

Ostomy Emergency Information Sheet

Printable emergency information organizer from YourEMR

Use this page to organize emergency information. It is not medical advice or a care plan.

Fill in only details the person is comfortable sharing on a printed copy.

Person & Contacts

- Name / DOB: _____
- Emergency contacts: _____
- Caregiver contacts: _____
- Ostomy nurse / specialist: _____

Ostomy Context

- Ostomy type: _____
- Supply names: _____
- Vendor / DME: _____
- Care plan location: _____

Supply Locations

- Backup supplies: _____
- Travel supplies: _____
- Discharge paperwork: _____
- Official instructions location: _____

Handoff Notes

- Medication list location: _____
- Allergies: _____
- Communication / mobility notes: _____
- Privacy notes: _____

Organization only. Follow clinicians, ostomy nurse instructions, supply instructions, and care plan.

