

Ostomy: Personal action plan

Date: _____

The most important person managing your ostomy is you, and Intermountain Homecare & Hospice is committed to helping you out. This handout contains the tools to help you develop your own action plan and keep track of your progress at home.

My personal action plan

I would like to work on the following areas to manage my ostomy:

- ☐ Exercising and staying **active**
- ☐ Caring for my **ostomy**
- ☐ Eating well and managing my **diet**
- ☐ Making and keeping doctor **appointments**

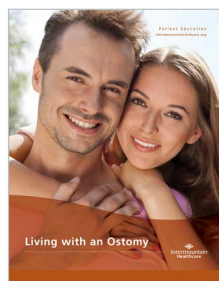
Talk about the areas you selected with your healthcare provider, and track your progress in the tables found on [page 2](#).

Patient education resources

Write the date you received each checked resource:

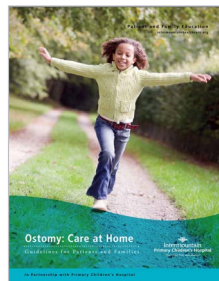
- ☐ **Living with an Ostomy**

Date: _____



- ☐ **Ostomy: Care at Home**
(pediatric booklet)

Date: _____



What do I need to do next?

- 1** Decide what areas you would like to work on to manage your ostomy.
- 2** At your next appointment, talk with your healthcare provider about your action plan.
- 3** Track your progress in the tables found on [page 2](#).

Questions for my doctor

My follow-up appointment

Date / Time: _____

Place: _____

Doctor: _____

Bring this action plan to your appointment

Exercise and stay ACTIVE

To exercise and stay active, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Do exercises prescribed by my doctor or therapist

Walk _____ minutes _____ times Location: _____

Do light housekeeping or yard work

Other:

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Care for my OSTOMY

To care for my ostomy, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Empty my pouch

Participate in barrier change

Participate in peri-stomal skin care (care for skin around the ostomy)

Prepare an emergency kit for when I am away from home

Read the **Living with an Ostomy** patient education booklet

Contact a company to order supplies

Find and participate in a support group

Other:

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Eat well and manage my DIET

To eat well and manage my diet, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Drink at least 6 to 8 cups of liquid a day, unless my doctor says otherwise

Chew foods well

Eat 4 to 6 small meals per day

After 6 to 8 weeks, gradually increase fiber in my diet

Other:

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Make and keep doctor appointments

To make and keep doctor appointments, I will:

Week 1 Week 2 Week 3 Week 4

Mark a calendar

Watch for symptoms and call right away when they occur

Other:

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

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