

**Note:** Guidance comments are written in *italics*

<b>STOMA CARE</b>
-------------------

Amendments			
Date	Page(s)	Comments	Approved by
03/16	ALL	Updated Guideline	

**Compiled by:** *Alice D'Souza*

**In Consultation with:** *Neonatal Team/Unit, Stoma Care ASPH*

**Ratified by:** *Dr. Peter Reynolds NICU Consultant*  
*Dr. Yinka Ejiwunmi*  
*Sally tyte Stoma nurse*

**Date Ratified:** *March 2016*

**Date Issued:**

**Review Date:** *March 2019*

**Target Audience:** *All staff / All nursing staff*

**Impact Assessment Carried Out By:**

**Comments on this document to:**

## ASHFORD & ST. PETER'S HOSPITAL NHS FOUNDATION TRUST

### STOMA CARE

**See also:**     *Reference to any other pertinent policies/procedures/guidelines*

#### 1. INTRODUCTION

**ADDED SECTION BY ALICE**

#### 2. PURPOSE

To ensure all babies with a stoma has the appropriate care and clinical procedures adhered to.

#### 3. DUTIES/RESPONSIBILITIES

EQUIPMENT:

- Non sterile gloves and apron
- Clinical waste bag
- Pre-cut template to measure the correct size of the stoma.
- Galipot with water
- Soft swabs
- Silicone based adhesive remover (Appeal medical adhesive foam applicator)
- Skin barrier film
- Paste(Coloplast) or powder (osteoseal) if required ( broken or inflamed skin)
- Stoma bag according to size of stoma
- Adhesive ring if required (Hydrocolloid).

Volume I OrganisationG Finance	Section I Organisation	First Ratified Nov 2010	Reviewed	Issue I	Page 2 of 5
--------------------------------------	---------------------------	----------------------------	----------	---------	-------------

#### 4. DISSEMINATION AND IMPLEMENTATION

Procedure	Rationale
Clean the trolley area you will be working from. Assemble the equipment.	To ensure organised care.
Wash hands as per trust policy, Put on gloves and apron.	To maintain universal precautions and to adhere to infection control measures.
Use template and cut out the bag. Template should be checked whenever stoma bag needs change.	To ensure snug fit around stoma. To avoid stool/effluent leaking on to surrounding skin.
Empty the stoma bag contents in a bowl and measure the: <ul style="list-style-type: none"> <li>• Consistency</li> <li>• Volume</li> <li>• Colour</li> <li>• Record</li> </ul>	To avoid spillage and asses stoma output Proper documentation in the notes.

Apply the Appeal stick to remove the bag.  Remove the old stoma bag carefully peeling it off from top to bottom with one hand, whilst supporting the skin with the other. Only use non-alcoholic adhesive removers if required.	To minimise the damage of the skin.  Supporting the skin makes the procedure less uncomfortable and helps prevent the skin from tearing.  Adhesive remover can dry out the skin causing soreness.
On removal of the bag, check the condition of the adhesive layer of the bag. If no significant erosion noted, continue current frequency of bag change. If erosion of adhesive layer noted then consider changing the bag more frequently.	To assess and determine duration of time between bag changes.
While cleaning the stoma area it may bleed a little. This is normal. <b>Do not clean with cotton wool balls.</b>  Use soft wipes to clean the surrounding of stoma	To remove traces of stoma effluent/ sweat from the skin and avoid skin breakdown by maintaining skin integrity, avoiding potential irritation
The stoma should be fitted with an appropriately-sized stoma bag once the stoma is working, the bag should be emptied 4-6 hrly.	In order to measure and replace if needed.

Apply skin protective wipe to the skin around the stoma and where the stool/effluent and bag may touch the skin. Allow 30-40 sec for protective wipe to dry.  Consider powder or paste at this point is needed  Apply stoma bag (should be fitted with appropriate size).	To maintain skin integrity To aid skin healing once inflammation or breakdown is present.
In a split stoma and mucus fistula, the stoma bag should be fitted on the stoma only where possible and the mucus fistula should be left exposed and dressed with Jelonet or Vaseline and non-sterile gauze dressing.	To assess the mucous fistula and if needed to replace the stoma output.
Record stoma volume on fluid balance chart. Fluid replacement is as per surgical consultants instructions. Document stoma bag change and assessment in patient's record.	To maintain fluid and electrolyte balance. To ensure accurate documentation and NMC standards are adhered.
Please inform the stoma nurse as soon as a baby with stoma is admitted to the unit.	Stoma nurse will assess, put care plan in place according to babies needs.

## 5. MONITORING OF COMPLIANCE

### DISCHARGE PLANNING

Liaise with stoma care nurses and other Multi-disciplinary-team.  
Arrange discharge planning meeting.

## 6. EQUALITY IMPACT ASSESSMENT

*An Equality Impact Assessment must be carried out for every policy document, referenced in the main body of the document and included as an appendix.*

## 7. ARCHIVING ARRANGEMENTS

*This is a Trust-wide document and archiving arrangements are managed by the Quality Department, who can be contacted to request master/archived copies.*

## 8. REFERENCES AND BIBLIOGRAPHY

Eakin(2013) Caring for a child with a stoma

[www.eakin.eu/...adv\\_429009679\\_caring\\_for\\_a\\_child\\_with\\_a\\_stoma\\_pdf](http://www.eakin.eu/...adv_429009679_caring_for_a_child_with_a_stoma_pdf)  
Hollister (2007) Caring for your child with an Ostomy

Volume I OrganisationG Finance	Section I Organisation	First Ratified Nov 2010	Reviewed	Issue I	Page 4 of 5
--------------------------------------	---------------------------	----------------------------	----------	---------	-------------

[www.holliser.com?denmark/files/pdfs/osted\\_pcb\\_pediatic.pdf](http://www.holliser.com?denmark/files/pdfs/osted_pcb_pediatic.pdf)

NMC (2008) The code: standards of conduct, performance and ethics for nurses and midwives, Nursing and Midwifery Council, London

Rodgers, V.(2003) managing preemies stomas: More than just the pouch Journal of wound, ostomy and continence nurses 30(2) pp.100-110

Stephen-Haynes J(2008) skin integrity and silicone: Appeal 'no-sting' medical adhesive remover. Br J Nurs 17 (12): 792-5

Rust J (2009) Understanding the complexities of the clinical nurse specialist: A focus on stoma siting. Gastrointestinal Nursing 7(4): 18-25

## 9. APPENDICES

### APPENDIX

**Colour:** A healthy stoma is red and pink in colour. It is very important especially in the postoperative period to check the colour of the stoma regularly. If the stoma appears darker in colour medical advice should be sought.

**Oedema:** Postoperative period all stomas will be oedematous. Template should be checked and cut according to the size of the stoma.

**Prolapse:** If you observe any prolapse seek medical advice and inform stoma care team.

**Retraction:** Some stomas can become retracted. This will cause more problems with an ileostomy as the output is loose, and stool will leak under the adhesive of the pouch. Seek medical advice and inform stoma care team.

**Stenosis:** Stenosis of the stoma can also occur. Often the narrowing of the bowel is at the skin surface, but it can occur inside the abdomen. This may present with

- A reduction in the amount of stool passed
- Stools may appear ribbon-like
- The passage of stools may cease

**Granuloma:** Nodules of granulation tissue can form on the surface of the stoma. These can bleed easily and may cause concern, as they will bleed whenever the stoma pouch is changed.

Volume I OrganisationG Finance	Section I Organisation	First Ratified Nov 2010	Reviewed	Issue I	Page 5 of 5
--------------------------------------	---------------------------	----------------------------	----------	---------	-------------