



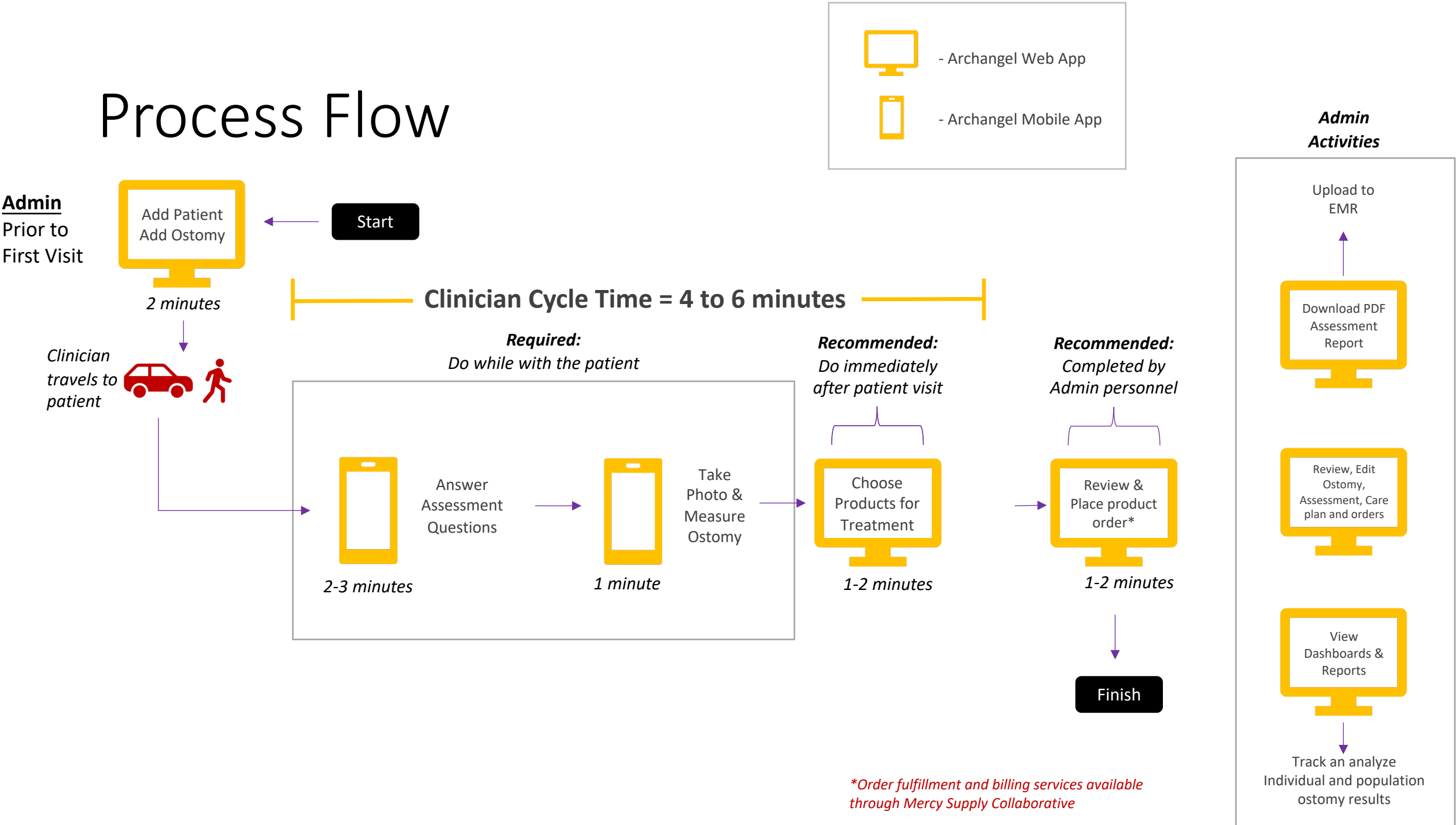
Key Points

- **Archangel** includes the ability to document many data elements associated with an Ostomy
- OSTOMY documentation is available on the **Archangel** Web app
 - **NOTE:** Ostomy for the Mobile App is coming soon (Summer 2022)
- **Archangel** also includes the ability to choose products for treatment and a way to order those products
- The PDF Assessment Report includes all OSTOMY data and photos

Process Flow

Admin

Prior to
First Visit



Web App – OSTOMY Screens

OSTOMY Data – Required when adding stoma

REQUIRED

1. Date of surgery
2. Date of intake
3. Diagnosis – Reason for surgery
4. Stoma Location
5. ICD-10 Code
6. Type

OSTOMY Data – Optional when adding stoma

OPTIONAL

1. Construction
2. Procedure
3. Are medical professionals servicing the patient in the home or in another facility (Nursing facility (LTC, Skilled nursing, etc.))
4. Has patient seen Ostomy prescribing physician in the last 12 months?
5. Ostomy supply questions
6. Date of discharge and location details
7. MFG Ostomy Program Enrollment
8. Surgery type
9. Preferred system type
10. Physical or mental health challenges
11. Item numbers being used at intake
12. Discharge supply from hospital
13. Pouch color
14. Contact History
15. Reversal Potential
16. Reversed?
17. Reversal completed on date
18. Notes

Click patient tab

Click patient tab after selecting a patient from the list

ARCHANGEL

Orders

Patients

Dashboard

Products

Settings

Learning

Wounds

Care Consultation

Nancy Supervisor
Supervisor
Scotts Home Health

?

Search

Last Name

Medical Record

Search

Clear

Show Entries

- 10 +

Add or Edit

Patient

Add or Edit

Wound

Ostomy

Select	First Name	Last Name	Sex	DOB	Medical Record#	Date Patient Added	# of Wounds	Ostomy	Last Assessment	Last Order
☐	Oliviawo	Tee	Female	05/30/2001	-	05/19/22	1	NO	0d	0d
☐	OliviaOne	Tee	Female	05/05/1987	-	05/19/22	1	NO	0d	-
☐	Olivia	Tee	Female	05/19/2022	-	05/19/22	1	NO	0d	0d
☐	Jimmy	Jay	Male	04/29/1985	342342	04/29/22	1	YES	2d	14d
☐	Janet	Jay	Female	04/29/1951	345335	04/29/22	1	NO	1d	20d

Click to open

Click “+” to add
an Ostomy

The screenshot displays the ARCHANGEL software interface. At the top, the header includes the ARCHANGEL logo, a menu icon, a 'Care Consultation' button, and user information for 'Nancy Supervisor' at 'Scotts Home Health'. Below the header, a patient's details are shown: Last Name 'Zee', First Name 'Teresa', Gender 'Female', and DOB '04/29/1968'. A green 'X' icon is visible in the top right corner of the patient details section. The main content area features a list of items related to the patient's ostomy care. The first item, 'Ostomy, Assessments & Treatments', is highlighted with a red box and a green checkmark. Below it, a grey bar indicates 'No ostomy found'. The list continues with 'Product Orders' and 'Uploaded Ostomy Images', both with green checkmarks. A red box highlights a '+' icon in the first column of the list, with an arrow pointing to it from the text 'Click “+” to add an Ostomy'. Another arrow points from the text 'Click to open' to the 'Ostomy, Assessments & Treatments' item.

Last Name	First Name	Gender	DOB	Medical Record
Zee	Teresa	Female	04/29/1968	-

- Ostomy, Assessments & Treatments ✓
- No ostomy found
- Product Orders ✓
- Uploaded Ostomy Images ✓

This is the tab for the
required data elements

Ostomy, Assessments & Treatments ✓

Ostomy (Required) **Ostomy (Optional)** **Notes (Optional)**

Date of Surgery *

05/19/2022

Date of Intake *

05/19/2022

Diagnosis – Reason for Surgery *

- ☐ Infection (Diverticulitis)
- ☐ IBD (Crohn's, Ulcerative Colitis)
- ☐ Cancer (Colorectal)
- ☐ Obstruction (Bowel)
- ☐ Acute Injury
- ☐ Genetic
- ☐ Other

Location * (click location of stoma on body image below)



Continued screen on next page . . .

Ostomy, Assessments & Treatments

ICD-10 Code *

Choose

Construction

- ☐ End
☐ Loop
☐ Double Barrel

Procedure

- ☐ Permanent
☐ Temporary

Type *

- ☐ Colostomy
☐ Ileostomy
☐ Urostomy
☐ Mucus Fistula

Are Medical professionals in the home OR is ostomate in a hospital, nursing home, rehab facility, etc?

- ☐ Yes
☐ No

Has ostomate seen Prescribing Physician within the last year?

- ☐ Yes
☐ No

Continued screen on next page . . .

Were any ostomy supplies ordered from a previous biller? ☐ Yes ☐ No	Last order date MM/DD/YYYY 	Last order supply duration ☐ 30 days ☐ 60 days ☐ 90 days	Name of Biller where products were last ordered Choose 
Date of discharge (from Hospital, Home Health, etc.) MM/DD/YYYY 		Name of Facility / Organization 	
Program Enrollment at Intake <i>(Select all that apply)</i> ☐ Hollister Secure Start ☐ Coloplast ☐ ConvaTec		Is there interest in learning more about the HOLLISTER Secure Start Program? ☐ Yes ☐ No	
Save Return			

Clicking "Save" is required to save the data. Clicking return will send the user back to the previous screen

Ostomy (Required)

Ostomy (Optional)

Notes (Optional)

Surgery Type
☐ Planned
☐ Emergency

Preferred System Type
☐ One-Piece Pouch
☐ Two Piece System

Physical Dexterity and/or mental health challenges?
☐ Yes
☐ No

Discharge from hospital supply duration
☐ 1 week
☐ 2 week
☐ 3 week

Skin allergy to tape
☐ Yes
☐ No

Pouch color at intake
☐ Color
☐ Transparent

Item Numbers being used prior to intake

**One Piece Pouch**

**Two Piece System**
Barrier

Pouch

Contact History (Select all that apply)
☐ WOCN or Surgeon or both prior to surgery
☐ WOCN prior to discharge at hospital
☐ Daily RN prior to discharge
☐ Discharge planner prior to discharge
☐ MFG Services – HOLLISTER
☐ MFG Services – COLOPLAST
☐ MFG Services – CONVATEC
☐ Post-Op in office Consult with Surgeon or WOCN
☐ Home Health
☐ Rehab
☐ Skilled Nursing
☐ Assisted Living

Reversal Potential
☐ High
☐ Low

Stoma Reversed?
☐ Yes
☐ No

Reversal Surgery Completed on
 

Save

Return

This is the tab for the optional data elements

Clicking "Save" is required to save the data. Clicking return will send the user back to the previous screen

This is the tab for Notes
which are optional

Last Name	First Name	Gender	DOB	Medical Record	
Zee	Teresa	Female	04/29/1968	-	X

Ostomy, Assessments & Treatments ✓

Ostomy (Required)

Ostomy (Optional)

Notes (Optional)

Ostomy Notes

Enter Notes

Save

Return

After saving, a tab is created for the new ostomy

ARCHANGEL

Orders

Patients

Dashboard

Products

Settings

Learning

Wounds

Care Consultation

Nancy Supervisor

Supervisor

Scotts Home Health

?

→

Last Name

First Name

Gender

DOB

Medical Record

Zee

Teresa

Female

04/29/1968

-

X

Ostomy, Assessments & Treatments

+

Ostomy 1

Ileostomy

Date of Surgery : 05/19/2022

Date Added : 05/19/2022

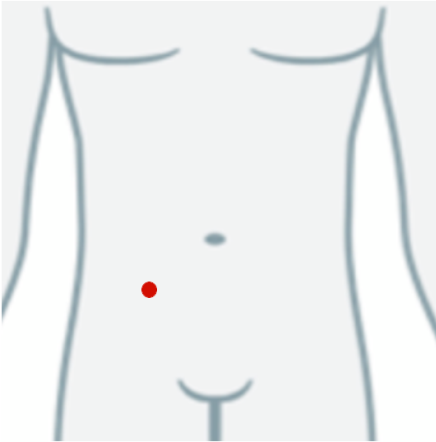
Type : Ileostomy

Procedure : Temporary

Stoma Construction : End

Reason for Surgery : IBD (Crohn's, Ulcerative Colitis)

Edit / View



Assess & Treat Details by Date

+

Add Assessment/ Treatment

No more assessments found

Click on the “+” to start a new assessment / treatment

OSTOMY Data – Required Assessing Stoma

REQUIRED

1. Assessment date
2. Accessories
3. Stoma leakage
4. Stoma profile
5. Stoma Shape
6. Skin Issues
7. Skin condition
8. Peri-stomal contours
9. Color
10. Viability
11. Tone
12. Lumen Location
13. Size
14. Image
15. Notes

OSTOMY Data – Optional Assessing Stoma

OPTIONAL

1. Appliance wear time
2. Gas level
3. Mucocutaneous Junction
4. Effluent (aka Output)
 - Urine Consistency
 - Urine Color
 - Fecal Consistency
 - Fecal Amount
 - Output Thickness
 - Output size / Quantity
 - Output Frequency

This is the tab for the
required data elements

Last Name Zee	First Name Teresa	Gender Female	DOB 04/29/1968	Medical Record -	
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Ostomy, Assessments & Treatments 

Add / Edit Ostomy Assessment

Assessment (Required)	Size / Image (Required)	Assessment (Optional)
Assessment Date * 05/19/2022	Days since Surgery: 0 Days since intake: 0	Accessories* (Select all that apply) ☐ Rings / Seals ☐ Deodorant ☐ Paste ☐ Tape ☐ None ☐ Barrier (strips, extenders, etc.) ☐ Wipes ☐ Spray ☐ Powder
Stoma Leakage issues * ☐ High ☐ Low ☐ None	Stoma profile to skin * ☐ Below / Retracted ☐ Even / Flush ☐ Slightly Protruding ☐ Moderately Protruding (1-3 cm) ☐ Long Protruding ☐ Prolapsed ☐ Positional	Stoma Shape * ☐ Round ☐ Irregular ☐ Oval

Continued screen on next page . . .

Peri-stomal skin issues and / or skin is sensitive *

☐ High

☐ Low

☐ None

Peristomal Skin Condition

(Select all that apply)

☐ Intact

☐ Denuded

☐ Rash

☐ Folliculitis

☐ Pressure Injury

☐ Induration

☐ Macerated

☐ Hyperplasia

☐ Allergic Dermatitis

☐ Red

☐ Bleeding

☐ Yeast/Fungal

☐ Erosion

☐ Wound

☐ Edematous

☐ Hyperpigmented

☐ Varicosities

☐ Lesions

Peristomal Contours *

(Select all that apply)

☐ Flat

☐ Firm

☐ Rounded

☐ Flabby / Soft

☐ Parastomal Hernia

☐ Adjacent to umbilicus

☐ Adjacent to the ribs

☐ Adjacent to the hip

☐ Stoma within a crease or skin fold

Stoma Color *

☐ Pink

☐ Red

☐ Maroon

☐ Blue

☐ Purple

☐ Yellow

☐ Black

☐ Pale Pink

☐ Dark

Stoma Viability *

☐ Moist

☐ Dusky

☐ Dry

☐ Slough

☐ Eschar

Stoma Tone *

☐ Firm

☐ Textured

☐ Smooth

☐ Edematous

☐ Flaccid

Lumen Location *

☐ Icentral

☐ Skin Level

☐ Side Location

☐ Skip /Unknown

Enter

o'clock

Enter Assessment Notes here

Next

Return

Treatment

Clicking "Save" is required to save the data. Clicking return will send the user back to the previous screen

This is the tab for the required data elements

Ostomy, Assessments & Treatments

Add / Edit Ostomy Assessment

Assessment
(Required)

Size / Image
(Required)

Assessment
(Optional)

If stoma is ROUND, measure stoma manually with paper sizing tool

☐ 5/8 (16mm)

☐ 3/4 (19mm)

☐ 7/8 (22mm)

☐ 1 (25mm)

☐ 1 1/8 (29mm)

☐ 1 1/4 (33mm)

☐ 1 3/8 (35mm)

☐ 1 1/2 (38mm)

☐ 1 5/8 (40mm)

☐ 1 3/4 (44mm)

☐ 1 7/8 (50mm)

☐ 2 (51mm)

☐ 2 1/8 (55mm)

☐ 2 1/4 (57mm)

☐ 2 3/8 (61mm)

☐ 2 1/2 (64mm)

☐ 2 5/8 (67mm)

☐ 2 3/4 (70mm)

☐ 2 7/8 (74mm)

☐ Between 3 and 4

☐ Greater than 4

OR

If stoma is OVAL or IRREGULAR, measure length and enter here:

Enter here

mm

=

inch

Image #1 (required) *

Image #2 (optional)

Upload Image

Upload Image

Ostomy Sizing Tool (optional)

Sizing Tool

Sized Image Using Sizing Tool

Length :

Width :

Save

Return

Treatment

The user must select a stoma size here and upload an image here

Click this tab to access the treatment area

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This is for the Optional
Assessment data
elements

Ostomy, Assessments & Treatments 

Add / Edit Ostomy Assessment

Ostomy 1 Assessment 1

Assessment (Required)	Size / Image (Required)	Assessment (Optional)
Appliance Wear Time ☐ Less then 1 Day ☐ 1 Day ☐ 2 Day ☐ 3 Day ☐ 4+ Day	Gas ☐ High ☐ Medium ☐ Low ☐ None	Mucocutaneous Junction ☐ Intact ☐ Sutures ☐ Separation Enter O'Clock
Is Effluent(Output) present or absent at the time of this assessment? ☒ Present ☐ Absent		
Urine Consistency (Select all that apply) ☐ Gritty ☐ Cloudy ☐ Clear ☐ Musty ☐ Fishy ☐ Fecal ☐ Mucous Strands ☐ Crystals Urine Color (Select all that apply) ☐ Clear ☐ Straw ☐ Blood Tinged ☐ Amber ☐ Tea		

Continued screen on next page . . .

Fecal Consistency

(Select all that apply)

- ☐ Formed
- ☐ Soft
- ☐ Thin
- ☐ Tarry
- ☐ Liquid
- ☐ Hard
- ☐ Thick
- ☐ Pasty
- ☐ Oily

Fecal Amount

- ☐ High / Large (if Ileostomy > 1500 ml)
- ☐ Medium (if Ileostomy 500-1200 ml)
- ☐ Small

Output Thickness

THICK



THIN



URINE



Output size/quantity

SMALL



MEDIUM



LARGE



Output Frequency

INFREQUENT

(during waking hours 1-2 times per day or every 7-16 hours)

FREQUENT

(during waking hours 3-7 times per day or every 3-6 hours)

VERY FREQUENT

(during waking hours 8-10 times per day or every 1-2 hours)

Save

Return

Treatment

Clicking "Save" is required to save the data. Clicking return will send the user back to the previous screen

Click here to document notes for treatment

Last Name: Zee First Name: Teresa Gender: Female DOB: 04/29/1968 Medical Record: -

Ostomy, Assessments & Treatments

Add / Edit Treatment

Treatment (Required)	Treatment Notes (Optional)

Search By

☐ Category ☐ Product

Return Place New Order

Treatment
(Required)

Search By

☒ Category

Return

- ✓ Choose
- 1-Piece Pouches
- 2-Piece Systems
- Barrier Sprays & Wipes
- Tapes & Adhesion
- Ostomy Accessories
- Ostomy Irrigation
- Ostomy Pastes & Powders
- Rings & Seals
- CeraPlus Products
- Ostomy Deodorants

Add products to the treatment plan. Search for products to add either by “Category” or by “Product” search

☒ Product

promogran

PROMOGRAN Matrix Wound Dressing

PROMOGRAN PRISMA Matrix

PROMOGRAN PRISMA Rope Dressing

Place New Order

Bill To:

☒ Organization

☐ Patient Insurance

Ship To:

☒ Organization

☐ Patient Address

Order Date

05/19/2022

Organization PO #

TEAM Order #

Tracking #

Bill To

Name

ScottHetland

Company Name

Scotts Home Health

Address Line 1*

4 Zesta Drive

Address Line 2

City*

Pittsburgh

State*

PA

Zip*

15205

Ship To

Name*

ScottHetland

Company Name

Scotts Home Health

Address Line 1*

4 Zesta Drive

Address Line 2

City*

Pittsburgh

State*

PA

Zip*

15205

Order Amount

Item Total:

\$ CP*

Shipping:

\$ CP*

Grand Total:

\$ CP*

Shipping Method:

Standard Shipping

Free Shipping Threshold:

\$ CP*

*CP - Contract Pricing

Items	Quantity	Price
PROMOGRAN Matrix Wound Dressing  Size 4-34-sq MFG 3M KCI Quantity each Fill Rate Manufacturer ID: PG004 Amount \$ CP* Remove - 1 + \$ CP*		
Click here to place the order.		
More Products...		Item Total \$ CP*
Add Product	Return	Place Order

Before placing the order, the user can; update the bill to and ship to information, update item information

