

Ostomy Clinic Survey - ET initials [_____] - client # _____

Age _____ Gender: male female Initial ostomy ____/____/____ Revision ____/____/____

Ostomy (check all that applies) **incontinent:** Colo Ileo Uro **continent:** Colo Ileo Uro

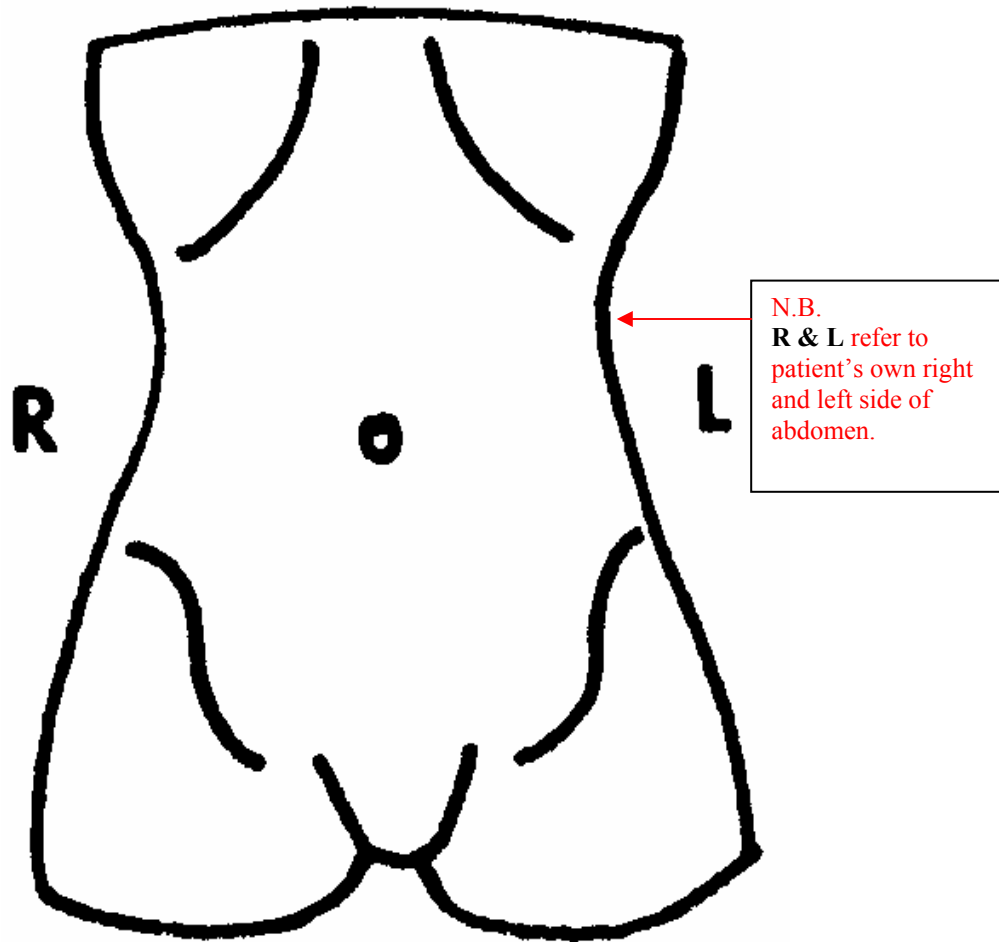
Clinic attendance (mark all that apply): curiosity general info specific concern urgency ▶

describe problem _____

ASS (Appliance Skin Stoma): CHECK ALL THAT APPLY

1. Appliance #1 (one-piece two-piece)
brand _____ model _____ number _____
2. Appliance #2 (one-piece two-piece)
brand _____ model _____ number _____
3. Wafer: flat convex concave round oval attached to pouch separate trim to fit
 pre-cut stoma opening: round (_____") or oval (_____" @ _____°) flexible hard
 reusable disposable with tape frame without tape frame
4. Is wafer/seal uncomfortable against body? No Yes explain _____
5. Pouch: transparent opaque drainable closed reusable disposable separate closure
 integrated closure comfort panel backing stoma cap catheter other _____
6. Peristomal skin: dry moist macerated inflamed excoriated infected smooth
 rough supple taut creased or dimpled loose (flaccid) thin obese hairy
 herniated pregnant hyperpigmented hypopigmented caput medusae lesions
explain _____
7. Does skin need urgent medical / surgical attention? No Yes explain _____

8. Stoma: moist dry pale bleeding dusky necrotic stenotic infected
 edematous lacerated polyps/granulomas mucosal islands temporary permanent
long _____" bud _____" flush retracted end loop double-barrel



Label stomas (0), incisions (+++), creases (<<>>), belt lines (====) and interfering bodily protuberances, such as breasts or fat folds, etc. (~~~~) above. Suitable photograph acceptable alternative!

SPD (Stomal Plane Dynamics) Circle & Check All That Apply

- 1. Client independent with self-care? No Yes explain _____
- 2. Client prepares/applies pouch unit inappropriately? No yes explain _____
- 3. Client suffers visual shortcomings? No Yes explain _____
- 4. Client suffers dexterity shortcomings? No Yes explain _____
- 5. Client suffers cognitive shortcomings? No Yes explain _____
- 6. Client suffers psychological shortcomings? No Yes explain _____
- 7. Wafer / faceplate fails to maintain continuous contact with skin (gaposis). No Yes

Indicate if the following adversely affect seal integrity (8-18): (circle & mark accordingly)

- 8. Stoma: configuration / behavior / location. explain _____
- 9. Peristaltic activity. explain _____
- 10. Static crease/shift of peristomal skin. (N.B. Examples may include fixed hernias, retracted stomas, obesity, ptosis, tumors, avulsed stomas, skeletal or anatomical factors or any circumstance not movement connected) No Yes explain _____
- 11. Dynamic creasing / shifting of peristomal skin. explain _____

- 12. Skin topography: scars creases lesions artifacts bony prominences other
explain _____
- 13. Clothing, binders, braces, support artifacts, etc. explain _____
- 14. Current skin condition. explain _____
- 15. Recent weight changes. (+ or -) explain _____
- 16. Medication / supplements. (systemic – topical) explain _____
- 17. Effluent. explain _____
- 18. Lifestyle / activities. explain _____
- 19. Normal wafer wear time in days? <1 1 2 3 4 5 6 7 8 9 10 10-14 >14
- 20. Usual reason for wafer / pouch change: routine mild symptoms moderate symptoms
 odor escape other _____
- 21. ET preferred wear time in days? <1 1 2 3 4 5 6 7 8 9 10 10-14 >14
- 22. Do you think client needs convex wafer/faceplate? No Yes explain _____
- 23. Do you think client needs concave wafer/faceplate? No Yes explain _____

24. Do you think client needs firm wafer/faceplate? No Yes explain _____

25. Do you think client needs flexible wafer/faceplate? No Yes explain _____

26. Is client **not** using a belt? No Yes explain _____

27. Would client benefit from a belt? No Yes explain _____

28. Please describe or attach an illustration or list of items & sequence used by client to prepare and apply current wafer/pouch.

29. Please describe or attach an illustration or list of items & sequence recommended by ET to prepare and apply preferred / recommended wafer/pouch.

Effluent (Check: **Incontinent** Colo Ileo Uro **Continent** Colo Ileo Uro)

1. Is coloring inappropriate? No Yes explain _____

2. Is it malodorous to client? No Yes explain _____

3. Is it malodorous to ET? No Yes explain _____

4. Is texture **inappropriate** for stoma/outlet type? No Yes explain _____

5. Is volume **inappropriate**? No Yes explain _____

6. Is flatus troublesome? No Yes explain _____

7. Is effluent exit impeded from stoma? No Yes explain _____

8. Does client use odor control agents? No Yes (check all that apply) integrated charcoal pouch filter add on pouch filter/vent external liquid into pouch external powder into pouch

external tablet into pouch systemic liquid systemic powder systemic tablet systemic food
or herb other List brand name(s)_____

9. Does client prefer **drainable** or **closed end** pouch for managing waste disposal? (circle accordingly)

10. Does ET prefer **drainable** or **closed end** pouch for managing waste disposal? (circle accordingly)

11. Describe client's pouch emptying technique: on toilet facing front on toilet facing rear

kneeling before toilet on chair before toilet standing over toilet standing over sink standing
before urinal other_____

12. Does client rinse pouch after emptying? No Yes: rarely sometimes always

13. Describe how, when and where client rinses pouch _____

14. Describe ET Nurse's preferred or recommended pouch emptying / management technique

15. Did client have XRT? No Yes pre-op post-op external beam internal seeding

16. Has radiation therapy adversely affected skin and or stoma function? No Yes explain_____

PPP (Preferred Pouch Profile) Check All That Apply

1. Is current pouch **not** meeting client's needs and desires? No Yes: Explain _____

2. Is pouch shape **not** satisfactory? No Yes: Explain _____

3. Is pouch volume **not** satisfactory? No Yes: Explain _____

4. Is pouch material **not** acceptable? No Yes

5. How is pouch material perceived? flimsy stiff noisy sweaty other_____

6. How does client suspend pouch? straight up and down sideways slightly askew away from
groin slightly askew toward groin other_____

7. Does client fold up pouch to minimize appearance? No Yes: Explain_____

8. From client's perspective, does folding up pouch help or hinder appearance? help hinder
explain_____

9. From client's perspective, does folding up pouch help or hinder function? help hinder
explain_____

10. From ET perspective does folding up pouch help or hinder? help hinder:
explain_____

11. How often does client empty pouch during waking hours? once 2-3 4-5 6-7 8-9 10+

12. How often does client empty pouch during sleeptime? once 2-3 4-5 6-7 8-9 10+

13. Is client **not** content with above emptying cycles? No Yes explain_____

14. Does client experience nighttime leaks? No Yes How often? _____

15. Does client manipulate intake to manage effluent output? No Yes: Explain_____

16. Does client restrict some activities because of perceived pouch limits? No Yes:
explain_____

17. How often is pouch changed? explain_____

18. How often is wafer changed? explain_____

Summary

1. Did client **not** benefit from clinic visit? No Yes explain_____

2. Did ET nurse **not** benefit from clinic visit? No Yes explain_____

3. Is survey **not** suitable as a data gathering tool? No Yes explain_____

4. Additional observations about this survey tool or format_____

