Know Your Pouching System (Appliance) Checklist

Patient Name/Address: _____

Patient Date of Birth: _____   **Supplier Contact Information:** _____

Allergy Alert: _____   **Supplier Order #:** _____

Pouching System:

- ❏ One-Piece
- ❏ Two-Piece

Stoma Information:
Size:_____

Ostomy Type:
- ❏ Colostomy
- ❏ Ileostomy
- ❏ Urostomy
- ❏ Other:

_____

Brand Manufacturer:

- ❏ Coloplast
- ❏ Convatec
- ❏ Cymed/ Microskin
- ❏ Hollister
- ❏ Marlen
- ❏ Nu-Hope
- ❏ Other:_____

_____

_____

Pouch:
Product # _____
Size:_____
Quantity:_____

Pouch Features:
Color:
- ❏ Transparent
- ❏ Opaque

Closure/Outlet:
- ❏ Drainable (velcro or clip)
- ❏ Closed-end
- ❏ Tap Bottom

Gas Management:
- ❏ Integrated Filter
- ❏ No Filter

Wafer/Barrier/Flange:
Product #_____
Quantity:_____
- ❏ Pre-cut
Size:_____
- ❏ Cut-to-fit
Size:_____
- ❏ Moldable
Size:_____

- ❏ Flat
- ❏ Convex:
____Soft/Flexible
____Light
____Deep

Two-Piece:
- ❏ Adhesive Coupling
- ❏ Mechanical Coupling

Accessory Products:
- ❏ Skin Barrier Seals/Rings
- ❏ Adhesive Remover Wipes or Spray
- ❏ Barrier Wipes or Spray
- ❏ Barrier Strips
- ❏ Deodorizer
- ❏ Paste (Tube or Strip)
- ❏ Tape
- ❏ Powder
- ❏ Support Belt
- ❏ Overnight Drainage Bag
- ❏ Overnight High Output Pouch
- ❏ Irrigation Supplies
- ❏ Other:_____

_____

Advocates for a Positive Change   www.ostomy.org   1.800.826.0826

UOAA United Ostomy Associations of America, Inc.