**Plano Independent School District**

**School Health**

**Colostomy/Ileostomy Care Administrative Guideline**

**Purpose**

A colostomy is a surgically-created opening in the large intestine (colon) used to eliminate fecal material. A piece of the colon is brought through the abdominal wall out to the skin surface of the abdomen and folded back onto itself to form a *stoma*. The stoma is red or dark pink in color and moist, much like the mucosal lining of the mouth. A colostomy can be permanent or temporary. Colostomies are named for the portion of the colon used to form the stoma. The character of the stool that is drained also depends on the location of the colostomy. An ostomy in the sigmoid or descending colon (most common) will be found on the left side of the abdomen and will pass stool that is soft and semi-formed because it will have gone through most of the colon where the water is absorbed. An ostomy in the transverse colon or ascending colon will pass stool that is semi-liquid. Also, some students may have two stomas. Students receive ostomies for a variety of reasons. Some have birth defects that require an alternate method of bowel elimination. Others may receive a colostomy due to a disease process, injury, or nerve damage. A pouch is worn over the colostomy to collect stool. Pouch systems can be reusable or disposable, drainable or close-bottomed, and one-piece or two-piece. Pouches typically last 1-7 days. They protect the stoma, as well as the skin around the stoma (peristomal). Stomas are rich in blood supply and may bleed slightly if irritated or rubbed. Good skin care and a properly fitting pouch are essential to preventing irritation and breakdown at the stoma site. A skin barrier is also usually applied around the stoma to protect it. The pouch should be emptied whenever it is one-third to one-half full or if a leak occurs.

**Definitions**

* **Colostomy** – A surgically created opening in the large intestine where the colon is brought through the abdominal wall out to the skin surface. Stool is usually semi-formed.
* **Ileostomy** – A surgically created opening in the small intestine where the ileum is brought through the abdominal wall out to the skin surface. Stool is usually liquid.
* **Ostomy** – A surgically created opening that connects an internal organ to the skin surface.
* **Peristomal** – The skin surrounding the stoma.
* **Pouch –** A bag that covers the stoma and collects stool. May attach directly to the skin or to a flange that is attached to the skin.
* **Skin Barrier** – A topical formulation applied around the stoma to help protect the skin from ostomy contents. This formulation may be in the form of powder or cream and may also help adhere the ostomy pouch to the skin.
* **Stoma** – The outside opening of the colon or ileum on the skin surface. It is a red or dark pink, moist mucous membrane that may bleed if irritated or rubbed.

**Program Coordinator**

Coordinator for District Health

Special Education Nurse Case Manager

**Responsibilities**

* Coordinates with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Assure quality improvement by revising this guideline as required through the monitoring of training.
* Communicate with medical officer on issues related to care.

**Environment/Settings**

The pouch should be emptied whenever it is one-third to one-half full or if a leak occurs. The student’s privacy must be assured whether the student cares for the ostomy by him/herself or receives assistance.

**Restrictions**

Pouch changes are routinely performed at home, but may need to be done at school if a leak occurs. A student should be able to participate in all school activities, including physical education.

**Requirements**

* Current physician orders
* Consent to communicate with health care provider
* Development of IHP by RN
* Parental consent for care of student
* Supplies provided by student

**Suggested Personnel and Training**

Emptying and cleaning the pouch can be done by the student, the school nurse, or any adult trained in appropriate techniques and problem management of ostomies. Application of the pouch should be done by a school nurse if the student requires assistance. School staff who have regular contact with a student with a colostomy should receive general instruction and have proven competency based training of the student’s specific needs, potential problems, and implementation of the established IHP.

If the trained caregiver and back up are unable to be available on any given day, every attempt should be made to provide trained care. Family, building administrator and special education nurse case manager/coordinator for district health, should be notified of lack of availability of properly trained caregivers.

Basic skills checklists will be used in competency based training in appropriate techniques and problem management. District procedures and checklists outline specific steps to be taken. Once the procedures have been mastered, the completed checklists serve as a documentation of training.

**Training**

* Registered nurse is the person responsible for training.
* Unlicensed personnel may be trained by an RN.
* Training is done yearly and as needed throughout the year.
* Guideline, problem list, health care practitioner orders and parent requests are to be reviewed prior to training and periodically throughout the year.
* Individual Health Care Plan is completed by the nurse.
* Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.
* Information is shared with other staff members on a need to know basis.

**Procedural guideline for emptying an ostomy pouch**

**Purpose**

Colostomy/ileostomy care is performed in the school setting to maintain optimum functioning of the ostomy and to assist the student in self-care when appropriate. Ostomy bags should be emptied when they are one-third to one-half full, or if there is a leak.

**Staff Training and Preparation**

Emptying and cleaning the pouch can be done by the student, the school nurse, or any adult trained in appropriate techniques and problem management of ostomies. School staff who have regular contact with a student with a colostomy should receive general instruction and have proven competency based training of the student’s specific needs, potential problems, and implementation of the established IHP.

If the trained caregiver and back up are unable to be available on any given day, every attempt should be made to provide trained care. Family, building administrator and special education nurse case manager/coordinator for district health, should be notified of lack of availability of properly trained caregivers.

**Potential Settings**

The pouch should be emptied whenever it is one-third to one-half full or if a leak occurs. The student’s privacy must be assured whether the student cares for the ostomy by him/herself or receives assistance. A student should be able to participate in all school activities, including physical education as appropriate.

**Guideline**

**Note: Parent provides equipment and supplies.**

1. Check doctor’s orders, IHP, PISD guidelines, and parent consent.
2. Use Universal Precautions. Wash hands before and after procedure.
3. Assemble equipment:

• Tissue, wet washcloth, paper towel, or wet wipe

• Toilet or container to dispose of wastes

• Gloves, if pouch is to be emptied by someone other than student

• Clean pouch with clip closure

*Student should have a complete set of ostomy supplies at school with a spare pouch and clip/pouch closure.*

1. Explain procedure using explanations the student can understand. Encourage the student to do as much of the procedure as is capable, so as to achieve maximum self-care skills.

1. Wash hands and don gloves.
2. Tilt the bottom of the pouch upward and remove the clamp.

1. Fold the bottom of the pouch up to form a cuff before emptying. *Cuff helps keep bottom of pouch clean during emptying.*

1. Slowly unfold end of pouch and empty contents of pouch into toilet or container.
2. Wipe the bottom of the pouch with tissue, wet washcloth, paper towel, or wet wipe and unfold cuff.
3. Re-apply clamp closure.

1. Flatus can be released through the gas release valve, if the pouch has one. If there is no valve, flatus can be expelled by tilting the bottom of the pouch upward, releasing the clamp, and expelling the flatus. Re-apply clamp.

1. Flush waste in toilet.

1. Remove gloves and wash hands.

1. Report any change in student’s usual pattern to school nurse and family.

1. Document actions.

**Procedural guideline for changing the ostomy pouch**

**Purpose**

Pouch changes are routinely done at home, but may need to be done at school if a leak occurs or if the pouch becomes dislodged. The stoma and skin around the stoma (peristomal) are assessed during ostomy care and appropriate steps taken if abnormal findings are observed during procedure.

**Staff Training and Preparation**

Application of the pouch should be done by the student or a school nurse who has received proven competency based training of the student’s specific needs, potential problems, and implementation of the established IHP.

If the trained caregiver and back up are unable to be available on any given day, every attempt should be made to provide trained care. Family, building administrator and special education nurse case manager/coordinator for district health, should be notified of lack of availability of properly trained caregivers.

**Potential Setting**

Pouch changes are routinely performed at home, but may need to be done at school if a leak occurs or if pouch becomes dislodged. The student’s privacy must be assured whether the student cares for the ostomy by him/herself or receives assistance. A student should be able to participate in all school activities, including physical education as appropriate.

**Guideline**

**Note: Parent provides equipment and supplies.**

1. Check doctor’s orders, IHP, PISD guidelines, and parent consent.
2. Use universal precautions. Wash hands before and after procedure.
3. Assemble equipment:

• Water

• Skin cleanser

• Soft cloth or gauze or tissues

• Clean pouch with clip closure

• Protective paste or powder, if used

• Skin barrier

• Measuring guide, if needed

• Belt, if used

• Gloves, if pouch is to be changed by someone other than student

• Tape, if needed

• Scissors, if needed

• Container for waste if not using toilet

*Student should have a complete set of ostomy supplies at school with a spare pouch and clip/pouch closure.*

1. Explain procedure using explanations the student can understand. Encourage the student to do as much of the procedure as is capable, so as to achieve maximum self-care skills.
2. Wash hands and don gloves.
3. Unclamp and empty contents of old pouch into toilet or other designated container.
4. Starting at the outer top edge, use the dominant hand to carefully pull away the used pouch and skin barrier while pressing the skin downward from the bag with the non-dominant hand.
5. **Save clamp** for reuse (unless specified otherwise). Dispose of used pouch in appropriate receptacle.
6. Wash the peristomal area with water and a clean cloth or gauze or whatever is specified in student’s individualized health care plan. **Do not scrub**. Use minimal pressure to prevent a prolapse of the stoma. Cover the stoma with gauze or tissue to prevent leakage. Make sure the skin around the stoma is clean and allow to dry. *Scrubbing can damage the stoma and cause bleeding.*
7. Examine the stoma for integrity (note whether it has come further out or moved further in) and any of signs of necrosis. Assess the skin for redness, irritation, rash, bleeding, or breakdown.

***If there is any change in the stoma, notify the family immediately****. If there is skin irritation, follow student’s individualized health care plan. Medications, ointments, or adhesives are generally not used on the damaged skin because they make it more difficult for the pouch to stick. Skin irritation should be reported to family.*

1. If a skin barrier is used that requires fitting, measure stoma using measuring guide or per student’s individualized health care plan. Cut wafer-barrier and pouch to fit stoma. Some wafer-barriers are single items, but many are attached to pouch. Remove paper from wafer. Save paper to use as a guide for cutting openings for future pouch changes (if stoma size is stable).
2. If specified, apply a ring of protective paste or powder to opening on wafer barrier or apply around the stoma. Remove used gauze/tissue from stoma and discard in appropriate receptacle.
3. If one-piece wafer/pouch used, remove paper from outer adhesive area of pouch and apply wafer/pouch over stoma. If two-piece setup used, place wafer barrier on skin around stoma, remove backing from pouch, and apply pouch to wafer and skin. Some two piece systems require pouch to be snapped together.
4. Firmly press the pouch and skin barrier so there are no wrinkles and no leaks. Hold in place for 30-60 seconds. *Body warmth will soften rigid wafer and improve adhesion to skin.*
5. Use clamp to seal pouch. Make sure bowed end of clamp is next to body. *Bowed end conforms to body providing a better fit and keeping clamp from sticking out through clothing.*
6. If a belt is used to fasten pouch, attach to pouch.
7. Remove gloves and wash hands.
8. Document in student log that procedure was done and condition of stoma and skin. Report to family any change in stoma, skin, or tolerance of the procedure.

**Medical Officer Signature:**

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Physician Signature/PISD Medical Officer