

E-190 Ostomy Care

An ostomy is an opening made to allow passage of urine or feces. The piece of intestine that is brought out to the abdominal wall is called a Stoma. The forms of enterostomy are ileostomy, which involves the ileum of the small intestine, and colostomy, which can involve various segments of the colon. Ostomies may be temporary or permanent.

Intact skin barriers with no evidence of leakage do not need to be changed daily and can remain in place for 3-5 days. (Ayello, 2000).

Pouching system options include: adhesive and non-adhesive systems available for both urinary and fecal drainage.

One piece pouch with skin barrier already attached; precut pouch and skin barrier; or a two-piece pouch system, that consists of pouch that can detach from skin barrier that remains around the stoma for several days.

The bottom of ostomy pouch is either open ended, closed only with a clip or some other type of device between emptying or closed ended. One piece pouches should be open ended that can be opened periodically for emptying. Two piece pouches provide a choice because the client can remove the pouch from the skin barrier to empty.

Purpose

Provide guidelines for pouching an enterostomy.

Allow for examination of skin around stoma.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Pouch, clear drainable colostomy/ileostomy in correct size for two piece system or custom cut to fit one piece type with attached skin barrier.
- Barrier paste.
- Pouch clamp.
- Clean gloves.
- Gauze pads or washcloth.
- Towel.
- Basin with warm tap water.
- Scissors.
- Skin-sealant wipes, tape or ostomy belt.
- Hand-held blow dryer.
- Adhesive remover (optional).
- Ostomy deodorant.

Procedure

1. Position the client in standing or supine position.
2. Wash hands. Refer to the Hand Washing procedure.
3. Don clean gloves.
4. Remove used pouch. Gently push skin away from the barrier. Save clamp on pouch.
5. Gently cleanse stoma and surrounding skin using gauze pads or paper towels. *Do not scrub the skin.*
6. Dry skin by patting with towel. Use a hand-held blow dryer on a cool setting to dry thoroughly.
7. Assess skin condition.
8. Measure the stoma and cut the appliance opening 1/16 to 1/8 inch larger than the stoma. Fold up bottom of pouch and apply clamp.
9. Apply sealant wipe to skin around stoma and let dry thoroughly.
10. Apply barrier paste to appliance around opening.
11. Place barrier over stoma and press down gently. The bottom opening of the pouch should point toward the client's knees if the client is ambulatory and to the down side of the abdomen if the client is bed bound.
12. Maintain gentle pressure around the appliance for one to two minutes. This maintains a secure seal to prevent leaking.
13. If using a two-piece pouch, slowly peel off adhesive backing and smooth onto skin. Apply pouch. Check to verify placement.
14. Remove gloves and dispose of old pouch and supplies according to the Agency Waste Disposal Policy.
15. Wash hands. Refer to the Hand Washing procedure.
16. Change pouch every five to seven days, unless leaking. *Skin quickly becomes excoriated with exposure to stool.*

Documentation Guidelines

Document in the clinical record:

1. Type of pouch and skin barrier applied. Amount and appearance of stool or drainage in pouch, size of stoma, color and consistency of stool, condition of skin.
2. The client's participation in the process, if any.
3. Teaching done and client response to teaching.

Pediatric Considerations

Colostomies done in infants are often temporary and done for emergency situations.

Use equipment designed by manufacturers to be used with pediatric clients.

Characteristics of pouch skin barriers for pediatric clients are:

Flexible to cover infant’s rounded abdomen.

Thin enough to avoid undermining of stool beneath skin barrier.

Large enough to accommodate multiple stomas in one skin barrier.

Related Procedures

None.

Policy History

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