

NURSING CARE PLAN No 26
OSTOMY CARE
Please use in conjunction of Careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 26 Problem	OSTOMY CARE Goals		Issue Date: April 2020 Review Date: April 2023
<p>.....</p> <p>has a</p> <ul style="list-style-type: none"> • colostomy • ileostomy • urostomy • other: 	<p>.....'s stoma will heal and function without complication.</p> <p>.....and parents will be educated on caring for his/her stoma.</p>		
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Nursing Intervention: <i>Pre-operatively</i>		
<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	Nursing Intervention Post-operatively <i>(use in conjunction with post-op Careplan)</i>		
<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. Liaise with dietician re: particular diet education.</p>			

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3	Nursing Intervention: Care of the stoma	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<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). Additional care: <p>Preparing and attaching new appliance:</p> <p>Chosen appliance:</p> <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. • Apply bag on to base plate if using a two-piece system. <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 patient's 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		
	<ul style="list-style-type: none"> • Liaise with the Colorectal Nurse Specialist re. discharge advice, appliances and follow up. • Use Stoma Teaching Tool and discharge plan. 		