

COLOSTOMY CARE

I. KNOWLEDGE

1. State the purposes of Colostomy Care.

- To assess and care for the peristomal skin.
- To collect effluent for assessment of the amount and type of output.
- To minimize odors for the client's comfort and self-esteem.

2. Enumerate the considerations in caring for a client with Colostomy.

3. Enumerate the materials used.

- Pouch, clear drainable colostomy / ileostomy
- Pouch closure device, such clamp
- Clean disposable gloves
- Gauze pads or washcloth
- Towel
- Basin with warm tap water
- Scissors
- Skin barrier such as sealant wipes
- Tape or ostomy belt

II. SKILLS

Preparatory Phase

1. Auscultate for bowel sounds. Determines presence of peristalsis.

2. Observe existing skin barrier and pouch for leakage and length of time in place. Determines likelihood of pouch loosening from stoma and failing to collect effluent.
3. Observe stoma for color, swelling, trauma, and healing. Stoma characteristics should be one of the factors to consider in selecting pouching system.
4. Observe effluent from stoma and record of intake and output. Plan on changing skin barrier pouch at times of less effluent output. Avoid changing after meals when gastro colic reflux increases chance of fecal effluent output.
5. Explain procedure to client. Lessens anxiety and promotes participation.
6. Assemble equipment. Optimizes use of time.

Performance Phase

- 7.** Position client either standing or supine and drape. When in supine position, there are fewer skin wrinkles, which allows for ease of application of pouching system; maintains client's dignity.
- 8.** Wash hands and apply disposable gloves. Reduces transmission of microorganisms.
- 9.** Place towel under client. Protects bed linen.
- 10.** Remove used pouch and skin barrier gently by pushing skin away from barrier. An adhesive remover may be used to facilitate removal of skin barrier. Reduces skin trauma. Improper removal of pouch and barrier can irritate client's skin and can cause skin tears.

11. Cleanse peristomal skin gently with warm water using gauze pads or clean washcloth; don't scrub skin; dry completely by patting skin with gauze or towel. Avoid use of soap as it leaves a residue on skin that interferes with pouch adhesion to skin. Skin must be dry as pouch does not adhere to wet skin. If rubbed, stoma may ooze some blood as a result of cleaning process. If blood appears do not be alarmed. Stoma's surface is highly vascular mucous membrane.

12. Measure stoma for correct size of pouch, using manufacturer's measuring guide. Ensures accuracy in determining correct pouch size needed.

13. Prepare pouch, remove backing from barrier and adhesive.

With ileostomy, apply thin circle barrier paste around opening in pouch; allow to dry. **Paste facilitates seal and protects the skin.**

14. Apply skin barrier and pouch. If creases next to stoma occur, use barrier paste to fill in; let dry 1 to 2 minutes.

14.1 Use skin sealant wipes on skin directly under adhesive skin barrier or pouch, allow to dry. Press adhesive of pouch smoothly against skin, starting from bottom and working up and around sides. **Ensures smooth, wrinkle free seal.**

14.2 Hold pouch by barrier, center over stoma, and press down gently on barrier, bottom of pouch should point toward client's knees.

14.3 Maintain gentle pressure around barrier for 1 to 2 minutes

15. Apply nonallergenic paper tape around skin barrier in a picture frame method. Picture framing” skin barrier adds to security of keeping pouch system attached securel.

16. Fold bottom of drainable open-ended pouches up once and close using a closure device such as clamp. Maintains secure seal to prevent leaking.

17. Properly dispose of old pouch and soiled equipment.

18. Remove gloves and wash hands. Reduces transmission of microorganisms.

19. Change pouch every 3 to 7 days unless leaking. Avoids unnecessary trauma to skin from too frequent changes.

20. Document