

PROCEDURE/PROTOCOL FOR: Colostomy/Ileostomy

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POLICY: Infants with a colostomy or ileostomy will have appliance applied when ordered by a surgeon. Appliance will be changed when loosened or drainage is noted around appliance. Appliance will be emptied every 8 hours minimum.

DESIRED  
PATIENT OUTCOMES:

1. Skin integrity will be maintained.
2. Fluid and electrolyte balance will be maintained.
3. Pain and discomfort will be minimized.

CLINICAL  
ASSESSMENT  
AND CARE:

1. Assess appearance of stoma.
  - a. *Report excessive bleeding from stoma (a small amount of bleeding during cleaning is normal), discoloration, foul odor, signs of necrosis, retraction below skin level or herniation of ½ inch (or greater) more than usual.*
2. Assess and document presence of first stool indicating need for appliance placement.
3. Assess and document the amount, type and consistency of drainage.
  - a. *Report any changes in stooling patterns.*
4. Assess ostomy site and surrounding skin for signs of breakdown.
  - a. *Report skin breakdown or rashes.*
5. Perform abdominal assessment at least every 8 hours.
  - a. *Report any signs of abdominal distention, tenderness, guarding, discoloration.*
6. Assess pain using Infant Pain Scale per perioperative protocol.
7. When appliance used, assess adherence of skin barrier and efficacy of pouching method.

PROCEDURE FOR: Ostomy Stoma Appliance: Application Of

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EQUIPMENT: Skin barrier PRN (some appliances have barrier connected to pouch)  
Measuring card  
Ostomy appliance  
Warm water and soft cloth  
60cc syringe  
Receptacle

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Gather all equipment and have second person to assist with procedure PRN.	1. Some infants move too much to apply appliance alone.
2. For the first application of the appliance, use measuring card to measure stoma. Adapt hole in measuring card to shape of stoma and mark size.	2. Post "pattern" with colostomy supplies for future reference when changing appliance.
3. If already pouched - remove old pouch by peeling it away from skin on an angle that is parallel to the skin.	3. Removing any adhesive is less traumatic if removal is parallel to skin rather than perpendicular.
4. Clean the peristomal skin with warm water and soft cloth only; dry completely.	4. Soaps will dry the skin and can lead to breakdown.
5. When using appliance that requires use of skin barrier, cut and apply skin barrier so that it fits snugly around stoma, using "pattern" that's been sized to stoma.	5. Due to the exposed capillaries in the stoma, it will bleed very easily. Apply gently. If excessive bleeding noted, report to MD or AP.
6. Using same "pattern", cut a slightly larger opening in the pouch that also fits snugly around stoma.	6. If peristomal skin is denuded, apply a skin barrier powder prior to pouching.  a. Some products created for ostomy care contain alcohol (examples: Karaya paste, stoma adhesive paste). These should not be used on abrasions or eroded areas of skin. They do not adhere well to moist skin. Apply to dry skin only.  b. Hydrocolloid dressings (Duoderm) may be used for areas of skin breakdown, to maintain moist wound surface, to insulate and protect the wound, and to promote healing.  1) When removed, odorous exudate may be noted. This occurs because of

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ACTION

POINTS OF EMPHASIS

7. Apply the pouch over the stoma.

7. The pouch should be applied at an angle that facilitates emptying.

a. Short term heat applied to skin barrier/pouch will aid in the adherence of pouch to the skin (i.e., hands, heel warmers).

b. Avoid use of bonding agents, especially benzion. Appliance removal may result in epidermal stripping.

8. Fold end of bag, pleat and secure with a rubber band.

9. Every eight hours, remove rubber band and empty contents into a receptacle. Using a 60 cc syringe, rinse inside of bag with warm water. Empty. Dry end of bag with a 4x4. Pleat and secure with rubber band or fasteners provided.

PATIENT TEACHING: Refer to teaching plan: Ileostomy/Colostomy: Discharge Teaching and Parent Handout: Colostomy/Ileostomy

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 2/91

REVISION DATES: 6/91, 9/92, 12/94, 2/97, 10/00, 10/03

REVIEWED DATES: 12/08