted.

Generally, patients find the cleaning of the stoma to be the most time-consuming part of the change procedure and they often worry the stoma will be active while they are cleaning their skin. Patients may clean their stoma while in the shower. They may also initially find disposal of used ostomy systems challenging. Ensure the patient has sealed bags to support the disposal of used ostomy supplies in a way that has minimal effects on their social and leisure activities.

The management of the ostomy, especially odour or touching feces or urine, may take time for the patient to adapt to. Offer support and reassurance. Keep the planning and choice of ostomy system as straightforward as possible.

The choice of ostomy system—drainable, reusable versus closed-end disposable pouch—should always be based on the patient's needs, preferences and abilities. The wrong system could lead to them deferring changing a leaking pouch or avoiding cleaning the peristomal skin, which are risk factors for mild skin irritation that can quickly lead to severe dermatitis.<sup>2,3</sup>

#### 4.4 Engage the team to ensure consistent implementation of the plan of care.

Individuals within the circle of care must understand their roles and responsibilities in relation to each specific element of care as well as how they communicate with each other and work together. Engagement of patients in development and implementation of their ostomy care plan can effectively occur when they have been provided with adequate education and training and they have trust-filled relationships with the clinicians on their care team.

### Step 5: Evaluate the Outcomes

#### 5.1 Determine if the outcomes have met the goals of care.

The overall goal is to assist patients and their care partners in maximizing their self-management potential. Progress toward achieving all established goals must be monitored with the patient and then documented and communicated to the appropriate team members. Evaluation of the plan of care should be routine and ongoing to identify whether the plan is effective in meeting the goals.

#### 5.2 Reassess patient, wound, environment and system if goals are partially met or unmet.

When goals of care are partially met or unmet, go back to Step 1 of the Wound Prevention and Management Cycle. Reassessment needs to consider gaps in care or the patient's ability to adapt to their condition and engage in self-management. Inclusion of the team members is important in reassessment and exploration of modifiable factors as well as patient involvement and ability to support the care plan. Timely referrals may be necessary if complications develop.

#### 5.3 Ensure sustainability to support prevention and reduce risk of recurrence.

Identifying and managing the appropriate care for a patient living with an ostomy are crucial in preventing complications and promoting patient and family engagement. Some considerations include:

- Assessment of the needs of a person with an ostomy at regular intervals, based on a bundled approach to care, including reassessing psychosocial adjustment, mental health and wellness, spiritual care needs, hydration, food and fluid intake, prevention and control of infection, management of ostomy output and protection of peristomal skin



- Implementation of a consistent and structured ostomy change and peristomal skin care regimen, including education for patients, families and care partners for sustainability and reduction of complications
- Ongoing evaluation of patients, care partners and families so psychosocial and spiritual care concerns can be identified and appropriately addressed
- Assessment of the patient's environment to determine whether there are appropriate supplies and accessories to manage ostomy and peristomal care; there is capacity to participate in self-care; if the home is conducive to good hygiene practices, including prevention and control of infection; there is adequate knowledge of community resources that support the patient to remain at home

If risk factors for ostomy and peristomal skin complications are not fully assessed and managed, individuals, care partners and health-care systems will experience increased costs (due to infection and rehospitalization, for example). Often, the focus is on the hard cost of products versus the larger picture of cost-effective care.

## Additional Resources

The following resources provide additional information about ostomy management and clinics. In smaller centres, ostomy and wound care may be at the same clinic.

### Information

- Alberta Health Services: Skin, Wound Care and Ostomy

### Clinics

- Chinook Regional Hospital (Lethbridge)
- Drayton Valley Hospital (Grande Prairie)
- Drumheller Health Centre (Drumheller)
- Foothills Medical Centre (Calgary)
- Grey Nuns Community Center – Wound and Ostomy Clinic (Edmonton)
- Northern Alberta Continence Service Clinic (Edmonton)
- Olds Hospital and Care Centre (Olds)
- Peter Lougheed Centre (PLC) (Calgary)
- Royal Alexandra Hospital (Edmonton)
- Rockyview General Hospital (Calgary)
- Red Deer Bremner Ave Community Health Centre (Red Deer)
- South Health Campus (Calgary)

## References

1. Orsted HL, Keast DH, Forest-Lalande L, Kuhnke JL, O'Sullivan-Drombolis D, Jin S, et al. **Best practice recommendations for the prevention and management of wounds**. In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada; 2017.
2. Registered Nurses' Association of Ontario. International Affairs & Best Practice Guidelines. **Supporting Adults Who Anticipate or Live with an Ostomy**. 2nd ed. 2019. Available from: [https://rnao.ca/sites/rnao-ca/files/bpg/OSTOMY\\_FINAL\\_WEB\\_Updated\\_July\\_5.pdf](https://rnao.ca/sites/rnao-ca/files/bpg/OSTOMY_FINAL_WEB_Updated_July_5.pdf).
3. Registered Nurses' Association of Ontario. International Affairs & Best Practice Guidelines. **Ostomy Care and Management Clinical Best Practice Guidelines**. August 2009.

4. Hollister. *Ostomy Care*.
5. Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC). *A Guide to Living with Colostomy*. 2nd ed. 2022. (pp. 1–25).
6. Doyle GR, McCutcheon JA. *Clinical Procedures for Safer Client Care*. Available from: <https://opentextbc.ca/clinicalskills/chapter/10-6-ostomies>.

Funding for this resource provided by FNIHB ISC - Alberta Region.



Indigenous Services  
Canada

Services aux  
Autochtones Canada

## Appendix 1: Sample Ostomy and Peristomal Assessment Form

Primary Contacts: Wound/ostomy clinic: Ostomy nurse:		
Assess		Notes
Co-existing health conditions: List surgery type and date(s): List any relevant procedures and dates(s): List any upcoming diagnostic tests:		
Permanent stoma: yes/no/not sure		
Temporary stoma: If yes, describe plan to reverse or close stoma, including tentative date of surgery if known		
Identify type of ostomy (there may be more than one):		
• Colostomy (single stoma, loop or double-barrelled)		
• Ileostomy (single stoma, loop)		
• Urostomy		
• Mucous fistula		
• Other surgical drains or drain sites on abdomen; document on wound flow sheet		
• Wound(s): document on wound flow sheet		
Locate and document the position of the stoma. Note any bony prominences, skin folds that may affect pouching.		
Stoma		
Assessment	Specifics	Notes
Size and shape	Round (measure using stoma measuring guide)	
	Oval (measure length and width)	
	Other: Describe	
Colour	Red/pink (adequate blood supply)	
	Pale (low hemoglobin)	
	Dark red/purplish tint (indicates bruising)	
	Gray to black (ischemia – no blood supply)	
	Other: Describe	
Lumen (opening of stoma)	Centred or other	
Appearance	Healthy (shiny and moist)	
	Taut (edematous)	
	Lacerated (stoma has been cut or torn)	
	Granulomas (nodules on stoma)	

Stoma height (protrusion)	Normal elevation (1.5–2.5 cm)	
	Flush or level with skin	
	Retracted or below level of skin	
	Prolapsed (>5 cm in length) measure if needed	
Devices in place ( <i>in situ</i> )	Identify any rods or stents in place	
<b>Junction between the stoma and skin – mucocutaneous junction</b>		
Intact or separated	Sutures are present and intact around stoma	
	Skin is separated from the stoma at ____ o'clock	
	Dressings or products being used to treat, describe:	
<b>Peristomal skin</b>		
Colour	Healthy (no difference from adjacent skin surface)	
	Erythema (red)	
	Bruised (purplish to yellowish colour)	
Integrity	Intact (no breakdown in skin)	
	Rash, moist (an outbreak of lesions on the skin)	
	Macerated (white friable skin, too much moisture)	
	Erosion (superficial skin damage)	
	Ulceration (a wound through the dermis layer)	
	Dressing or product being used to treat	
	Other:	
Turgor	Normal (soft, good elasticity)	
	Flaccid (weak and flabby)	
	Firm (hard)	
Predisposing factors (e.g., eczema, psoriasis)	Known allergies: List Known sensitivities: Describe	
Other	Describe:	
<b>Complications</b>		
Parastomal, incisional or groin hernia	Describe location and treatment (e.g., hernia belt)	

Effluent or drainage from stoma		
Stool	Texture: <ul style="list-style-type: none"> <li>• Formed</li> <li>• Thick</li> <li>• Pasty</li> <li>• Loose (watery)</li> </ul>	
	Mucous draining from fistula (if present)	
	Passing flatus	
	Non-functioning (not passing flatus or stool)	
	Low output (<500 ml per 24 hours)	
	Normal output (750–1000 ml per 24 hours)	
	High output (>1500 ml per 24 hours)	
	Urine	Colour: <ul style="list-style-type: none"> <li>• Amber/straw-coloured</li> <li>• Pink-tinged</li> <li>• Red</li> </ul>
Clarity: <ul style="list-style-type: none"> <li>• Clear</li> <li>• Cloudy</li> <li>• Sediment (stringy material, mucous)</li> </ul>		
Odour: <ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Foul</li> </ul>		
No output		
Low output (<1200 ml per 24 hours)		
Normal output (1200–2500 ml per 24 hours)		
High output (>2500 ml per 24 hours)		
Stents: Describe number and length		
Other: such as sputum (trach), reflux (gastro)		

## Perception and engagement in care

Patient	Engages and asks questions	
	Can rate their confidence completing an ostomy change (1 = not confident, 10 = very confident)	
	Turns away with ostomy change	
	Has adapted to body image changes	
	Discusses concerns with care provider	
	Utilizes an ostomy application (tracking tool)	
Family, care partners	Engage, ask questions	
	Can rate their confidence completing or supporting patient in an ostomy change (1 = not confident, 10 = very confident)	
	Turn away with ostomy change	

## Ostomy appliance and supplies used

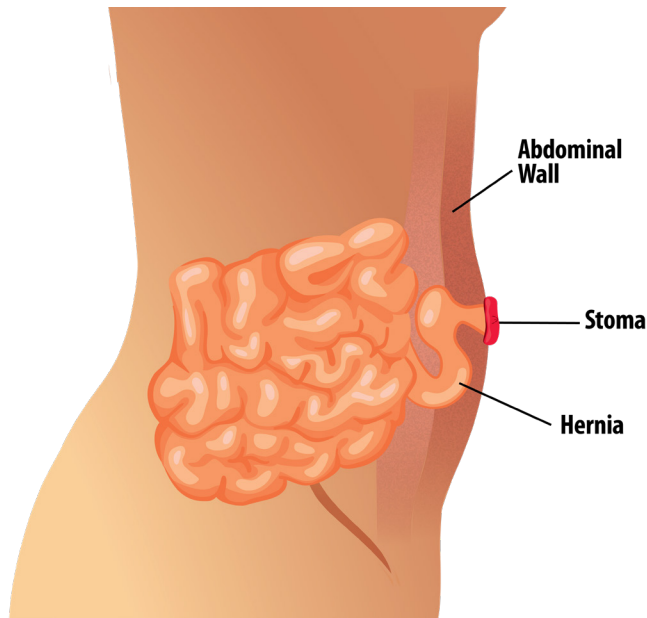
Type	Description of product and supplies/Order numbers
One-piece/two-piece (circle) <ul style="list-style-type: none"> <li>• Closed end, clip or Velcro pouch</li> <li>• Drain spout</li> <li>• Clear or opaque pouch</li> <li>• Cut-to-fit or pre-cut flange</li> <li>• Flat or convex</li> <li>• Odour control</li> </ul>	
Ostomy measurement tool	
Pencil or marker	
Adhesive (tape) remover	
Paste	
Ostomy strips	
Barrier seals	
Stoma powder	
Deodorant	
Stoma protection (firm cap may be related to employment)	
Belt for ostomy	
Ostomy scissors	
Waterproof pad	
Non-sterile gloves	
Soft cloths for cleansing/towels for privacy	
Leg bag and connectors (urine)	

<b>Ostomy appliance and supplies used</b>	
Overnight bag and connectors (urine)	
Hand-hygiene supplies	
Ostomy travel kit	
Other: (hernia belt) or describe	
Teaching materials from ostomy nurse	

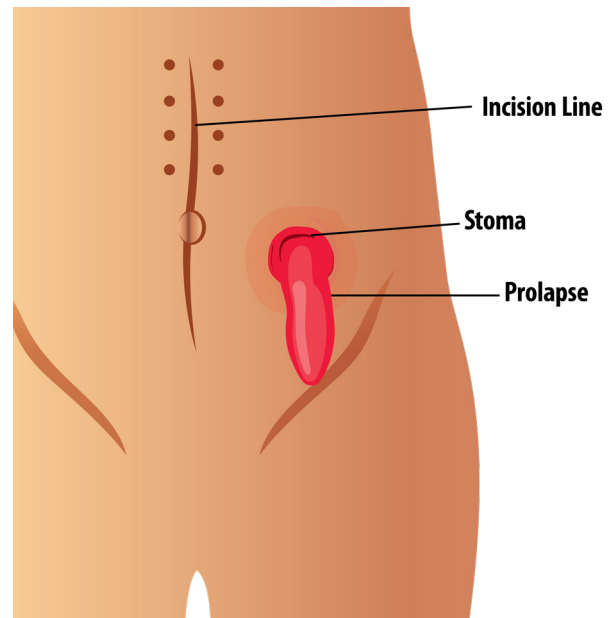
Adapted from the Registered Nurses' Association of Ontario<sup>2,3</sup>

## Appendix 2: Selected Examples of Ostomy-related Complications

### Parastomal Hernia



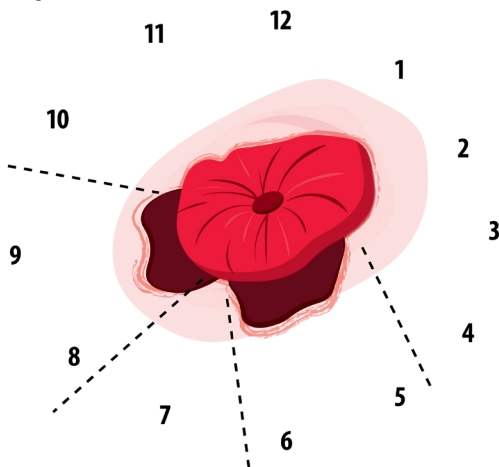
### Prolapse of Stoma



### Mucocutaneous Separation

Use the clock to document all findings. In this example, there are two separations between 8 and 9:30 and 4:30 and 6 (approximately).

#### Stoma with mucocutaneous separation (2 areas)



### Complex Care

Wound with periwound excoriation, drain site, and ostomy with pouch

