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| **Observation** | **Reason/Action** |
| Odor | Odor should not be detected when the student keeps pouch closed. If there is an odor, check for a leak around the stoma or for a leak in the pouch itself. Do not make any pinholes in pouch to release gas because doing so destroys the odor proof seal. Commercial deodorants may be provided by the family. |
| Leakage | Empty pouch and do not allow it to get over 1/3 to 1/2 full before emptying. Check to see if clamp is functioning and check if there are any wrinkles or leaks and if the pouch is the proper size for the stoma. Nurse should reapply pouch if dislodged. Use skin barrier paste, if ordered, to help form a seal. |
| Bleeding from the stoma | Stomas are rich in blood supply and may bleed slightly if irritated or rubbed. Be careful not to rub during cleaning or nick with a fingernail. Check to see if the opening of the pouch may be cutting or rubbing the stoma. If the bleeding does not stop quickly, apply gentle pressure and notify the school nurse and family. If a large area of the stoma appears to be bleeding, notify the school nurse, family, and health care provider. |
| Dark, dusky colored or black stoma | **Immediately notify school nurse, family, and/or health care provider**. Integrity of stoma may be compromised. |
| Irritation or skin breakdown around stoma; discharge from area; itching or burning under the pouch | Make sure pouch and skin barrier are sized correctly. If leaking or incorrectly sized, nurse should replace with proper sized pouch and barrier. Follow student’s individualized health care plan for skin care. Apply protective paste between barrier and skin, if ordered. Check to see if student is using any new ostomy products which could be causing an allergic reaction. Notify the nurse, family, or health care provider of findings. |
| Red papular rash; rash may extend beyond peristomal area | Student may have a yeast infection. Clean and dry the skin carefully and notify the school nurse and the family. |
| Stoma appears to increase in size; part of intestine showing through stoma, or stoma sinks below skin surface | If the amount of intestinal tissue showing is more than usual, the stoma may be prolapsing (intestine being pushed out through the opening). The tissue may appear swollen, and the student may experience cramping and vomiting. If stoma sinks below skin level, it may be retracting. **Contact the school nurse, family, and/or health care provider immediately.** |
| Change in stool pattern | Assess recent diet history for changes. Assess for other signs of infection or illness such as fever or pain. If the student experiences a significant change in the number or consistency of stools, contact the school nurse and family. |
| Pain and tenderness in the stoma or abdominal area, no output from the stoma for 4-5 hours, cramping, nausea and/or vomiting; watery green or ribbon-like output | Intestine or stoma may be developing an obstruction. **Notify school nurse and family immediately.** |
| Student has body image concerns | Encourage student to voice concerns. Discuss with family as appropriate. Refer to United Ostomy Association (www.UOA.org or 1-800-826-0826) or nearest enterostomal therapy nurse (wound ostomy certified nurse) for assistance. Videos and brochures are available from UOA and other organizations such as the Crohn’s and Colitis Foundation of America. |