

**Nurse Specialized in Wound, Ostomy, Continence
Referral Form**

Pre-Operative Stoma Site Marking

| |
|-------------------------------|
| NAME: |
| DOB: |
| MRN: |
| PRIMARY PHONE: |
| ALTERNATE PHONE: |
| PRIMARY CARE PROVIDER: |

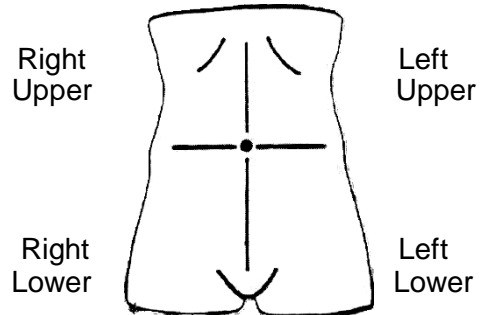
Diagnosis: _____ Surgeon: _____

Planned Surgery: _____ Planned Surgery Date: (yyyy/MMM/dd)

Patient aware of planned operation need for stoma and stoma site marking

The following was reviewed with the patient:

- Ostomy booklet provided
- Product sample
- Homecare on discharge
- Insurance
- NSWOC role post op and follow up
- Importance of maintaining marking
- NSWOC contact info provided
- Provincial reimbursement program



Stoma site marked:

- Within rectus muscle
- Away from visible creases, folds and scars
- On flat surface
- Superior aspect of abdominal fold
- Half-way between Right or Left anterior superior iliac spine and umbilicus
- Patient able to see marking
- Patient agreed with marking site
- Away from belt line
- Site checked in standing, sitting, bending, side lying and twisting position
- Abdomen marked with permanent marker
- Clear dressing applied over marking
- See comments below

Comments: _____

NSWOC Name: _____

NSWOC Signature: _____

Date (yyyy/MMM/dd) _____