Ostomy Teaching Checklist

Activities of Daily Living
- Barrier/pouch is 100% waterproof – take a bath, shower, swim and towel dry
- Barrier/pouch is 100% odor proof – if there is an odor there is a problem and the barrier and pouch need to be changed due to leak/soiling
- Wear your normal clothes – the output will find a way to fill the bag, you can smooth out the appearance of the pouch by wearing an undershirt over it
- The only activity off-limits is kick boxing!

Empty Pouch
- Have pt observe/participate in emptying pouch when 1/3 to ½ full
  - Colostomy/Ileostomy
    - No flushing pouch with water after emptying (would be similar to doing an enema after every BM and it decreases filter effectiveness and wear time of barrier)
    - Have pt wipe the outside outlet with tissue and close
    - Teach pt to open & close the Lock ‘n Roll
  - Urostomy
    - Teach pt to open and close spout (see the drop, your foot will get wet) and to connect to foley or night drainage system

Change Barrier/Pouch
- Change the barrier/pouch at the first sign of leakage (itching/burning)
- Do not patch leaking barrier or leave on or have barrier off with skin exposed. Instead model/teach to change it immediately
- Change the barrier/pouch q3-4 days (ileostomy/urostomy) or 5-7 days (colostomy)
- Have pt observe & assist in barrier/pouch changes using the instruction sheet in their packet
- Teach pt to measure & cut barrier to stoma size
- Inform pt that stoma size will decrease for the first 6 weeks after surgery - then the pt may be able to order pre-cut barriers, eliminating that step in changing barrier
- Only use water & paper towels (wash clothes in hospital) to clean peristomal skin. No soap, no baby wipes, no adhesive remover, no skin prep on the peristomal skin. They all leave residues that interfere with a good seal
- If the stoma becomes flat or recessed, we will consider a one-piece barrier/pouch with convexity and a belt – ask the Wound/Ostomy Nurse

Diet & Fluid Guidelines
- Colostomy
  - No dietary changed are needed, but the pt may want to reduce gas-producing foods
- Ileostomy
  - Pt should increase fluid intake to a minimum of 8-10 glasses daily
  - Avoid non-soluble fiber (nuts, popcorn, skin of fruit) for 6 wks.
  - Chewing food well will help avoid blockage
  - Eating foods likes bananas, potatoes, paste and creamy peanut butter may help thicken stool
- Urostomy
  - Pt should drink at least 8-10 glasses daily
Recognize Signs of Potential Complications

**Colostomy**
- Constipation may need to be managed with increase fluid intake + fiber, The pt may want to consider daily irrigation

**Ileostomy**
- Dehydration: Teach pt & family s/s of dehydration, including thirst, weakness, dizziness, changes in LOC and concentrated urine (can come on quickly & be very serious)
- Food blockage: Teach pt s/s of blockage, including abdominal cramping, bloating, distended abdomen, N/V, watery diarrhea or no stoma output
  - Encourage to drink water
  - Change positions
  - Take a warm bath to relax muscles
  - Massage around stoma
  If unresolved go to the emergency room
- Consider the foods that may contribute to a block

**Urostomy** – UTI
- Teach pt to recognize s/s of UTI (chills, fever, bloody or cloudy urine (mucous in urine is normal), foul smelling urine, back or abdominal pain – Call physician
- Teach pt to increase fluid intake to reduce risk of UTI

Monitor Medications - Ileostomy
- Teach pt to observe pouch or pills in case they need to be changed for ones better absorbed
- No sustained-release or enteric-coated medications or laxatives should be used
- Pt may need to have Vitamin B12 replacement
- Pt should notify all healthcare providers of presence of an Ileostomy

Pt to seek assistance if experience the following:
- Changes in output or dehydration – primary physician
- Peristomal skin problems – ostomy product manufacturer
- Stoma complications – surgeon
- Unresolved leaking – may need to change barrier/pouch product and use belt – ostomy product manufacturer

Going Home
- Pt should have watched educational videos on Touch Screen
- Pt to review educational materials at bedside on Ostomy Care and Changing Barrier/pouch
- Pt should have 3 sets of barrier/pouches + rings
- Pt will have samples sent to their home from Hollister with an educational DVD
- Prescription will be on chart for physician to sign
- Ostomy barrier/pouches are covered by all insurance (20 sets/month)