Chapter 23

ELIMINATION OF STOOL

PROCEDURE FOR COLOSTOMY CARE/APPLICATION OF A FECAL OSTOMY POUCH (UNCOMPPLICATED ESTABLISHED COLOSTOMY):

CAUTION: THE IN-HOME AIDE MAY PROVIDE CARE ONLY FOR AN ESTABLISHED COLOSTOMY; NEVER FOR A NEW COLOSTOMY. A NEW COLOSTOMY REQUIRES CARE GIVEN BY THE LICENSED NURSE.

1. Gather equipment – gloves, blanket, bed protector or towel, clean ostomy pouch, skin barrier paste if used, wash cloth, basin of warm water, soap, towel plastic bag, and commode if needed.

2. Provide privacy.

3. Explain what you are going to do.

4. Wash your hands and put on gloves.

5. Raise adjustable bed to the HIGH position or assist client to toilet or commode.

6. Place blanket over the client and fold top linens down to hips.

7. Remove old pouch by pushing against skin as you pull off the pouch. Discard in plastic bag, saving the clip. Note the amount and type of drainage and feces.

8. Cleanse area around stoma with warm water and soap. Clean the skin of the stoma and rinse with gentle strokes. Pat dry (Figure 23.1).

9. Observe skin around stoma for redness or breakdown.

10. Measure stoma with measuring guide. Cut pouch 1/8 inch larger than measurement to prevent pressure to stoma.

11. If used, apply skin barrier paste to peristomal area. Wet gloved fingers and spread paste around stoma.

12. Remove paper from adhesive area on pouch. Center and apply clean pouch over stoma (Figure 23.2).

13. Press adhesive around stoma to form a wrinkle-free seal.
14. Secure end of pouch with plastic clip (some pouches have clips; others do not).

15. Remove gloves and wash hands.

16. Make client comfortable; return bed to low position if it was raised.