

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

Process Owner: Kate Pierson, Sam Stanford, Taylee Fillmore, Scott Larson, Katie Colvin, Tatiana Tolman, Halli Morris	Date Approved:
Approver(s): Kevin McEwan and Amy DeMordaunt	Effective Date:
Department(s): Emergency, Medical-Surgical, Operating	Next Review Date:

(This document is confidential and proprietary to Madison Memorial Hospital. Unauthorized use or copying without written consent is strictly prohibited.)

Purpose/Summary:

The purpose of the policy is to provide adequate care and teaching to those who will and have already received ostomies. The policy will help provide sufficient education to those with ostomies so they can care for their ostomies independently. Safe care will be present when changing urostomies, colostomies, and ileostomies. Those living with an ostomy under the care of Madison Memorial Hospital will have autonomy and the ability to care for their stoma safely. All patients will report an adequate and expected adjustment to their ostomies.

Definitions:

- Stoma: a surgically created opening from the inside of the body to the outside (National Institute Health [NIH], n.d.)
- Ostomy: an operation to create an opening (a stoma) from an area inside the body to the outside. Colostomy and urostomy are types of ostomies (NIH, n.d.)

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

- Colostomy: an opening into the colon from the outside of the body. A colostomy provides a new path for waste material to leave the body after part of the colon has been removed (NIHa, n.d.)
- Ileostomy: an opening into the ileum, part of the small intestine, from the outside of the body. An ileostomy provides a new path for waste materials to leave the body after part of the intestine has been removed (NIHb, n.d.)
- Urostomy: an operation to create an opening from inside the body to the outside, making a new way to pass urine (NIHd, n.d.)
- Prolapsed Stoma: the intestine extends to an abnormal length through the ostomy site. this may look like the stoma is longer or more swollen than one may be used to (Michigan Medicine, 2019)

Goals and Objectives:

1. All staff members working with ostomy patients at Madison Memorial Hospital will have access to ostomy-related resources on an ongoing basis.
2. Employees of Madison Memorial Hospital will provide exceptional preoperative and postoperative education and ongoing support to patients with ostomies throughout their hospital stay, on an inpatient and outpatient basis.
3. Madison Memorial Hospital will be equipped to provide care to local ostomy patients on an inpatient and outpatient basis over the next 3 years.

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

The goals and objectives of this process interrelate to the hospital's goals and objectives as follows:

Quality: Providing ostomy patients with access to ostomy-related resources helps Madison Memorial Hospital provide quality care.

Providing the Exceptional Experience: Local patients will receive access to supplies and care through Madison Memorial Hospital providing them with an exceptional patient experience.

Ensuring Our Future: Being able to provide ostomy care locally will help Madison Memorial Hospital attract patients with a variety of ostomy needs.

Equipment and Suitable Environment Needed:

- One-Piece or Two-Piece Pouching System
 - If Two-Piece, Adhesive Coupling or Mechanical Coupling
- Wafer/barrier/flange
- Skin barrier seals/rings
- Adhesive remover wipes or spray
- Barrier wipes or spray
- Barrier strips
- Deodorizer
- Paste (tube or strip)
- Tape/tape extenders
- Powder
- Hernia support belt
- Overnight drainage bag/jug
- Irrigation supplies
- Incentive spirometer
- (United Ostomy Association of America, 2018)

Procedure:

Overview	Details
----------	---------

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

Step 1	<p>1. Preoperative Procedure</p> <p>1.1 Hospital provides patients with wrist bands for proper identification by the healthcare team.</p> <p>1.2 Nurses and healthcare providers establish rapport between the patient and family.</p> <p>1.3 Patients are interviewed to relieve any anxiety related to the procedure (Cheng et al., 2021). This interview can be used to determine any spiritual, cultural, physical, or psychosocial needs of the patient.</p> <p>1.4 Preoperative education is provided to clients regarding their ostomy surgery and potential implications following surgery. Topics may include:</p> <ul style="list-style-type: none"> 1.4.1 Gastrointestinal anatomy and physiology 1.4.2 Planned surgical procedure 1.4.3 General demonstration of ostomy appliances 1.4.4 Psychosocial impacts including impaired sexual functioning 1.4.5 Ongoing costs of living with an ostomy 1.4.6 Brief description of lifestyle adjustments <p>1.5 If surgery is not imminent, patients should be provided with more educational tools to prepare them for their adjustment to study at home. Written or online tools may be provided to foster patient learning.</p>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>1.5.1 Written materials can be printed out for the patient to take home.</p> <p>1.5.2 Online materials can be used from the Wound, Ostomy, and Continence Nurses Society (WOCN, 2021).</p> <p>1.6 A consent form must be signed before further surgical preparation (See surgical consent form procedure).</p> <p>1.7 A stoma site should be marked by the surgeon on the patient before going into surgery (See surgical marking procedure).</p> <p>1.8 Offer the patients comforting measures and support while they wait to be wheeled into the operation room for their surgery (Hendren et al., 2015).</p>
Step 2	<p>2. Post-Operative Nursing Care</p> <p>2.1 Patients have been oriented to the nursing units: including patient telephone, bathroom, and bedside unit.</p> <p>2.2 Each patient has a call bell within reach.</p> <p>2.3 Refer to the hospital's admission policy for patient transfer into a new unit.</p> <p>2.4 Refer to post-op vital signs and surgical site assessment policies.</p> <p>2.4.1 Stoma should appear beefy red at least one inch around and moist.</p> <p>2.4.2 If the stoma is brown, purple, or black, the surgeon must be notified immediately.</p> <p>2.5 Peristomal skin will be assessed every hour and skin care performed to prevent skin breakdown.</p>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>2.6 The abdomen will be assessed for distention, bleeding, dehiscence, or any other abnormality.</p> <p>2.7 Strict intake and output will be recorded every shift until patient discharge.</p> <p>2.8 Patients will be on a clear liquid diet postoperatively until bowel activity has returned.</p> <p>2.8.1 Once a liquid diet is tolerated, patients will progress to a low-fiber diet within 1-2 days of the operation.</p> <p>2.9 Patients are allowed to rest as necessary prior to ambulation.</p> <p>2.9.1 If not contraindicated, patients are assisted with the first ambulation after surgery approximately 6 hours after surgery to improve peristalsis and recovery.</p> <p>2.10 Changing an ostomy pouch or appliance.</p> <p>2.10.1 Ileostomy or Colostomy Care (American Cancer Society_A, 2019).</p> <p>2.10.1.1 Empty the pouch when it is one-quarter to one-half full of gas or stool.</p> <p>2.10.1.2 Pouching system should be changed every 4 to 7 days.</p> <p>2.10.1.3 Always consult a wound care or ostomy specialist if there are any signs of skin breakdown, pouch leakage, or other concerns.</p> <p>2.10.1.4 Changing a colostomy or ileostomy pouch.</p> <p>2.10.2.4.1 Empty the ostomy pouch, if needed.</p>
--	---

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>2.10.2.4.2 Perform hand hygiene and don gloves.</p> <p>2.10.2.4.3 Place a towel under the stoma to protect the patient's skin.</p> <p>2.10.2.4.4 Remove old pouching system by removing the adhesive backing; discard properly.</p> <p>2.10.2.4.5 Clean around the skin and then the stoma with warm water and washcloth.</p> <p>2.10.2.4.6 Dry skin and trim excess hair if necessary.</p> <p>2.10.2.4.7 Doff gloves, perform hand hygiene and don a new pair of clean gloves.</p> <p>2.10.2.4.8 Measure the stoma choosing a measurement that is 3mm larger than the stoma.</p> <p>2.10.2.4.9 Trace the measurement onto a skin barrier and use ostomy scissors to cut the measurement onto the skin barrier.</p> <p>2.10.2.4.10 If needed, apply a barrier ring around the stoma.</p> <p>2.10.2.4.11 Ensure that the ostomy pouch is sealed close, apply a skin barrier around the stoma, and attach the pouch to the skin.</p> <p>2.10.2 Urostomy Care (American Cancer Society_B, 2019).</p>
--	--

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>2.10.2.1 Empty the pouch when it is one-third full of urine, every 2 to 4 hours, or as often as they regularly used the bathroom prior to their surgery.</p> <p>2.10.2.2 Pouching system should be changed every 3 to 7 days.</p> <p>2.10.2.3 Sterile technique must be used when changing a urostomy pouch on a new urostomy; follow hospital sterile technique policy.</p> <p>2.10.2.4 Always consult a wound care specialist if there are any signs of skin breakdown, pouch leakage, or other concerns.</p> <p>2.10.2.5 Changing a urostomy pouch.</p> <p>2.10.2.5.1 Obtain a clean urostomy pouch.</p> <p>2.10.2.5.2 Perform hand hygiene and don clean gloves.</p> <p>2.10.2.5.3 Place a towel or rolled gauze below the stoma to absorb urine leakage.</p> <p>2.10.2.5.4 Gently push down on peristomal skin to loosen the old pouch, do not pull the pouch off of the skin; discard the pouch properly.</p> <p>2.10.2.5.5 Using sterile technique, clean around the stoma and then peristomal skin.</p>
--	--

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>2.10.2.5.6 Carefully place the opening of the new clean pouch over the stoma; the pouch opening should be 3mm larger than the stoma.</p> <p>2.11 Nursing staff can anticipate that the patient will be in the hospital for 3 to 10 days as long as there are not any additional complications.</p>
Step 3	<p>3. Post-Operative Patient Education</p> <p>3.1 The patient has the opportunity to express concerns and questions regarding their entire post-operative experience and staff will provide answers and reassurance as appropriate.</p> <p>3.2 Follow post-op patient protocol for incentive spirometer use.</p> <p>3.3 Educate the client on how to properly care for and change ostomies and ostomy pouches specific to the patients needs, e.g. ileostomy or colostomy vs urostomy. (WOCN, 2018).</p> <p>3.4 Variations regarding urostomy care.</p> <p>3.4.1 Patients with a urostomy are at a greater risk for urinary tract infections and should be educated on infection prevention and signs and symptoms of an infection.</p> <p>3.4.2 Sterile procedure should be adhered to when caring for the urostomy in the hospital. Regarding patient education with discharge, patients do not have to use sterile supplies when changing and caring for</p>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>their urostomy.</p> <p>3.4.3 It is important to empty the pouch often to prevent infection as bacteria can grow quickly in urine.</p> <p>3.4.4 It is recommended that the patient wait at least 1-2 hours after drinking fluids to change the bag so urine does not get on peristomal skin or supplies as it is being changed. (American Cancer Society_B, 2019).</p> <p>3.5 Educate the client on postoperative healing and a timeline of what to expect.</p> <p>3.5.1 The stoma will appear swollen and beefy red in color; the swelling should lessen in about 6 to 8 weeks to the size it will stay.</p> <p>3.6 Educate clients with an ileostomy or colostomy on how their diet will gradually progress postoperatively to return to a regular diet.</p> <p>3.6.1 Schedule a dietary consult for the patient to assist in developing a dietary plan.</p> <p>3.6.2 Help the patient identify specific dietary needs and restrictions specific to the patient's unique situation and ostomy.</p> <p>(Hendren et al., 2015)</p>
Step 4	<p>4. Discharge Instructions</p> <p>4.1 To Evaluate effectiveness of patient education during the hospital stay, have the patient or patient caregiver demonstrate an ostomy bag change, including care of the stoma.</p>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>4.2 Explain to the patient common adverse side effects of the new ostomy which include:</p> <ul style="list-style-type: none"> -Local skin irritation -Dehydration -Electrolyte imbalance -Intestinal obstruction with abdominal pain and cramping -Difficulty fitting the appliance over the stoma -Stoma prolapse -Weight loss or weight gain -Infection -Bleeding Stoma (ASCRS, 2020) <p>4.3 Explain to the patient that when the symptoms are urgent enough, prompt medical attention is indicated. These symptoms are:</p> <ul style="list-style-type: none"> -Severe dehydration -Heart palpitations -Chest pain -No stoma output -Bloody fecal drainage -A suspected infected stoma -Severe nausea and vomiting
--	---

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	<p>-Severe diarrhea</p> <p>-Change in the shape, size, or bleeding of the stoma (NIH, 2021)</p> <p>4.4 Teach the patient who to contact for questions about ostomy or who to contact in case of an ostomy emergency. Contact the stoma and ostomy nurse or clinic for questions and in the case of an ostomy emergency, call 911.</p> <p>4.5 Educate the patient on a list of prescribed medications from the doctor. Teach about side effects, when and how to take the medication. Provide patients with a paper with the medication information and a credible online resource for looking up additional medication information such as www.drugs.com/fda-consumer/.</p> <p>4.6 Case Management may use the following:</p> <p>4.6.1 Patients will have a scheduled follow-up appointment with a dietician regarding an ostomy diet.</p> <p>4.6.2 Patients will be referred for a visit, either during or after a follow-up visit, with the respective ostomy surgeons who will determine the success of the surgery, absence of associated complications, and to say that the process is complete.</p> <p>4.7 Schedule a follow-up appointment for the patient in two to three weeks with a stoma and ostomy nurse or clinic.</p> <p>4.7.1 Upon discharge, the nurse will ensure the patient has a follow-up appointment within two weeks with a stoma and ostomy nurse or other</p>
--	--

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

	ostomy specialist to evaluate effectiveness of patient ostomy care and adaptation, answer any patient questions, and reinforce teaching.
Step 5 Monitoring and Measuring	<p>5. Follow-up</p> <p>5.1 Patients will fill out the Ostomy Adjustment Scale upon arrival to the follow up appointment, to evaluate care of the ostomy, adjustment to or struggles with the ostomy, and patient questions and concerns (Indrebo et. al., 2020). These can all be addressed during the follow-up visit.</p> <p>5.2 Post operative surveys will be provided to patients to evaluate care and education received from nurses prior to discharge out of the hospital.</p> <p>5.3 Chart audits will be performed on nurses every three months to ensure:</p> <ul style="list-style-type: none"> -Ostomy bag changes are being done -Assessments on ostomies are being done -Charting on all ostomy patients are being done -Education has been provided to the patient throughout hospital stay <p>5.4 Charge nurse to check in with each nurse providing care to an ostomy patient to ensure policy is being followed.</p>

Internal References: (documents and tools already on file and needed for implementation)

- Ostomy adjustment scale
- Infection control policy
- Pre-operative policy
- Surgical Consent Form

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

- Patient education materials for in-home care of ostomy
- Satisfaction survey
- Hospital admission to a new unit policy
- Post-operative vital signs and surgical site assessment policy
- Post-operative incentive spirometer protocol
- Surgical marking procedure

External References:

American Cancer Society_A. (2019, October 16). Caring for a Colostomy.

<https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery/ostomies/colostomy/management.html>

American Cancer Society_B. (2019, October 16). Caring for a Urostomy.

<https://www.cancer.org/treatments/ostomies/urostomy/management.html>

Authors of American Society of Colon and Rectal Surgeons. (2020). Ostomy expanded information. *American Society of Colon and Rectal Surgeons*.

<https://fascrs.org/patients/diseases-and-conditions/a-z/ostomy-expanded-version>

Cheng, J. Y. J., Wong, B. W. Z., Chin, Y. H., Ong, Z. H., Ng, C. H., Tham, H. Y., Samarasekera, D. D., Devi, K. M., & Chong, C. S. (2021). Preoperative concerns of patients undergoing general surgery. *Patient Education & Counseling*, 104(6), 1467–1473.

<https://doi-org/10.1016/j.pec.2020.11.010>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

DNV Authors. (2020). National integrated accreditation for healthcare organizations. *DNV*

Healthcare. <https://brandcentral.dnvgl.com/files/original/ecd.pdf>

Hendren, S., Hammond, k., Glasgow, S. C., Perry, W. B., Buie, W. D., Steele, S. R., Rafferty, J.

(2015). Clinical practice guidelines for ostomy surgery. *Diseases of the Colon & Rectum*,

58(4), 375-387. https://fascrs.org/clinical_practice_guidelines_for_ostomy_surgery.pdf

Idaho Department of Health and Welfare. Division of licensing and certification -

bureau of facility standards. <https://adminrules.idaho.gov/rules/current/16/160314.pdf>

Indrebo, K.L., Aasprang, A., Olsen, T.E., & Andersen, J.R. (2020). A new model of

patient-reported outcome monitoring with a clinical feedback system in ostomy care:

Rationale, description and evaluation protocol. *Bio Med Central*, 18(12).

<https://doi.org/10.1186/s12955-019-1261-3>

Mahoney, M., Rozenboom, B. (2018). Basic ostomy skin care - A guide for patients and health

care providers. *Ostomy, and Continence Nurses Society*.

https://www.ostomy.org/basic_ostomy_skin_care_2018.pdf

Michigan Medicine. (2019). How do I manage a prolapsed stoma? *Michigan Medicine*,

University of Michigan.

<https://www.med.umich.edu/1libr/Surgery/GenSurgery/ProlapsedStoma.pdf>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

National Cancer Institute. (n.d.) Colostomy. *National Institute of Health*.

<https://www.cancer.gov/publications/dictionaries/cancer-terms/def/colostomy>

National Cancer Institute. (n.d.) Ileostomy. *National Institute of Health*.

<https://www.cancer.gov/publications/dictionaries/cancer/ileostomy>

National Cancer Institute. (n.d.) Stoma. *National Institute of Health*.

<https://www.cancer.gov/publications/dictionaries/cancer-terms/def/stoma>

National Cancer Institute. (n.d.) Urostomy. *National Institute of Health*.

<https://www.cancer.gov/publications/dictionaries/cancer-terms/def/urostomy>

National Integrated Accreditation for Healthcare Organizations (NIAHO). (2021). Accreditation requirements, interpretive guidelines & surveyor guidance for hospitals.

<ecd238b80cbd46c9addf668e7e8c55b0.pdf> (dnvgl.com)

National Institute of Diabetes and Digestive and Kidney Diseases. (2021). Complications of ostomy surgery of the bowel.

<https://www.niddk.nih.gov/health-information/digestive-diseases/ostomy-surgery-bowel-complications#ileostomy-or-colostomy>

Wound, Ostomy, and Continence Nurses Society. (2021). Patient resources.

<https://www.wocn.org/learning-center/patient-resources/>

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

Zeigler, M., Min, A. (2017). Ostomy management: Nuts and bolts for every nurse's toolbox.

American Nurse Association.

<https://www.myamericannurse.com/ostomy-management-nurses-toolbox/>

Requirements:

NIAHO: "The organization will make adequate provisions for immediate post-operative care.

These provisions will include:

- Post-operative care is provided in accordance with acceptable evidence-based professionally recognized standards of practice; and,
- The post-operative care area or recovery room is a separate area of the hospital.
- Access is limited to authorized personnel.

The organization will provide the appropriate equipment and clinical staff to adequately address the patients' plan of care appropriate to the complexity of services provided. The organization will develop criteria for the discharge from the postoperative care area that have been approved by the medical staff and nurse executive. Prior to discharge, the organization shall ensure that the patient has met the appropriate criteria for discharge and that the patient has an order for discharge from the patient's surgeon or practitioner. If patients are not transferred to the post-operative care area, there shall be provisions for direct observation of the patient by a qualified nurse in the patient's room to ensure there is a comparable level of care during the recovery phase." (NIAHO, 2021, Page 80).

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

IDHW: “The hospital has adopted for use a form of informed consent to be signed by the patient in advance of admission. Such form shall make on its face a detailed showing that the items in Subsection 400.13.a. have been presented to the patient ... The hospital has in place a medical record system to document the informed consent of each patient admitted to the maternity and newborn service.” (IDHW, 2021, Page 54).

Quality Assurance and Sustainability:

Once every three years, the department leaders will review evidence-based practice and new research available on the topic of ostomy care. They will compare this new research and compare it to the existing policy. They will then determine any updates that may have been added to this policy to ensure patient comfort and safety.

Once every six months, unless the hospital has not had any ostomy patients, the department leaders will observe this policy in action by witnessing the procedures and teaching performed by registered nurses in the hospital. Witnessing the care of ostomy patients will ensure all state and federal guidelines are being adequately followed and documented. This quality check will establish the sustainability of this policy, that it is being followed by all nurses and whether or more training is required for the highest quality of care.

Each year nurses in departments where ostomy care is most frequently done will be required to undergo in-service training. In a simulated environment, the nurse will then perform the skills required for proper treatment and management of patients with ostomies. This will ensure they stay up to date on their understanding and abilities required for quality care.

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Ostomy Management Protocol	

Disclaimer:

This policy is only written as a resource to be used by Madison Memorial Hospital nurses for the care and teaching of patients with ostomies. This policy does not guarantee patient safety. In some situations, this policy may need adaptation on provider orders.