



REFERRAL FOR STOMA TROUBLESHOOTING

Residential Care Line

Date of referral: ____/____/____	Facility:	Facility number:			
Resident name:		DOB:			
GP Name:		GP aware of referral: ☐ YES ☐ NO			
GP Number:					
AHD / ACP / GoC: ☐ YES ☐ NO		Date completed: ____/____/____			
CNM name:					
CNM aware of referral: ☐ YES ☐ NO					
Name of referrer:					
Initial Considerations (Click relevant)					
Referred to WA Ostomy? ☐ YES ☐ NO				Member #:	
Colostomy: ☐ YES ☐ NO			☐ Single-ended <u>OR</u> ☐ Double-Looped		
Ileostomy: ☐ YES ☐ NO					
Urostomy: ☐ YES ☐ NO					
Date stoma was formed: ____/____/____					
Stoma Management plan					
Cleanser	Barrier product	Base plate (if applicable)	Bag + size	Frequency	Other products
Who changes: ☐ RN ☐ EN ☐ Carer ☐ Resident					
Any recent changes in diet: ☐ YES ☐ NO					
Stoma Observation (Click relevant)					
Mucosal: ☐ Pink ☐ Red ☐ Dusty ☐ Black					
Oedema: ☐ Nil ☐ Mild ☐ Gross					
Profile: ☐ Normal ☐ Flushed ☐ Retracted ☐ Prolapsed					
Mucocutaneous: ☐ Not sighted ☐ Intact ☐ Separated ☐ Junction					
Peri-Stomal Skin: ☐ Not sighted ☐ Healthy ☐ Eroded ☐ Macerated ☐ Irritated ☐ Skin loss ☐ Blistered ☐ Dermatitis					
Output (refer to Bristol Stool):			Amount:		
Specific Considerations					
Ileostomy: output goal between 500 to 1200mls per 24/hrs & toothpaste consistency					
Colostomy: depending on position may develop constipation					
Urostomy: mucous strands may be present & can be confused with cloudy urine					
Documents required (Please attach to reply)					
Medication Profile	Medical History	Bowel Chart – 5 days	Fluid intake chart – Minimum 5 days		

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