ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Subjective Data:                  Allergies: ______________________

Chief complaint: ______________________

Type of Ostomy:  ☐ Colostomy  ☐ Ileostomy  ☐ Ileal Conduit/Urostomy (urine)  ☐ Other: ________________

Objective Data:    (clinically indicated VS)

BP _______ Pulse _______ Resp. _______ Temp. _______ Wt. _______ O₂ sats _______ FSBS: _______

Stool Consistency:  ☐ Semi liquid  ☐ Semiliquid-Semiformed  ☐ Liquid to semiliquid  ☐ Formed

REFER TO HEALTH CARE PROVIDER IF:  Health care provider must be called if not on site or if after clinic hours.

☐ Large amount of bleeding from stoma
☐ Unusual bulging around stoma
☐ Change in stoma color from pink-red to purple-black
☐ Any unusual problems with abdominal pain or continuous nausea and vomiting
☐ No bowel movement for more than 2 days

Health Care Provider: ________________ Time Notified: ______ Orders Received for Treatment:  ☐ Yes  ☐ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

☐ Routine Ostomy Care
☐ Privacy provided and procedure explained to inmate.
☐ Hands washed with soap and water. Gloves applied.
☐ Protective pad placed under site to protect inmate skin.
☐ Pouch emptied of stool (if present).
☐ Ostomy appliance removed and disposed in appropriate waste container.
☐ Gloves removed, hands washed and clean gloves applied.
☐ Area assessed for skin breakdown.
☐ Using clean technique stoma and skin cleansed with warm tap water and patted dry.
☐ Stoma measured using measuring guide for appropriate length and width. (where skin meets stoma).
☐ Gauze pad placed over orifice of stoma to wick stool. Wafer and pouch prepared for application to ensure good seal.
☐ Wafer cut accurately to ensure a snug fit.
☐ Ostomy pouch closed using clip/Velcro. Clean pouch attached to wafer.
☐ Wafer backing removed and placed on skin with stoma centered in cutout.
☐ Wafer edges taped down with tape.
☐ Protective pad removed and disposed in appropriate container.
☐ Gloves removed, disposed, and hands washed.
☐ Inmate tolerated procedure well.
☐ Education/Intervention: Instructed inmate to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____________________________________________________________

______________________________________________________    Date: _______ Time: _______

Health Care Provider Signature/Credentials: __________________________

______________________________________________________    Date: _______ Time: _______

RN/LPN Signature/Credentials: __________________________

______________________________________________________    Date: _______ Time: _______

Inmate Name (Last, First)

DOC #