Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

OSTOMY CLINICAL PATHWAY

PATIENT NAME: _____ **BRN:** _____

OSTOMY: An ostomy refers to a surgical opening in the abdomen, known as a stoma. The purpose of the ostomy is to divert waste out of the body through the stoma. The four most commonly encountered ostomies are as follows:

1. Colostomy – stoma is created when a section of the large intestine is brought to the surface of the abdomen. Output can vary from liquid or past-like stool to formed stool, with or without the presence of gas, depending on the type of colostomy.
2. Ileostomy – stoma is created when a section of the small intestine is brought to the surface of the abdomen. Output is dark green and will range in consistency from liquid to mushy, with gas.
3. Urostomy or ileal conduit – urine is diverted away from the bladder and expelled from the body through the stoma. Output is urine for a urostomy, and urine with mucous for an ileal conduit.
4. Mucous Fistula – stoma is created when two ends of the bowel are brought to the surface of the abdomen. Mucous created by the disconnected end of the bowel is released through one stoma, the mucous fistula.

This clinical pathway is to be completed during each visit and/or with change in patient condition. *Note: This tool is only a guide and does not replace clinical judgment.*

ASSESSMENT	**Check ✓ where applicable; (N/A) where not applicable.**					
Date:						
Complete a comprehensive patient history and assessment including: condition or disease process impacting the patient; reason for surgery; type of ostomy; comorbidities; medications; nutritional status; age						
Determine if patient has been enrolled in the appropriate product Patient Support Program; enrol patient if required.						
Review and adhere to any medical orders received from the patient's physician, nurse practitioner, or enterostomal therapist. If clarification is required, or concerns with orders are identified based on assessment of patient, contact the physician, nurse practitioner, or enterostomal therapist for clarification before proceeding.						
With patient consent, obtain photo of the stoma during first visit to facilitate image sharing with other health care professionals involved in the patients care. Collect images as appropriate to document changes to stoma, or problematic peristomal skin issues.						
Assess for risk factors that influence stomal and peristomal complications (i.e. stoma height, obesity, underlying disease/comorbidities).						

OSTOMY CLINICAL PATHWAY

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

Define abdominal location, abdominal plane, location (and number) of lumen						
Assess for stoma type, viability, shape, and construction (i.e. loop, end)						
Assess for presence of stomal complications including prolapse, retraction, stenosis, necrosis, laceration, mucocutaneous separation, or unintentional fistula. Consider escalation process to ensure complication is managed appropriately.						
Assess peristomal skin (colour, integrity, turgor), mucocutaneous junction (intact, separated)						
Assess risk of patient developing folliculitis, and trim hair where adhesive will be in contact with the skin. Avoid shaving, as this can also lead to folliculitis. Determine need for use of barriers to prevent/manage peristomal breakdown.						
Assess output appearance and volume.						
Assess and monitor on an ongoing basis the patient's perception of the ostomy (engaged and asking questions, or uncomfortable observing ostomy care)						
GOALS – to be achieved within the 6 visit maximum authorized under the Ostomy Management service pathway						
Patient will understand the disease process and function of the ostomy						
Patient will verbalize understanding of diet, hydration, medications, and elimination patterns, with education geared specifically to their type of ostomy.						
Stoma and peristomal skin will be healthy.						
Patient will be independent with emptying the pouch, releasing gas from pouch.						
Appliance will be appropriate based on stoma size and shape, with no leaking noted.						
Patient will set up and change ostomy appliance independently.						
Patient will be aware of possible complications (i.e. prolapse, lacerations, necrosis, UTI), and indications for contacting the physician/surgeon.						
Funding requests will be initiated for ongoing purchase of ostomy supplies, as appropriate (i.e. ADP, ODSP, NIHB, VAC, WSIB)						
Patient will have effective pain management strategies in place, as required.						
WOUND TREATMENTS						
Follow guidelines for treatment of surgical wounds for incision resulting from ostomy surgery (not stoma)						
Routinely assess mucocutaneous junction to ensure progress towards healing, absence of infection, and continual decrease in pain symptoms						
If peristomal skin irritation or excoriation occurs, ensure proper fit of appliance to prevent leakage, and determine if a different product is required (i.e. based on adhesive properties, etc.).						
Treat any irritation or excoriation to peristomal skin with use of patient-appropriate products available through LHIN Home and Community Care supply catalogue (including skin barrier wipes, spray, powder, paste, etc.)						
If healing or peristomal irritation/wounds does not progress as expected, follow established wound escalation process. It is strongly recommended that this process be initiated without delay to avoid long term (and potentially serious) complications and discomfort for the patient.						

Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname: First Name:

CHRIS #: Date of Birth (DD/MM/YYYY):

HCN: Version Code

OSTOMY CLINICAL PATHWAY

NUTRITION						
Encourage patient to chew food fully, as this is the best opportunity for food to be broken down; helps to prevent blockage and/or maldigestion.						
Promote adequate intake of fluids to maintain hydration, control texture of stool, and prevent electrolyte losses.						
Refer to Registered Dietitian if any concerns are identified. See below for more detailed indications.						
MEDICATIONS						
Review medication profile (including OTC) to ensure no contraindications with ostomy type, as well as to ensure maximum absorption and effectiveness.						
Reinforce for those patients with an ileostomy that the absorption of medications may be altered, rendering them less effective. The pharmacist should be made aware of the ileostomy, and consulted when new medications (including OTC) are initiated.						
Educate the patient regarding class of medications that require medical recommendation prior to use, due to potential complications.						
PAIN						
Provide strategies to manage pain associated with product removal from hypersensitive skin (i.e. adhesive removers, technique)						
Educate and review technique for application of flange to manage abdominal pain/tenderness associated with new ostomy.						
Educate re: the appropriate time to seek medical advice when cramping persists, or abdominal pain is present.						
Ensure patient understands the complications of which certain types of pain are indicative (i.e. blockage)						
Pain associated with peristomal skin complications will be addressed through wound care protocols and education re: importance of proper appliance fit.						
TEACHING AND PSYCHOSOCIAL SUPPORT						
The patient will be registered on the customer support program for the corresponding ostomy supplier (i.e. Coloplast)						
Education re: odour control options.						
Discuss signs of pouch leakage, prevention and treatment						
Explain to the patient the indication for the use of barriers (i.e. skin barrier wipe, spray, powder, paste, etc.)						
In cooperation with the patient, determine how frequently the appliance will need to be changed. This is dependent on the individual, as well as the type of appliance selected.						
Provide patient with a supply list, and the local vendors through whom supplies can be purchased						
Information regarding support programs offered by manufacturers, within the community, and through online venues will be discussed.						

Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

OSTOMY CLINICAL PATHWAY

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

Review ongoing facilitation of funding for ostomy supplies (i.e. annual ADP grant, ODSP direct billing from vendor, private insurance, etc.) Clarify for patient that ADP funding is available for permanent ostomies, **as well as temporary ostomies which are expected to be in place for greater than 6 months.** ADP will now provide $975.00 annually for the purchase of ostomy supplies, and $1300 annually to patients receive social assistance benefits (ODSP) or residing in LTC.						
Ensure the patient is aware of who to call if any questions or concerns regarding their ostomy arise.						
Encourage patient to return to usual activities including: work or school; socializing; intimacy and sexuality; and travelling						
REFERRALS TO OTHER HEALTH CARE PROFESSIONALS						
During each of the 6 visits with the patient assess the patient using a holistic approach, taking into consideration their needs from a medical, physical, functional, and psychosocial perspective. If concerns are identified in any of these areas, determine which health care professional would be best able to meet the patient's need. Contact the ongoing CC to request that the referral be initiated.						
ENTEROSTOMAL THERAPIST REFERRAL/INTERVENTION						
A referral to an Enterostomal Therapist is indicated whenever difficulty regarding the ostomy is encountered by the community nurse. Circumstances under which an ET referral would be appropriate are as follows: skin integrity issues around ostomy site; ostomy with compromised wear time needing recommendations required regarding current system (or alternate system); presence of unintentional fistula; or if requested by a physician or hospital-based ET.						
1. **2.**						
PT REFERRAL/INTERVENTION						
Patients with new ostomies may notice a decrease in muscle strength and endurance due to illness prior to surgery, as well as the need to refrain from certain activity post-operatively. A referral to Physiotherapy is beneficial when a patient requires instruction, education, or guidance in terms of regaining strength, endurance, and flexibility while ensuring no complications with their ostomy (i.e. herniation).						
1. **2.**						
OT REFERRAL/INTERVENTION						
Occupational Therapy can assist the patient with positioning for comfort and pressure relief, as well as provide education regarding techniques and adaptive aids to assist with daily activities that may be more challenging (dressing lower body, etc.). A referral may also be appropriate to assist the patient in establishing new/changing life roles.						
1. **2.**						

Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

OSTOMY CLINICAL PATHWAY

DIETITIAN REFERRAL/INTERVENTION						
Referral to a Registered Dietitian should be considered for all patients not receiving service through a community partner (i.e. FHT, cancer centre, DEC). Screening can be completed to determine need for nutrition intervention however; if the patient has difficulty progressing their diet, is at risk of dehydration, or either weight gain/loss is suspected, referral to a dietitian is imperative.						
1. **2.**						
SOCIAL WORK REFERRAL/INTERVENTION						
Coping with a new ostomy can be very challenging for a patient, as they face significant changes in body image, self-esteem, sexuality, quality of life, role function, etc. Referral to Social Work should be considered for those individuals needing support, to promote acceptance of the stoma and improved quality of life.						
1. **2.**						
DISCHARGE PLANNING						
Assess patient/caregivers adherence to, and understanding of treatment plan.						
If personal support services are in place, PSW will be educated at a comprehension and application level on a patient specific basis. The PSW will be aware of the type of output to expect, use appropriate tools to ensure appliance is fitting patient properly, demonstrate ability to empty pouch and change appliance. It is also essential that the PSW be capable of identifying abnormalities, and report this to the appropriate individual.						
Transition patient to ostomy self-management prior to end of Ostomy Management service pathway (6 visit maximum).						
Request community referrals as required/appropriate.						
Discharge patient from caseload as per policy.						

PRINT NAME	SIGNATURE/DESIGNATION	INITIALS	DATE (DD/MM/YYYY)