

OSTOMY CARE

I. GENERAL INFORMATION

- A. Purpose: To prevent leakage, to protect skin, and to control odor. To provide comfort and security. To teach self care when indicated.
- B. An open-ended ostomy bag remains secure from one to seven days and is usually changed at home. However, a change of bag may be necessary at school due to leakage.
- C. An open-ended ostomy bag may be emptied at school as needed.
- D. A disposable bag may need to be changed at school.
- E. Irrigation, a procedure used to stimulate evacuation of bowel, is done at home.
- F. Parent/careprovider will provide necessary supplies for performing procedure at school.
- G. Trained personnel will be available to provide the care required at school and on field trips.

II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under indirect supervision of the school nurse.



OSTOMY CARE

Student's Name:		DOB:	
Equipment and Supplies *(Responsibility of parent/care- provider).	 *Extra bags-clean, reudisposable, and belt if *Double faced adhesis water, spray adhesive, paste). *Adhesive remover on as needed. Soap, water, washclotten benzoin, Jaraya (wafer and paste). Stomagua other as supplied 	needed. ve (gasket, paint-on, r solvents h or wipes. e of rs, powder	6. Toilet paper, Kleenex or other absorbent material. 7. *Hypoallergenic tape (1", 1½", or 2" width). 8. *Disposable gloves. 9. Plastic bags for disposal of soiled materials. 10. Scissors. NOTE: Parent will provide an additional 72 hours worth of supplies for disaster preparedness.
	PROC	CEDURE	
ESSENTIAL STEPS		KEY POINTS & PRECAUTIONS	
 A. EMPTYING OPEN-ENDED BAG 1. Assemble equipment in appropriate private location for administration of procedure. 2. Position student. Glove 3. Inspect bag for leakage and to assure adequate adhesion to body. 4. Remove closure from bag and empty contents into toilet. 5. Clean end of bag with soap and water. Wipe dry and secure open end according to package instructions (clip, rubber band, etc.). 6. Remove gloves and discard in plastic bag with soiled materials. Wash hands. 7. Record procedure in SPHCS log. 		If leakage occurs due to improper attachment to body, bag may need to be reinforced with tape or change. (see following procedure)	
FSSENTIAL STEPS		KEV	POINTS & PRECAUTIONS

Revised 8/28/05 DR 1

B. CHANGING OSTOMY BAG

- 1. Assemble equipment in appropriate private location for administration of procedure.
- 2. Position student. Glove.
- 3. Remove ostomy bag.
- 4. Place absorbent material over stoma to absorb drainage.
- 5. For disposable bag, discard in plastic waste bag.

OR

For reusable bag, empty contents into toilet, rinse with water, send home in suitable container.

- 6. Clean skin thoroughly but gently with wash cloth, or wipes, soap and water, and dry thoroughly.
- 7. Apply skin barrier according to skin condition and type of bag.
- 8. Prepare bag for application.
- 9. Place bag securely over skin barrier. Press flange firmly to completely seal. Bag against skin barrier.
- 10. Cut strips of tape one inch longer than flange of bag. Apply half on skin and half on flange to completely seal flange to skin. Overlap ends of tape.
- 11. Attach belt if used.
- 12. Remove gloves and discard into plastic bag with soiled materials. Wash hands.
- 13. Record procedure on SPHCS log.

Know whether pouch is reusable or disposable.

Hold skin taut and gently peel bag away from skin, using adhesive remover as necessary.

It is important to protect the skin from irritating drainage. Absorbent material remains in place until ready to attach pouch.

Make sure all adhesive is removed from skin, Using solvent as needed.

Cut to mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as flange of bag. Failure to cover all skin surrounding stoma will cause leakage and skin break down.

Inner flange of bag should be 1/8" larger than the stoma. Cut to fit as needed.