

Provider Documentation: Artificial Openings (Ostomies)

Documentation Tips & Best Practices

Did you know that a key part of documenting an ostomy status is specifying if it is present or reversed?

Key documentation considerations:

- Surgical history alone does not support active ostomy; physical presence of stoma must be documented
- Document assessment of opening in physical exam
- Note any surgical reversal with date
- Note any complications with ostomy site
- Note the functional status or any malfunction of artificial opening
- Document if any adjustment, modification, or replacement of a catheter occurs at the visit

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Artificial Openings (Ostomies)			
Hemorrhage from tracheostomy stoma – Presents in clinic today with bleeding from tracheostoma during coughing bouts.	Attention to colostomy – Skin at site is less irritated since starting barrier cream.	Gastrostomy status – Pt has had PEG tube since 9/9/2020 per records.	Colostomy status – No issues or complications. Follows with gastrologist.