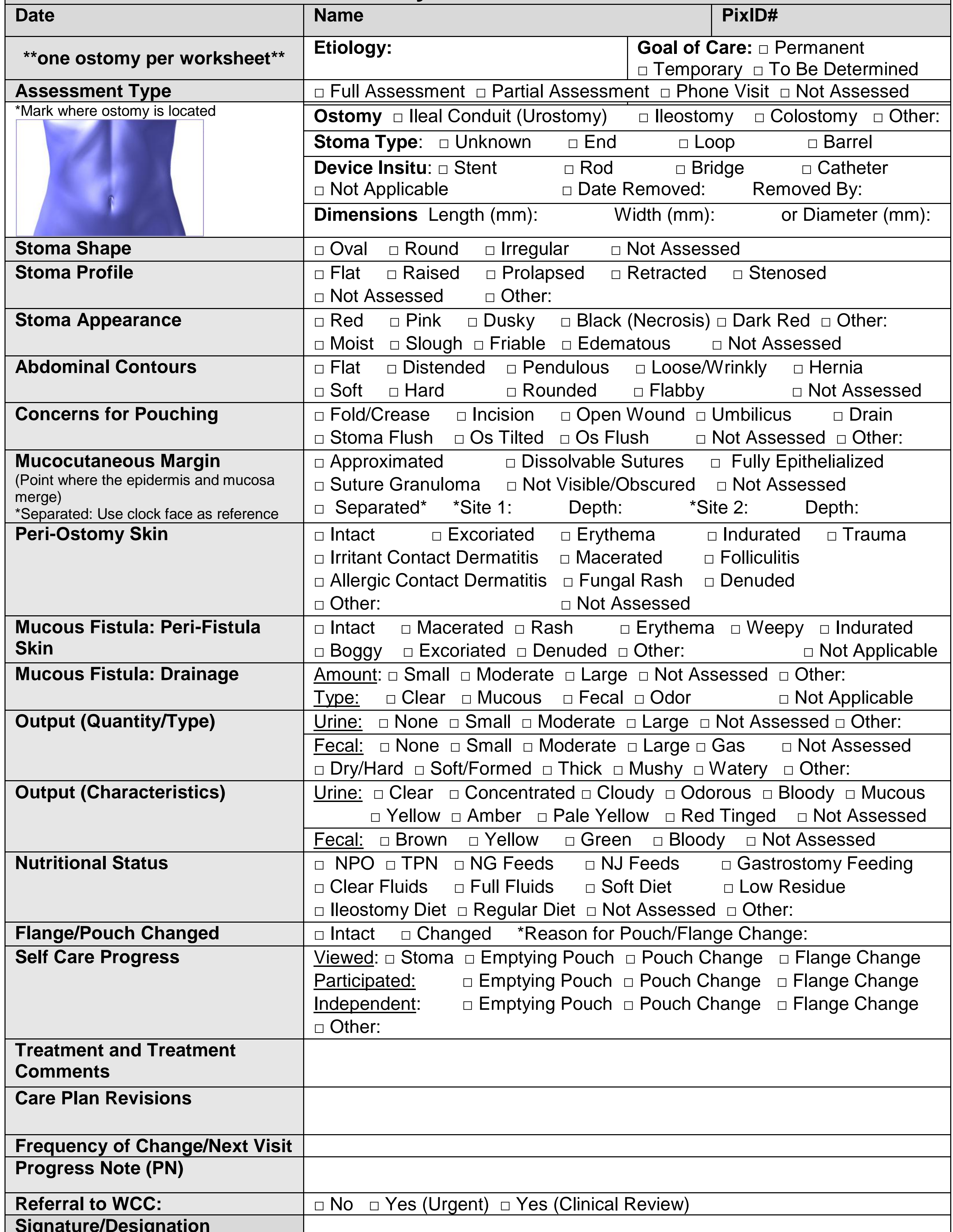
Pixalere Ostomy Assessment Worksheet



Date	Name	PixID#
one ostomy per worksheet	Etiology:	Goal of Care: □ Permanent □ Temporary □ To Be Determined

Field	Options
Assessment Type	□ Full Assessment □ Partial Assessment □ Phone Visit □ Not Assessed
*Mark where ostomy is located	**Ostomy** □ Ileal Conduit (Urostomy) □ Ileostomy □ Colostomy □ Other:
	Stoma Type: □ Unknown □ End □ Loop □ Barrel
	Device Insitu: □ Stent □ Rod □ Bridge □ Catheter □ Not Applicable □ Date Removed: Removed By:
	Dimensions Length (mm): Width (mm): or Diameter (mm):
Stoma Shape	□ Oval □ Round □ Irregular □ Not Assessed
Stoma Profile	□ Flat □ Raised □ Prolapsed □ Retracted □ Stenosed □ Not Assessed □ Other:
Stoma Appearance	□ Red □ Pink □ Dusky □ Black (Necrosis) □ Dark Red □ Other: □ Moist □ Slough □ Friable □ Edematous □ Not Assessed
Abdominal Contours	□ Flat □ Distended □ Pendulous □ Loose/Wrinkly □ Hernia □ Soft □ Hard □ Rounded □ Flabby □ Not Assessed
Concerns for Pouching	□ Fold/Crease □ Incision □ Open Wound □ Umbilicus □ Drain □ Stoma Flush □ Os Tilted □ Os Flush □ Not Assessed □ Other:
Mucocutaneous Margin (Point where the epidermis and mucosa merge) *Separated: Use clock face as reference	□ Approximated □ Dissolvable Sutures □ Fully Epithelialized □ Suture Granuloma □ Not Visible/Obscured □ Not Assessed □ Separated* *Site 1: Depth: *Site 2: Depth:
Peri-Ostomy Skin	□ Intact □ Excoriated □ Erythema □ Indurated □ Trauma □ Irritant Contact Dermatitis □ Macerated □ Folliculitis □ Allergic Contact Dermatitis □ Fungal Rash □ Denuded □ Other: □ Not Assessed
Mucous Fistula: Peri-Fistula Skin	□ Intact □ Macerated □ Rash □ Erythema □ Weepy □ Indurated □ Boggy □ Excoriated □ Denuded □ Other: □ Not Applicable
Mucous Fistula: Drainage	Amount: □ Small □ Moderate □ Large □ Not Assessed □ Other: Type: □ Clear □ Mucous □ Fecal □ Odor □ Not Applicable
Output (Quantity/Type)	Urine: □ None □ Small □ Moderate □ Large □ Not Assessed □ Other:
	Fecal: □ None □ Small □ Moderate □ Large □ Gas □ Not Assessed □ Dry/Hard □ Soft/Formed □ Thick □ Mushy □ Watery □ Other:
Output (Characteristics)	Urine: □ Clear □ Concentrated □ Cloudy □ Odorous □ Bloody □ Mucous □ Yellow □ Amber □ Pale Yellow □ Red Tinged □ Not Assessed
	Fecal: □ Brown □ Yellow □ Green □ Bloody □ Not Assessed
Nutritional Status	□ NPO □ TPN □ NG Feeds □ NJ Feeds □ Gastrostomy Feeding □ Clear Fluids □ Full Fluids □ Soft Diet □ Low Residue □ Ileostomy Diet □ Regular Diet □ Not Assessed □ Other:
Flange/Pouch Changed	□ Intact □ Changed *Reason for Pouch/Flange Change:
Self Care Progress	Viewed: □ Stoma □ Emptying Pouch □ Pouch Change □ Flange Change Participated: □ Emptying Pouch □ Pouch Change □ Flange Change Independent: □ Emptying Pouch □ Pouch Change □ Flange Change □ Other:
Treatment and Treatment Comments	
Care Plan Revisions	
Frequency of Change/Next Visit	
Progress Note (PN)	
Referral to WCC:	□ No □ Yes (Urgent) □ Yes (Clinical Review)
Signature/Designation	