Nurses International

Clinical Skills

Name of the procedure/Rubric/ *Rationale:* Urostomy Care

Step	Procedure	Yes	No	Remarks
1.	Perform hand hygiene.			
2.	☐ Confirm the client using two client identifiers (e.g., name and date of birth). ☐ BE KIND to the client, introduce yourself, your role, purpose, and time frame for the procedure. ☐ Explain what you will do. ☐ Obtain consent.			
3.	**<u>Perform hand hygiene and collect supplies.</u>** Supplies include: ☐ Urostomy bag (one- or two-piece system) ☐ Measuring guide ☐ Urinary collection bag ☐ Non-sterile gloves ☐ Scissors ☐ Marker pen ☐ Adhesive remover ☐ Skin barrier pad ☐ Wick made from sterile gauze (rolled 2 x 2 gauze) ☐ Waterproof garbage bag ☐ Waterproof pad, cleaning cloth, and drying cloth.			
4.	Review the procedure. Encourage the client to participate as much as possible or observe/assist as they complete the procedure.			
5.	Create privacy and place a waterproof pad under the pouch.			
6.	Apply non-sterile gloves.			
7.	Empty and measure urostomy contents.			
8.	Discard the old urostomy pouch.			
9.	Remove the flange by gently pulling it toward the stoma.			
10.	Support the skin with your other hand. An adhesive remover may be used.			

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	Do not remove the stent if it is in place.			
11.	Place rolled gauze at stoma opening. Maintain gauze at the stoma opening continuously during pouch measurement and change (in case it bleeds)			
12.	While keeping rolled gauze in contact with the stoma, cleanse peristomal skin gently with warm tap water using a washcloth; do not scrub the skin. Minor bleeding at the stoma is normal.			
13.	Pat skin dry.			
14.	**<u>Assess stoma and peristomal skin.</u>** ☐ Ensure the stoma is pink to red in color, raised above skin level, and moist. ☐ Ensure intact skin integrity. Note: The skin surrounding the stoma should be intact and free from wounds, rashes, or skin breakdown. Notify wound care nurse if concerned about peristomal skin.			
15.	☐ Measure the stoma diameter using the measuring guide (tracing template) and cut out the stoma hole. ☐ Trace diameter of the measuring guide onto the flange and cut on the outside of the pen marking ☐ Customizing the opening of the flange is important to ensure proper fit and prevent leakage. The opening should be 2 mm larger than the stoma. ☐ Keep the measurement guide with client supplies for future use.			
16.	Prepare the skin and apply accessory products as required or according to agency policy. ☐ Accessory products may include stomahesive paste, stomahesive powder, or products used to create a skin sealant to adhere pouching system to the skin to prevent leaking. ☐ Wet skin will not allow for proper adhesion of flange.			
17.	Remove inner backing on the flange.			

18.	Remove the wick from the stoma and apply a flange around the stoma.			
19.	Leave the border tape on. Apply pressure. Hold in place for 1 minute to warm the flange to meld to the client's body.			
20.	Then remove border backing and attach it to the client.			
21.	Apply the urostomy bag by ensuring the drain is turned to the "off" position, or connect the urostomy bag to a drainage bag at the bedside.			
22.	Hold the palm of the hand over the pouch for 2 minutes to assist with the appliance adhering to the skin.			
23.	Remove gloves, remove the waterproof pad, clean up supplies.			
24.	Ask the client for any discomforts, ensure the call bell is within the client's reach, lower and lock the bed, and assess to determine the need for side rails before you leave			
25.	Perform hand hygiene.			
26.	Do proper documentation about the care provided.			

References:

Doyle. G. R., McCutcheon. J. A. (2015). Clinical Procedures for Safer Patient Care: Ostomy Care (Ch.10.7). Victoria, BC: BCcampus. Retrieved on 28th of December, 2020 from https://opentextbc.ca/clinicalskills/