POLICY STATEMENT

Clients requiring management with the stoma will be assessed and have a stoma management plan in place.

Where appropriate, external services will be utilised to assess and plan care for the clients with a stoma.

SCOPE

Nursing Staff.

RESPONSIBILITIES

The Program Manager is responsible for:

- Ensure staff who will be providing care for the client has completed the Stoma Care Competency;
- Recording completion of training on the Staff Training Register.
- Liaising and coordinating care with the client’s GP and external services (where required);
- Co-producing a stoma management care plan with the client and/or representative and where required in consultation with the GP and/or external services.

All Staff are responsible for:

- Reporting and consulting any changes to the client’s stoma to the Program Manager.
- Following the client’s stoma management care plan.
## STOMA

1.1 The stoma may be temporary (to allow the bowel to heal) or it can be permanent.

There are different types of stoma:

- **Colostomy**
  
  A colostomy is formed by bringing part of the colon (large bowel) out onto the surface of the abdomen.

  A colostomy will pass formed stools and flatus into the enclosed appliance on a daily basis, but it can also range from three times per day, to three times per week.

- **Ileostomy**
  
  An ileostomy is formed when the end or the loop of small bowel (the ileum) is out on the surface of the abdomen.

  The stoma will be moist and pinkish red colour and will protrude slightly from the abdomen.

  There is no sensation to the stoma, hence it is not painful.

  An ileostomy will pass loose faeces and flatus a few times per day.

- **Urostomy**
  
  A urostomy will constantly pass urine and a small amount of mucus into the drainable bag that is fastened to a tape or bung.

1.2 Skin

The skin surrounding the stoma should appear the same as the rest of the abdominal skin: free from breaks and sores.

## PROCEDURES

### COMPLICATIONS OF STOMA

When a problem has been identified with the stoma, ask the client what was different recently and what they think the problem is.

#### 2.1 Sore Skin

Sore skin is mostly due to urine or faeces coming in contact with the skin around the stoma.

When assessing the skin, it is important to describe the problem to the stoma and the surrounding skin, the precipitating issues and any treatments tried and its result.

2.1.1 The following considerations should be taken into account when the client is complaining of sore skin around the stoma:

- Ask the client the following questions:
  - Have you experienced any leakages from the appliance?
- Does it always leak in the same place?
  - Check the flange when it is removed.
  - Check the surface of the skin for creases or skin dips as this can impair the adhesion of the appliance flange.
  - Has the client lost or gained any weight recently, as this can change the skin around the stoma.
  - Observe for any parastomal hernia or bulge, as it can thin and stretch the skin around the stoma.
  - Check whether the aperture of the flange the correct size to the stoma?

2.1.2 Treatment

Once the problem has been identified, the possible treatments may be:

- Ensure the aperture is resized.
- The skin surrounding the stoma is carefully cleaned and dried.
- If the skin is very wet and the flange is not sticking onto the skin, sparingly use stoma powder to enhance the adhesion.
- Use barrier wipes or spray if the skin is red and at risk of breaking down (after careful cleaning and drying).
- If the skin is uneven, consider using a paste or seal (check with the pharmacist/manufacturing supplier) to level the skin and prevent the appliance from leaking.
- For elderly skin/frail skin consider using, an adhesive wipe/spray when removing the flange.

2.2 Constipation

Constipation is commonly cause by inadequate fluid intake, poor diet and lack of exercise.

2.2.1 Treatment

- Education on maintaining adequate fluid intake, healthy diet, and exercise
- Advise the client to see the GP for oral laxatives.

2.3 Blocked ileostomy

The blockage to the ileostomy may be due to food not chewed well, hence it can block the bowel lumen and prevent the passage from passing down the ileostomy appliance.

If the abdominal become distended and the client is reporting nausea, the client should stop eating and drinking and should seek medical attention from the Emergency Department (CALL 000 for ambulance).

Advise the client to ensure that food is thoroughly chewed at all times.

2.4 Urinary Infection

For clients with a urostomy, with the urine has increased mucus production or if the urine has an offensive odour, it may indicate urinary tract infection.

Clients with a urostomy have a short urinary tract, hence are more prone to infections.
### 2.4.1 Treatment

- Clients should be recommended to have a healthy diet and adequate oral fluid intake to reduce the risk of urinary tract infection.
- Seek medical attention (GP) for test and treatment.

### WHEN TO SEEK MEDICAL ATTENTION WITH THE STOMA

All staff must contact the Program Manager if the client has reported the following signs and symptoms:

- Excoriation to the stoma site
- The stoma smells bad and there is pus or blood coming out if the stoma
- The stoma is different in colour, getting longer or pulling into the skin
- Blood in the stool
- Feeling nauseated
- Pain or bloating to the abdomen
- Fevers or chills
- Stools are looser than normal
- You have no gas or stool for 4 hours
- You have a big increase in the amount of stool collecting in your pouch

After being notified of the above signs and symptoms, the Program Manager must report to the GP as soon as possible.

### ASSESSMENT, CARE PLAN AND REVIEW

#### 1.1 Assessment

Assessment of the Stoma is done by Nurses who is competent in the management of the Stoma.

The Program Manager will refer the client (after consulting with the client and/or representative) to external health professionals, if consultation is required in the management of the client’s stoma.

The initial assessment and where there is a change to the stoma site, the nurse must record the assessment and treatment plan of the stoma onto the wounds chart, *DOC 14.08 Wound Assessment and Care Plan Form*.

The treatment plan should be re-evaluated through a re-assessment of the stoma

Staff who are in direct care with assisting the client with managing the stoma, are required to do a visual assessment of the stoma, faecal content and the pouch.

#### 1.2 Care Plan

The care plan will be developed based on consultation with the client’s family or carer, and may involve the GP and/or other health professionals.

The care plan will indicate the frequency of the change in the appliance.
1.3 Review

The client’s stoma management plan will be reviewed on a routine basis (3 months) or more frequent as the needs change.

All staff must report to the Program Manager, if the client has any new or concerning abnormalities to the stoma site and document in the **DOC 14.08 Wound Assessment and Care Plan Form**.

### CHANGE OF THE STOMA BAG

**Equipment:**

- Stoma bag
- Sterile scissors
- Measurement tool for the stoma
- Warm soapy water and a clean bowel
- Warm plain water in a bowel for rinsing
- Gauzes
- Disposable Gloves (2 pairs)
- Disposable bag
- Protective sheet
- Adhesive removal spray or wipe (if applicable)

**Step 1:** Assist the client with emptying the stoma bag into the toilet first (if required) and then take the client to an area where there is privacy. Assist the client in a comfortable position and where the stoma site is easily accessible.

**Step 2:** Obtain consent from the client.

**Step 3:** Gather the required equipment.

**Step 4:** Perform hand hygiene.

**Step 5:** Open the equipment into a clean flat table or surface in a sterile manner.

**Step 6:** Don glove.

**Step 7:** Place the protective sheet near the stoma bag (ie. Client’s lap)

**Step 8:** Use an adhesive spray or wipe to carefully remove the old stoma bag (elderlies have very frail skin) and note the quantity and character of the faeces and discharge into the disposable bag.

**Step 9:** use the soaked gauze with mils soapy water and clean the stoma site. Once the stoma site is clean, remove the gloves and perform hang hygiene again.

**Step 10:** Don glove.

**Step 11:** Dry the stoma site with a clean gauze and use the stoma measuring tool to measure the size of the stoma (diameter). The new adhesive is then cut 2-3 mm larger than the diameter of the stoma (do not let the measuring toll touch the stoma site).
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<td><strong>Step 12:</strong> Stick the new stoma adhesive closest to the stoma first and working your way out. Hold the new adhesive against the skin for a few minutes.</td>
<td><strong>Step 13:</strong> Ensure the pouch clip or Velcro is sealing the bag. <strong>Step 14:</strong> Document in the client’s progress notes in regards to the measurement of the stoma bag/location of the stoma/any abnormalities to the stoma site/or any complications encountered.</td>
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<td><strong>STOMA APPLIANCES</strong></td>
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<td>Any issues identified with the client’s stoma appliance should be directed to the manufacturer.</td>
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<td>The Program Manager will provide education and resources related to the stoma to ensure the client and/or representative is well informed. The following information will be given:</td>
<td>- Information about the stoma</td>
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<td>- Support services contacts</td>
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<td>The Program Manager can refer the client to incontinence service providers (if consented by the client and/or representative) in the management of the stoma. Referrals can also be arranged by the GP.</td>
<td>A list of local incontinence service providers can be found on the <a href="http://www.incontinence.org.au">www.incontinence.org.au</a>, click onto “GET HELP” tab and “service providers”. Support groups such as Bowel Cancer Australia, can offer support and information to clients and their family.</td>
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<td><strong>EXPECTED OUTCOME</strong></td>
<td>- 100% of all clients requiring the management of the stoma, are assessed and have a management plan in place.</td>
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<td>- 100% Complications related to the stoma are managed as soon as possible by nursing and medical professionals.</td>
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<td>- 100% of the client with a stoma have been provided with education and resources to assist the client with being confident in the management of the stoma as part of their daily activity.</td>
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RELATED DOCUMENTS

- Clinical Care Policy: POL.18 Indwelling Catheter Care
- Clinical Care Records: DOC 02.08 Continence Assessment and Care Plan
- Clinical Care Records: DOC 25.08 Stoma Care Competency
- Clinical Care Records: DOC 32.08 Colostomy Advice
- Clinical Care Records: DOC 33.08 Ileostomy Advice
- Clinical Care Records: DOC 34.08 Urostomy Advice

RELATED REGISTER

- REG 31.13 Staff Training Register

REFERENCES

- https://www.bowelcanceraustralia.org/living-with-a-stoma