

OSTOMY CARE TIP SHEET

1. **Assess stoma at least once a shift. Observe for colour of stoma (pink or beefy red), and character of output. Notify physician if any abnormal findings.**
2. **Change pouching system at least once a week and prn if signs of leakage (itching, burning skin under the flange or odour when pouch is closed).**
3. **Monitor for signs of irritation from leakage on peristomal skin (redness etc.). Consider treatment with barrier powder and brush off excess before applying new pouch. Also consider what caused the leakage and try to correct (e.g. Pouch opening cut too large, flange on too long etc.)**
4. **Remove old pouch by supporting skin and gently pushing the skin away from the adhesive backing. Adhesive tape remover pads can be used for gentle removal of the flange and to remove any residual adhesive on the skin.**
5. **Cleanse skin with warm water and/or mild soap if patient wishes. Dry skin well before applying new pouch.**
6. **Measure size of stoma with guides available in pouch boxes and cut new flange leaving 1/8" larger opening than the actual stoma size to allow for expansion and contraction of stoma.**
7. **If the patient has a high volume of liquid output, you may wish to apply a thin ring of stomahesive paste around your sized flange opening and allow it to set-up for 1 minute before applying it to the patient's abdomen (this allows the alcohol in the product to evaporate and decreases skin irritation). This paste is normally used for patients that have ileostomies and colostomies.**
8. **Some patients may prefer to use a skin barrier film like 3M No Sting to ease removal of the flange and add a thin film-like barrier against moisture. If so, apply it to intact skin around the stoma and allow it to get "tacky" before applying the flange and pouch. ****Note**** If using barrier powder, apply this first and brush off the excess and then apply your liquid film on top to seal in the powder. This is often used around the skin of urostomies.**
9. ****REMEMBER** Accessory products such as paste, barriers, and films can cause sensitivities with patients, therefore monitor skin closely when using these products.**
10. **Remind your patients to empty their pouches when they are 1/3 to 1/2 full to minimize leakage and bulk.**

- 11. All ostomy patients should be encouraged to maintain an adequate fluid intake to balance the amount of output they are experiencing.**
- 12. Urostomy patients should be encouraged to maintain adequate fluid intake to prevent thick mucous and promote urine drainage. They should be taught how to attach their pouches to Foley bag night drainage systems to minimize waking during the night to empty the pouch preventing overfilling and bacteria proliferation. Drain adapters are available to facilitate this.**
- 13. Review signs and symptoms and treatment of urinary tract infections (flank pain, abdominal pain, fever, malaise, flu-like symptoms, change in urine odour) with urostomy patients and signs and symptoms and treatment of dehydration and fluid/electrolyte imbalance (weakness, lethargy, dry mouth, reduced urine output/increased concentration, abdominal cramps, dizziness) with ileostomy patients as they are a higher risk population for these situations to occur.**

Reference: Hampton, B. & Bryant, R. Ostomies and Continent Diversions: Nursing Management: Mosby Yearbook, St. Louis, 1992.

Reference: Colwell, Janice C., Goldberg, Margaret T., Carmel, Jane E. Fecal & Urinary Diversions: Management Principles: Mosby Inc., St. Louis, 2004.