

TOR\* Form

PATIENT CODE \_\_\_\_\_

DATE \_\_\_\_\_

EVALUATION OF PATIENT WITH INTESTINAL/URINARY STOMA AT THE START OF CARE (T0):

EVALUATOR \_\_\_\_\_

<b>PATIENT'S DATA</b>  Gender: W <input type="checkbox"/> , M <input type="checkbox"/>  AGE _____	<b>ONGOING PATHOLOGIES :</b>  <b>NEOPLASMS :</b> YES <input type="checkbox"/> , NO <input type="checkbox"/> CHEMOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> RADIOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/>  <b>CROHN</b> YES <input type="checkbox"/> , NO <input type="checkbox"/> <b>DIABETES</b> YES <input type="checkbox"/> , NO <input type="checkbox"/>	<b>GLOBAL EVALUATION</b>		<b>PERISTOMAL HYGIENE</b>		<b>HYGIENE COMPLIANCE</b>	<b>OTHER</b>
		<b>AUTONOMY</b> BARTHEL _____ / 100		<b>MATERIAL PREVIOUSLY USED :</b> PAPER <input type="checkbox"/> , GAUZE <input type="checkbox"/> SPONGE <input type="checkbox"/> , CELLULOSE CLOTH <input type="checkbox"/> WET KLEENEX <input type="checkbox"/> OTHER _____		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
Weight (kg) _____ Height (m) _____  BMI _____ kg/m <sup>2</sup>	<b>TYPE OF OSTOMY</b> <b>URINARY STOMA</b> <input type="checkbox"/> URETEROSTOMY <input type="checkbox"/> URETERO- ILEO-CUT <input type="checkbox"/> NEPHROSTOMY <input type="checkbox"/> CYSTOSTOMY <input type="checkbox"/>  <b>INTESTINAL STOMA</b> <input type="checkbox"/> COLOSTOMY <input type="checkbox"/> ILEOSTOMY <input type="checkbox"/>	<b>PERISTOMAL LESIONS</b> YES <input type="checkbox"/> , NO <input type="checkbox"/>  <b>WOUND ASSESSMENT : (SACS 2.0*)</b> T I L___; T II L___; T III L___; T IV L___; T V L___		<b>PREVIOUS HYGIENE</b> NO SOAP /DETERGENT <input type="checkbox"/> SAME SOAP USED FOR BODY <input type="checkbox"/>  OTHER _____		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		<b>OSTOMY BEARER SINCE:</b>  < 2 months <input type="checkbox"/> , 3 -11 monthrs <input type="checkbox"/> , 1 – 5 years <input type="checkbox"/> , >5 years <input type="checkbox"/>	<b>TYPE OF POUCHING SYSTEM:</b> ONE-PIECE <input type="checkbox"/> TWO-PIECE <input type="checkbox"/>	<b>pH Urine value (with urinary ostomy)</b>		<b>HYGIENE APPLIED DURING MONITORING STAGE</b> SAME <input type="checkbox"/> Other: MATERIAL _____ DETERGENT _____	
<b>STOMA / PERISTOMAL SKIN EVALUATION</b>							
START OF CARE +  FIRST REPLACEMENT OF POUCHING SYSTEM  <b>(T 0)</b>	<b>STOMA APPEARANCE</b>  Healthy <input type="checkbox"/> , Oedematous <input type="checkbox"/> , Granulomatous <input type="checkbox"/> , Lacerated <input type="checkbox"/>	<b>STOMA Color</b>  Red <input type="checkbox"/> , Pasty <input type="checkbox"/> , Dark Red <input type="checkbox"/> , Grey / black <input type="checkbox"/>	<b>STOMA PROTRUSION</b>  Flush (retracted) <input type="checkbox"/> , At cutaneous level <input type="checkbox"/> , Normal <input type="checkbox"/> , Prolapsed <input type="checkbox"/>	<b>MUCOCUTANEOUS JUNCTION</b>  Intact <input type="checkbox"/>  Detached <input type="checkbox"/> in T _____	<b>PERISTOMAL SKIN</b>  Intact : YES <input type="checkbox"/> , NO <input type="checkbox"/> Macerated: YES <input type="checkbox"/> , NO <input type="checkbox"/>	<b>COMPLICATIONS</b>  <b>NO</b> <input type="checkbox"/> <b>YES:</b> Retraction <input type="checkbox"/> , Prolapse <input type="checkbox"/> Necrosis <input type="checkbox"/> , Hernia <input type="checkbox"/> Mucocutaneous Separation <input type="checkbox"/>	
<b>RESEARCH PROTOCOL TO TREAT WOUND :</b> WOUND CLEANSING - PRIMARY DRESSING - SECONDARY DRESSING -							

SACS 2.0 (2016): L1-Hyperemic lesion; L2-Erosive lesion; L3-Ulcerative lesion (beyond the dermis); L4-Ulcerative lesion (fibrinous/necrotic); L5-Lesion that affects the plans over the fascia; LX-Proliferative lesion

RE-EVALUATION T1 – (7 DAYS AFTER START OF CARE)

DATE \_\_\_\_\_

EVALUATOR \_\_\_\_\_

<b>OVERALL EVALUATION</b>		<b>STOMA STATUS</b>	<b>LESION EVALUATION</b>
Weight(kg) _____	<b>AUTONOMY STATUS:</b> BARTHEL ____/ 100	Unchanged <input type="checkbox"/> , Changed: Healthy <input type="checkbox"/> , Oedematous <input type="checkbox"/> , Granulomatous <input type="checkbox"/> , Lacerated <input type="checkbox"/>	<b>LESION AT THE START OF TREATMENT:</b> UNCHANGED COMPARED TO PREVIOUS EVALUATION <input type="checkbox"/> , WORSENER <input type="checkbox"/> , IMPROVED <input type="checkbox"/> , HEALED <input type="checkbox"/> .
<b>ONGOING :</b> CHEMOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> . RADIOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> .	pH Urine value (with urinary ostomy)	<b>MUCOCUTANEOUS JUNCTION:</b> Intact <input type="checkbox"/> , Detached <input type="checkbox"/> in T _____	<b>NEW PERISTOMAL WOUND:</b> NO <input type="checkbox"/> . YES <input type="checkbox"/> : (SACS 2.0) _____
<b>PAIN:</b> NRS (0 – 10) ____/10 PAINAD(0 – 10) ____/10	<b>PERISTOMAL SKIN:</b> Intact: YES <input type="checkbox"/> , NO <input type="checkbox"/> . Macerated: YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>OTHER</b>	
WOUND TREATMENT :	AS PER PROTOCOL <input type="checkbox"/> .	OTHER: WOUND CLEANSING - PRIMARY DRESSING - SECONDARY DRESSING -	COMPLIANCE WITHEN TREATMENT USED: Positive <input type="checkbox"/> , Negative <input type="checkbox"/> .

RE-EVALUATION T2 – (14 DAYS AFTER START OF CARE)

DATE \_\_\_\_\_

EVALUATOR \_\_\_\_\_

<b>OVERALL EVALUATION</b>		<b>STOMA STATUS</b>	<b>LESION EVALUATION</b>
Weight(kg) _____	<b>AUTONOMY STATUS</b> BARTHEL ____/ 100	Unchanged <input type="checkbox"/> , Changed: Healthy <input type="checkbox"/> , Oedematous <input type="checkbox"/> , Granulomatous <input type="checkbox"/> , Lacerated <input type="checkbox"/>	<b>LESION AT THE START OF TREATMENT:</b> UNCHANGED COMPARED TO PREVIOUS EVALUATION <input type="checkbox"/> , WORSENER <input type="checkbox"/> , IMPROVED <input type="checkbox"/> , HEALED <input type="checkbox"/> .
<b>ONGOING :</b> CHEMOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> . RADIOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> .	pH Urine value (with urinary ostomy)	<b>MUCOCUTANEOUS JUNCTION:</b> Intact <input type="checkbox"/> , Detached <input type="checkbox"/> in T _____	<b>NEW PERISTOMAL WOUND:</b> NO <input type="checkbox"/> . YES <input type="checkbox"/> : (SACS 2.0) _____
<b>PAIN:</b> NRS (0 – 10) ____/10 PAINAD(0 – 10) ____/10	<b>PERISTOMAL SKIN</b> Intact: YES <input type="checkbox"/> , NO <input type="checkbox"/> . Macerated: YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>OTHER</b>	
WOUND TREATMENT :	AS PER PROTOCOL <input type="checkbox"/> .	OTHER: WOUND CLEANSING - PRIMARY DRESSING - SECONDARY DRESSING -	COMPLIANCE WITHEN TREATMENT USED: Positive <input type="checkbox"/> , Negative <input type="checkbox"/> .

OBSERVATIONS : \_\_\_\_\_

\_\_\_\_\_

RE-EVALUATION T3 – (28 DAYS AFTER START OF CARE, END OF OBSERVATION)

DATE \_\_\_\_\_

EVALUATOR \_\_\_\_\_

<b>OVERALL EVALUATION</b> Weight(kg) _____		<b>AUTONOMY STATUS</b> BARTHEL ____/100	<b>STOMA STATUS</b> Unchanged <input type="checkbox"/> , Changed: Healthy <input type="checkbox"/> , Oedematous <input type="checkbox"/> , Granulomatous <input type="checkbox"/> , Lacerated <input type="checkbox"/>	<b>LESION EVALUATION</b> <b>LESION AT THE START OF TREATMENT:</b> UNCHANGED COMPARED TO PREVIOUS EVALUATION <input type="checkbox"/> , WORSENER <input type="checkbox"/> , IMPROVED <input type="checkbox"/> , HEALED <input type="checkbox"/> .
<b>ONGOING :</b> CHEMOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> . RADIOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>pH Urine value</b> (with urinary ostomy)	<b>MUCOCUTANEOUS JUNCTION :</b> Intact <input type="checkbox"/> , Detached <input type="checkbox"/> in T _____	<b>NEW PERISTOMAL WOUND:</b> NO <input type="checkbox"/> . YES <input type="checkbox"/> : (SACS 2.0) _____	
<b>PAIN:</b> NRS (0 – 10) ____/10 PAINAD(0 – 10) ____/10	<b>PERISTOMAL SKIN</b> Intact: YES <input type="checkbox"/> , NO <input type="checkbox"/> . Macerated: YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>OTHER</b>		
<b>WOUND TREATMENT :</b>	AS PER PROTOCOL <input type="checkbox"/> .	<b>OTHER: WOUND CLEANSING -</b> PRIMARY DRESSING - SECONDARY DRESSING -		<b>COMPLIANCE WITHEN TREATMENT USED:</b> Positive <input type="checkbox"/> , Negative <input type="checkbox"/> .

REVIEW AFTER \_\_\_\_\_ DAYS

DATE \_\_\_\_\_

EVALUATOR \_\_\_\_\_

<b>OVERALL EVALUATION</b> Weight(kg) _____		<b>AUTONOMY STATUS</b> BARTHEL ____/100	<b>STOMA STATUS</b> Unchanged <input type="checkbox"/> , Changed: Healthy <input type="checkbox"/> , Oedematous <input type="checkbox"/> , Granulomatous <input type="checkbox"/> , Lacerated <input type="checkbox"/>	<b>LESION EVALUATION</b> <b>LESION AT THE START OF TREATMENT:</b> UNCHANGED COMPARED TO PREVIOUS EVALUATION <input type="checkbox"/> , WORSENER <input type="checkbox"/> , IMPROVED <input type="checkbox"/> , HEALED <input type="checkbox"/> .
<b>ONGOING :</b> CHEMOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> . RADIOTHERAPY YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>pH Urine values</b> (with urinary ostomy)	<b>MUCOCUTANEOUS JUNCTION:</b> Intact <input type="checkbox"/> , Detached <input type="checkbox"/> in T _____	<b>RECURRENT : NO<input type="checkbox"/>.</b> YES <input type="checkbox"/> : (SACS 2.0) _____	
<b>PAIN:</b> NRS (0 – 10) ____/10 PAINAD (0 – 10) ____/10	<b>PERISTOMAL SKIN</b> Intact: YES <input type="checkbox"/> , NO <input type="checkbox"/> . Macerated: YES <input type="checkbox"/> , NO <input type="checkbox"/> .	<b>OTHER</b>		

**\*\*STATUS OF LESIONS RECORDED INBETWEEN DRESSINGS:** W - WORSENER ; U – UNCHANGED ; I - IMPROVED ; H – HEALED

DATA OF DRESSINGS:	STATUS OF LESIONS **	DATA OF DRESSINGS:	STATUS OF LESIONS	DATA OF DRESSINGS:	STATUS OF LESIONS
1.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	5.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	9.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .
2.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	6.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	10.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .
3.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	7.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	11.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .
4.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	8.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .	12.	W <input type="checkbox"/> , U <input type="checkbox"/> , I <input type="checkbox"/> , H <input type="checkbox"/> .

\* (Toma Ostomy Research)