

## Nursing Education curriculum for Postop patients with New Ostomies

1. **Provide Handouts**-Your Health Matters, Pouch Changes-1 & @ Piece, Peri-Stomal Skin Care
2. **Assign/Provide videos**- (*Mission bay*) Emmi Ostomy Videos. American College of Surgeons video.
3. **Provide bedside supplies**, supply list on supply cart next to ostomy supplies.
4. **Assure Dietary Consult** order for all ileostomy patients.
5. **Teach**
  - Type of ostomy and output expectations. Colostomy- thickens to soft formed/unformed output, in 2-3 months expect to pass stool once or twice a day. Ileostomy-thickens to pasty output (applesauce, refried beans), expect to empty pouch 4-6 times per day.
  - When and how to empty pouch: no more than ½ full, before leaving house/bed, sit on toilet and put toilet paper on water to avoid splashing, use toilet paper to clean bottom of pouch.
  - When and how to change pouch: change 2x/week for first 6 weeks and then 1-2 times per week, 2x per week for loop ileostomies. How: empty pouch, remove pouch with push/pull technique, measure stoma with template, trace barrier size onto flange, cut opening in flange, remove flange backing, cleanse skin with water only, dry with towel or hair dryer, center the opening of the flange over the stoma, apply gentle pressure over flange to secure, remove paper strips if present, hold heat/pressure after applying for 1-5 minutes. Place old pouches in supplied garbage bags and dispose of in the regular garbage. Check for moisture absorption on flange. Hair- clipping is best, shave away from stoma.
  - Cutting Flanges. Stoma shrinks over 6 weeks, measure stoma and cut flange for 6 weeks. Pre-cut flanges at can be requested at next order.
  - Best type of pouch for patient, flat vs convex, one piece vs two piece, clear/opaque and brand. Convex Flange: loop ileostomy, any ostomy stoma protruding one inch or less, off centered stoma opening, retracted or flush stoma, liquid/loose output, flaccid abdomen, uneven/irregular peri-stomal skin.
  - Use of ostomy accessories: adhesive remover- to remove flange; moldable ring/paste-to fill in creases, make an even surface on abdomen, avoid leakage with liquid output, treat 2 leaks/24 hours; belt- for comfort, treat 2 leaks/24 hours; skin barrier- for red/irritated skin and use in crusting; stoma powder- for crusting of broken skin; crusting-on clean/dry skin-apply three layers of powder and then barrier-allow to dry after each application; deodorizing drops-for odor control.
  - Skin: skin care for red/irritated skin (skin barrier) and broken skin (crusting)
  - Leaks: how to manage leaks with belt and/or moldable ring/paste
  - Supply Kit: carry supply kit when outside the house. Kit should contain: Peri-stomal wipes (adhesive remover/washcloth), dry washcloth, all the supplies needed to change pouch, small garbage bag and hand sanitizer.).
  - Diet: No changes for Colostomy, Low Residue Diet for 6 weeks for Ileostomy pts. Gas worst at beginning, less over several weeks, avoid gas producing foods or can choose to take Gas X or Beano. LRD- when advancing from LRD, do so slowly by adding a small portion of one food per day. Focus on protein, often best to have several small meals during the day.
  - Ileostomy Monitoring : how to empty, measure and record ileostomy output and urine. Follow directions provided at discharge if ileostomy high output or low urine output occurs. Always watch urine output, should be lemonade color or lighter if hydrated well.
  - High Output: Defined as 1,500 cc or greater in 24/hrs. What to do for high output-take medications prescribed for high output in discharge medications such as Lomotil, Imodium, Benefiber. Follow dietary guidelines in Dietary Handouts.
  - Low Urine Output: Defined as less 1,000 cc in 24/hrs. Increase amount drinking if low.

- Blockages: Avoid with LRD for 6 weeks. Signs of blockage-no output or very thin clear liquid, abdomen and soma swelling and extreme pain. How to manage (walk, knee chest position, massage skin around stoma, stand in warm shower without pouch on, sip on hot fluids, and do not eat. If no relief in several hours, call surgeons office.

- Activity: no lifting >10 lbs. for 6 weeks; always use good body mechanics, do not lift with abdomen; do not sit in any body of water until permission from surgeon-then can bathe, swim, etc.; do not play contact sports unless purchase a stoma guard. Shower okay with or without pouch on.

- Accessories/Garments: Wrap from Ostomy Secrets, Stealth Belt, and pouch covers, many more. Generally not covered by insurance. Assist to support pouch, smooth/hide pouch.

- Support: United Ostomy Association, ostomy.org, support groups, web sites, on line support.

- Samples: ostomy supply manufacturers support/sample program. Will send free samples and educational material.

- Supplies: Instruct patient about CM, HHRN and supplies. Supply coverage: 20 pouches/flanges and needed ostomy supplies.

- Clothing- wear loose clothing in the beginning, able to wear own clothes long term.

- Colostomy Specifics- pattern of output develops, generally will become similar to previous bowel habits. Once down to passing one or two bowel movements per day- can get closed-end or non-drainable pouches or Irrigate. Irrigation- to learn, make an appointment in the clinic.

## **6. Discharge**

Assure Case Manager aware of new ostomy to obtain home health RN and supply company.

Home Health RN- typically sees pt 2 times per week for 2-3 weeks, reinforces teaching, assists with adjusting at home. Patient should be able to empty and change pouch before discharge. If HHRN not available, may be asked to go to local wound clinic or PCP or return to Colorectal Clinic for follow-up. Provide all supplies initially needed, 5 flanges/pouches.

Order form filled out by ostomy RN-order everything they need and might need. Give order form to Case Manager who will get MD signature and send it to supply company contracted with insurance and provide a copy to the patient.

1<sup>st</sup> set of supplies mailed to them after discharge. If they have Medicare, the Home RN is responsible for bringing supplies until they are no longer seeing them, then the supply company sends first order.

Re-order what is needed every month with the exception of flanges/pouches- order until 40 in stock, rotate stock.