

OUR LADYS CHILDREN'S HOSPITAL
NURSING CARE PLAN 26
OSTOMY CARE

(Use in conjunction with care plan 1)



Care plan 26 Problem		Ostomy Goals	Issue date: June 2011 Review date: June 2013
<p>_____ has a</p> <ul style="list-style-type: none"> • colostomy • ileostomy • urostomy • other: <p>_____</p>		<p>_____’s stoma will heal and function without complication.</p> <p>_____ and parents will be educated on caring for his/her stoma.</p>	
Commenced , date, time and signature, grade.	No.	Nursing Intervention	Discontinued, date, time and signature, grade.
	1.	<p>Nursing Intervention: Pre-operatively</p> <p>Ensure _____ and parents meet with the Colorectal Nurse Specialist pre operatively to discuss the following...</p> <ul style="list-style-type: none"> • care of the stoma • education re. complications • products • altered body image • life with a stoma • support. <p>The site will be marked following discussion with the patient, Colorectal Nurse and the Surgical Team</p> <p>STOMA SITE MARKED: YES __ NO __</p> <p>Administer bowel prep as ordered by the Surgical Team.....</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Consider the need for Intravenous fluids when fasting</p>	
	2.	<p>Nursing Intervention (use in conjunction with post-op careplan)</p> <p>Post-operatively</p> <p>Observe and document stoma for</p> <ul style="list-style-type: none"> • Colour (pink, dusky?) • Size (is it prolapsed, retracted?) • Output (is the stoma acting?) • Please contact Surgical Team immediately if any abnormalities noted. <p>Ensure a post-operative stoma bag is in-situ. This is a clear bag to allow the stoma to be observed. Cover filter with sticker provided so to observe for flatus.</p> <p>Allow _____ to eat and drink as instructed in the post operative notes.</p> <p>Liaise with dietican re. particular diet education.</p>	

Created by A. Costigan.

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3.	Nursing Intervention: Care of the stoma	
	<p>Removal of appliance:</p> <ul style="list-style-type: none"> • If using drainable bag, empty contents of the bag, measure output as required. • Remove old appliance by peeling gently away from skin using an adhesive remover spray/wipes. • Examine the skin for signs of irritation from leakage. • Dispose of used material in appropriate waste bin. <p>Cleaning the stoma and skin:</p> <ul style="list-style-type: none"> • Cleanse stoma and surrounding skin with unsterile gauze and warm tap water. • Dry the skin carefully and gently (otherwise adhesive will not stick). <p>Additional care:</p> <hr/> <hr/> <p>Preparing and attaching new appliance:</p> <ul style="list-style-type: none"> • Chosen appliance: <hr/> <hr/> <ul style="list-style-type: none"> • Use a measuring guide to check diameter of stoma and make a template from cutting guide. • Ensure the hole of the adhesive is cut no more than 2mm larger than the stoma. Too large a hole will lead to leakage of effluent and so cause skin irritation. Too small a hole will cause mechanical stress to the stoma and oedema will develop. • Use Cohesive (Doughnut) Seal, this must be placed directly beside the stoma, covering all the way around the stoma. Do not use seal on a flat stoma. • Ensure adhesive has full contact with skin, begin closest to the stoma by pressing the adhesive to the skin and work your way out to the edges of the appliance. <p>Apply bag on to base plate if using a two piece system.</p> <p>Appliance/ Product Guide:</p> <ul style="list-style-type: none"> • One piece product, wear for up to 2 days. • Two piece product, wear for more than 2 days. • Use of one or two piece depends on patients preference and output. • Open bag used for ileostomy (effluent more fluid like). • Closed bag used for colostomy (effluent more formed). <p>Document nursing care, skin condition and appliances used.</p>	
4.	Nursing Intervention: Discharge	
	<p>Liaise with the Colorectal Nurse Specialist re. discharge advice, appliances and follow up.</p> <p>Use Stoma Teaching Tool and discharge plan.</p>	

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