

STOMA CARE

Preprocedure

- Verify orders
- Gather supplies
- Perform hand hygiene
- Identify patient with 2 patient identifiers (or per policy)
- Explain procedure to patient
- Raise bed to a comfortable working height

Pro-Tips

- Stoma barrier wafers and bags only NEED to be changed every 3-5 days or if there is leakage
- Output type
 - Colostomy – formed, firm, brown stool
 - Ileostomy – loose brownish-green stool
 - Urostomy – urine
- Inspect the stoma
 - Should be dark pink and moist
 - *Dark red, purple, dusky/cyanotic =BAD*
- When replacing the wafer
 - Measure the stoma
 - Cut the hole $\frac{1}{8}$ inch larger than stoma
 - Remove old/soiled wafer, clean skin and prep for new wafer
- If any creases in the wafer occur that can't be smoothed out, use barrier paste to fill in (let dry 1-2 minutes)
- Measure output from full bag and don't forget to clamp new bag!

Postprocedure

- Discard sharps in the sharps container
- Discard all used supplies in the appropriate waste container
- Remove and dispose of gloves
- Perform hand hygiene
- Return bed to low & locked position
- Ensure patient is comfortable

