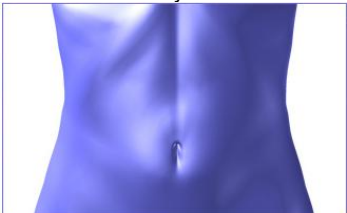


Pixalere Ostomy Assessment Worksheet

Date	Name	PixID#
one ostomy per worksheet	Etiology:	Goal of Care: <input type="checkbox"/> Permanent <input type="checkbox"/> Established <input type="checkbox"/> Temporary <input type="checkbox"/> To Be Determined
Assessment Type	<input type="checkbox"/> Full Assessment <input type="checkbox"/> Partial Assessment <input type="checkbox"/> Phone Visit <input type="checkbox"/> Not Assessed	
*Mark where ostomy is located 	Ostomy Type <u>Fecal Diversion:</u> <input type="checkbox"/> Ileostomy <input type="checkbox"/> Koch Pouch <input type="checkbox"/> Colostomy <input type="checkbox"/> Ileal Anal Pouch – Stage 1 <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Ileal Anal Pouch – Stage 2 <input type="checkbox"/> Cecostomy <input type="checkbox"/> Ileal Anal Pouch – Stage 3 <u>Urinary Diversion:</u> <input type="checkbox"/> Urostomy/Ileal Conduit <input type="checkbox"/> Indiana Pouch <input type="checkbox"/> Neobladder/Studer <input type="checkbox"/> Mitrofanoff	
Stoma Construction	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Loop <input type="checkbox"/> End <input type="checkbox"/> Double Barrel <input type="checkbox"/> Other:	
Devices In Situ	<input type="checkbox"/> Rod/Bridge <input type="checkbox"/> Stent(s)	
Stoma Shape	<input type="checkbox"/> Oval <input type="checkbox"/> Round	
Dimensions	Length (mm): Width (mm): or Diameter (mm):	
Stoma Appearance Total % must = 100%	<input type="checkbox"/> Pink/Red	%
	<input type="checkbox"/> Dusky	%
	<input type="checkbox"/> Purple/Maroon	%
	<input type="checkbox"/> Slough	%
	<input type="checkbox"/> Necrotic	%
	<input type="checkbox"/> Moist <input type="checkbox"/> Edematous <input type="checkbox"/> Trauma <input type="checkbox"/> Stenosed	
Stoma Os	<input type="checkbox"/> Centered <input type="checkbox"/> Tilted <input type="checkbox"/> Off-centered <input type="checkbox"/> Skin level	
Stoma Height	<input type="checkbox"/> Raised <input type="checkbox"/> Retracted <input type="checkbox"/> Flush <input type="checkbox"/> Prolapsed (>2cm)	
Mucocutaneous Junction <small>(Point where epidermis and mucosa merge) *Separated: Use clock face as reference</small>	<input type="checkbox"/> Intact: with Sutures <input type="checkbox"/> Intact: fully epithelialized <input type="checkbox"/> Suture granuloma	
	<input type="checkbox"/> Separated* *Site 1: Depth: *Site 2: Depth:	
Peristomal Skin	<input type="checkbox"/> Intact	<input type="checkbox"/> Rash – Fungal
	<input type="checkbox"/> Erythema	<input type="checkbox"/> Rash – Contact Dermatitis
	<input type="checkbox"/> Indurated	<input type="checkbox"/> Rash – Folliculitis
	<input type="checkbox"/> Excoriated	<input type="checkbox"/> Rash – Allergy
	<input type="checkbox"/> Denuded	<input type="checkbox"/> Pseudo-verrucous lesions
	<input type="checkbox"/> Macerated	<input type="checkbox"/> Malignant lesion
	<input type="checkbox"/> MARS	<input type="checkbox"/> Peristomal psoriasis
	<input type="checkbox"/> Bruised	<input type="checkbox"/> Pyoderma gangrenosum
	<input type="checkbox"/> Wound	<input type="checkbox"/> Caput Medusae
	Urine Characteristics	<input type="checkbox"/> Clear <input type="checkbox"/> Concentrated <input type="checkbox"/> Mucous shred <input type="checkbox"/> Cloudy <input type="checkbox"/> Clots <input type="checkbox"/> Sediment <input type="checkbox"/> Malodourous
Urine Colour	<input type="checkbox"/> Pale yellow <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Orange <input type="checkbox"/> Pink <input type="checkbox"/> Red	
Stool Characteristics	<input type="checkbox"/> Flatus <input type="checkbox"/> Mucous <input type="checkbox"/> Watery <input type="checkbox"/> Mushy <input type="checkbox"/> Pasty <input type="checkbox"/> Semi-formed <input type="checkbox"/> Hard <input type="checkbox"/> Formed <input type="checkbox"/> Other:	
Stool Colour	<input type="checkbox"/> Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Clay <input type="checkbox"/> Bloody	
Mucous Fistula: Fistula Drainage	<input type="checkbox"/> Clear <input type="checkbox"/> Mucousy <input type="checkbox"/> Fecal <input type="checkbox"/> Malodourous <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> Not Assessed	

Mucous Fistula: Peri-Fistula Skin	<input type="checkbox"/> Intact <input type="checkbox"/> Erythema <input type="checkbox"/> Indurated <input type="checkbox"/> Excoriated <input type="checkbox"/> Macerated <input type="checkbox"/> Rash																												
Abdominal Contours/Pouching Concerns	<table border="0"> <tr> <td><input type="checkbox"/> Rounded</td> <td><input type="checkbox"/> Stoma ostomy filled</td> </tr> <tr> <td><input type="checkbox"/> Flabby</td> <td><input type="checkbox"/> Stoma flush</td> </tr> <tr> <td><input type="checkbox"/> Distended</td> <td><input type="checkbox"/> Stoma retracted</td> </tr> <tr> <td><input type="checkbox"/> Loose/wrinkly</td> <td><input type="checkbox"/> Stoma prolapsed</td> </tr> <tr> <td><input type="checkbox"/> Pendulous</td> <td><input type="checkbox"/> Proximity bony prominence</td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td><input type="checkbox"/> Proximity umbilicus</td> </tr> <tr> <td><input type="checkbox"/> Hard</td> <td><input type="checkbox"/> Proximity incision</td> </tr> <tr> <td><input type="checkbox"/> Parastomal hernia</td> <td><input type="checkbox"/> Proximity wound</td> </tr> <tr> <td><input type="checkbox"/> Skin crease/fold</td> <td><input type="checkbox"/> Proximity drain</td> </tr> </table>	<input type="checkbox"/> Rounded	<input type="checkbox"/> Stoma ostomy filled	<input type="checkbox"/> Flabby	<input type="checkbox"/> Stoma flush	<input type="checkbox"/> Distended	<input type="checkbox"/> Stoma retracted	<input type="checkbox"/> Loose/wrinkly	<input type="checkbox"/> Stoma prolapsed	<input type="checkbox"/> Pendulous	<input type="checkbox"/> Proximity bony prominence	<input type="checkbox"/> Soft	<input type="checkbox"/> Proximity umbilicus	<input type="checkbox"/> Hard	<input type="checkbox"/> Proximity incision	<input type="checkbox"/> Parastomal hernia	<input type="checkbox"/> Proximity wound	<input type="checkbox"/> Skin crease/fold	<input type="checkbox"/> Proximity drain										
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Pouching System Change	Pain with pouch change (0 to 10 or N/A): <input type="checkbox"/> Intact <input type="checkbox"/> Changed – teaching <input type="checkbox"/> Changed – routine <input type="checkbox"/> Change - leaked																												
Self Care Progress	<table border="0"> <tr> <td><input type="checkbox"/> Viewed teaching video</td> <td><input type="checkbox"/> Cleansing the peristomal skin</td> </tr> <tr> <td><input type="checkbox"/> Education booklet(s)</td> <td><input type="checkbox"/> Measuring the stoma</td> </tr> <tr> <td><input type="checkbox"/> UOA visitor</td> <td><input type="checkbox"/> Cutting the flange</td> </tr> <tr> <td><input type="checkbox"/> Lesson with family</td> <td><input type="checkbox"/> Applying ostomies as per management plan</td> </tr> <tr> <td><input type="checkbox"/> Viewed stoma</td> <td><input type="checkbox"/> Attaching secondary urinary drainage system</td> </tr> <tr> <td><input type="checkbox"/> Viewed emptying pouch</td> <td><input type="checkbox"/> Measuring output (ileostomy only)</td> </tr> <tr> <td><input type="checkbox"/> Viewed pouch change</td> <td><input type="checkbox"/> Sexual concerns discussed</td> </tr> <tr> <td><input type="checkbox"/> Viewed flange change</td> <td><input type="checkbox"/> Colostomy irrigations</td> </tr> <tr> <td><input type="checkbox"/> Participated with emptying pouch</td> <td><input type="checkbox"/> Ileal Anal Pouch bowel training</td> </tr> <tr> <td><input type="checkbox"/> Participated with pouch change</td> <td><input type="checkbox"/> Ileal Anal Pouch perianal skin maintenance</td> </tr> <tr> <td><input type="checkbox"/> Participated with flange change</td> <td><input type="checkbox"/> Not assessed</td> </tr> <tr> <td><input type="checkbox"/> Independent with emptying pouch</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Independent with pouch change</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Independent with flange change</td> <td></td> </tr> </table>	<input type="checkbox"/> Viewed teaching video	<input type="checkbox"/> Cleansing the peristomal skin	<input type="checkbox"/> Education booklet(s)	<input type="checkbox"/> Measuring the stoma	<input type="checkbox"/> UOA visitor	<input type="checkbox"/> Cutting the flange	<input type="checkbox"/> Lesson with family	<input type="checkbox"/> Applying ostomies as per management plan	<input type="checkbox"/> Viewed stoma	<input type="checkbox"/> Attaching secondary urinary drainage system	<input type="checkbox"/> Viewed emptying pouch	<input type="checkbox"/> Measuring output (ileostomy only)	<input type="checkbox"/> Viewed pouch change	<input type="checkbox"/> Sexual concerns discussed	<input type="checkbox"/> Viewed flange change	<input type="checkbox"/> Colostomy irrigations	<input type="checkbox"/> Participated with emptying pouch	<input type="checkbox"/> Ileal Anal Pouch bowel training	<input type="checkbox"/> Participated with pouch change	<input type="checkbox"/> Ileal Anal Pouch perianal skin maintenance	<input type="checkbox"/> Participated with flange change	<input type="checkbox"/> Not assessed	<input type="checkbox"/> Independent with emptying pouch	<input type="checkbox"/> Other	<input type="checkbox"/> Independent with pouch change		<input type="checkbox"/> Independent with flange change	
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Treatment Plan and Comments																													
Care Plan Revisions																													
Frequency of Change/Next Visit																													
Progress Note (PN)																													
Referral to WCC:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Urgent) <input type="checkbox"/> Yes (Clinical Review)																												
Signature/Designation																													