

DOWNEY UNIFIED SCHOOL DISTRICT
Educational Services

Ostomy Care Plan

CHILD'S NAME: _____ **D.O.B.:** _____ **GRADE:** _____

SCHOOL YEAR: _____ **SCHOOL:** _____

PHYSICIAN: Please review the following protocol/procedure for:

- (check one)
- Student will perform ostomy care***
 - School nurse/trained personnel will perform ostomy care***

Please check one:

- I authorize D.U.S.D. to provide care per standardized school district policy and procedure (See attached guidelines/procedure)
- My recommendations or orders for this procedure are attached.

*******Parent/Guardian will provide all necessary supplies*******

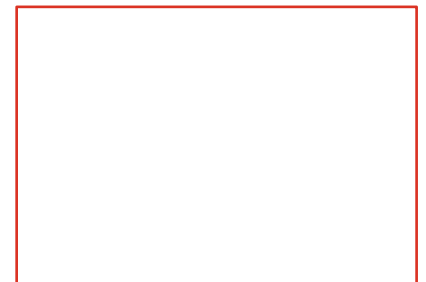
PLEASE INDICATE PROCEDURE TIME(S): _____

PLEASE INDICATE ANY SPECIAL DIRECTIONS: _____

Physician's Name (Please Print): _____

Physician's Signature: _____ Date: _____

Physician's Phone number: _____



MD OFFICE STAMP – REQUIRED

Parent/Guardian Signature: _____ Date: _____

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**OSTOMY CARE
(EMPTYING AND CHANGING)**

GENERAL GUIDELINES

A. PURPOSE

1. To empty an open-ended ostomy pouch as necessary.
2. To change an ostomy pouch if leakage occurs at school.

B. GENERAL INFORMATION

1. An ostomy is a surgically created opening in the abdominal wall for the purpose of evacuating body waste.
2. A stoma is the actual end of the small or large intestines or of the ureters which can be seen protruding through the abdominal wall.
 - a. A **colostomy** is created when a portion of the colon or rectum is removed and the remaining colon is brought through the abdominal wall.
 - b. An **ileostomy** is a surgically created opening in the small intestine, usually at the end of the ileum. The intestine is brought through the abdominal wall to form a stoma.
 - c. A **urostomy** diverts the normal flow of urine from the kidneys and ureters into a specially created stoma, completely bypassing the bladder. A tube, called the ileal conduit, is surgically constructed from the small intestine and the two ureters are plumbed into the conduit.
3. Body wastes (bowel movement or urine) are collected in pouches (bags). Flatus (gas generated in the stomach or bowels) is expelled in the pouch. Pouches can either be open-ended, requiring a closing device (a clamp or a clip) or closed and sealed at the bottom.
4. Changing the ostomy pouch at school is done only if leakage occurs around the adhesive seal. Routine changing and irrigating (a procedure used to stimulate evacuation of the bowel) are normally done at home. An ostomy pouch remains secure from one to seven days.
5. An ostomy may be temporary or permanent.
6. Notify the school nurse if there are changes in the appearance of the stoma (such as, color, the amount of intestinal tissue protruding from the stoma is more than usual, or if the student experiences cramping and/or vomiting).
7. Notify the school nurse if there are changes in the urine or bowel contents (such as color, amount, odor, or consistency).
8. Ostomy care is considered an aspect of toileting.

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C. PERSONNEL

1. School nurse or school physician
2. Designated school personnel under the direct or indirect supervision of the school nurse.
 - a. Emptying and changing an ostomy pouch is considered an aspect of toileting and any designated school personnel trained by the school nurse can provide ostomy care.

D. EQUIPMENT

1. Provided by parent:
 - a. Additional clean pouches
 - b. Double faced adhesive (gasket, wafer)
 - c. Skin barrier (stoma adhesive, stoma guard, or other as supplied)
 - d. Hypo-allergenic tape (1", 1-1/2" or 2" width), if needed
 - e. Skin adhesive remover (solvent), if needed
 - f. Change of clothes
2. Provided by school:
 - a. Toilet paper, tissue, or other absorbent material
 - b. Collection receptacle
 - c. Mild liquid soap
 - d. Disposable non-latex gloves
 - e. Plastic bags for waste disposal
 - f. Liquid detergent
 - g. District approved disinfectant

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II. PROCEDURE FOR OSTOMY CARE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<p>A. To empty open-ended pouch:</p> <ol style="list-style-type: none">4. Wash hands and put on gloves.5. Remove closure on pouch and empty contents into a container or directly into toilet.6. Wipe the end of the pouch free from residue and reclose pouch.7. Remove gloves and wash hands.	<p>This aids in control of contamination and odor. If odor persists, check for leakage around the stoma or in the pouch.</p>
<p>B. To empty a pouch with a spout:</p> <ol style="list-style-type: none">1. Wash hands and put on gloves.2. Turn the spout to the 'on' position (open) to allow contents to empty into a container or directly into toilet.3. When the pouch is empty, wipe the end free from residue and return the spout to the closed position.4. Remove gloves and wash hands.	<p>These pouches are usually found on students with urinary diversions.</p>
<p>C. To empty a pouch with a closed end; first be certain that the pouch is a two-piece pouch.</p> <ol style="list-style-type: none">1. Wash hands and put on gloves.2. After locating the connection, disconnect the pouch from the skin barrier.3. Empty contents of pouch into container or directly into toilet. Wipe the bottom of the pouch free of residue with tissue.4. Reconnect the pouch to the skin barrier.5. Remove gloves and wash hands.	

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ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<p>D. To change ostomy pouch:</p> <ol style="list-style-type: none">1. Wash hands.2. Assemble equipment on aluminum foil on a clean flat surface in appropriate private location for administration of procedure.3. Position student. Student may be in a sitting or lying position.4. Put on gloves.5. Remove ostomy pouch. 6. Place absorbent material over stoma. 7. Cleanse skin around the stoma thoroughly with water. The stoma does not need to be completely cleansed of all fecal material.8. Dry the skin thoroughly.9. Apply skin barrier provided by parent.10. Prepare pouch for application. 11. Place pouch securely over skin barrier.	<p>Generally, this procedure is not painful unless skin irritation is present.</p> <p>Do not leave student unattended.</p> <p>Carefully remove the used pouch and skin barrier by pushing the skin away from the pouch, instead of pulling the pouch off the skin. Use a safe-solvent as necessary if provided by the parent.</p> <p>Absorbent material remains in place until ready to attach pouch. It is important to protect the skin from irritating drainage.</p> <p>The stoma may bleed slightly during cleaning. Mild bleeding is normal. If bleeding does not stop quickly, apply gentle pressure and notify school nurse.</p> <p>Observe the condition of the skin. Report any change in condition to the school nurse.</p> <p>Barriers will not stick to damp skin. The skin around the stoma should be free from breakdown. It may be necessary to cut or mold skin barrier to completely seal around stoma. Skin barrier should be at least as large as flange (stiff disc-shaped portion) of pouch. Skin around the stoma that is not covered will become irritated and cause skin breakdown. Inner flange of pouch should be 1/8" larger than the stoma. Cut to fit as needed. Apply additional adhesive if necessary.</p> <p>Press flange firmly to completely seal pouch against skin barrier.</p>

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ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
12. If pouch is open-ended, secure open end according to package instructions (clip, rubber band, etc.) 13. "Window pane" outer flange of the pouch with hypo-allergenic tape if indicated.	Cut strips of tape one inch longer than flange of pouch. Apply half on the flange to completely seal flange to skin. Overlap ends of tape.
E. Dispose of waste and used supplies. 1. Empty contents of ostomy pouch into toilet bowl. If using a container to empty contents in lieu of toilet, clean thoroughly with soap and water, then disinfect with district approved disinfectant. 2. Discard disposable pouch.	Universal Precautions require all waste material be double bagged.
F. Remove gloves and wash hands.	
G. Make sure student is dry and comfortable. Assist with dressing as needed.	
H. Document procedure including date, time, reason, description of contents, condition of skin or stoma and response of student.	