Title of Document	**Ostomy Care**
Name of Department	**Clinical Team**

What type of document is this?	**Work Instruction (WI)**	This is a simple guide to follow to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	Infection Prevention Policy	**Index number of policy/SOP**	HHH-SOP-005

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	

Custodian of document	Senior Clinical Lead	**Committee/Group responsible for this document**	Compliance & Governance Committee
Approval date and committee chairperson signature	14.03.22	**When is its next scheduled review?**	14.03.25

Who does it apply to?	All staff working with customers				
	Does it apply to bank workers?	Yes	**Does it apply to agency staff?**	Yes	**Does it apply to third party contractors?**	No

Purpose of the Work Instruction	To give clear direction and clarity for carers supporting customers with Ostomy care.

CONTENT of WORK INSTRUCTION

1.0 Purpose

Stoma is a word of Greek origin meaning mouth or opening. Otherwise known as 'Ostomy'. The most common types of stomas that we see at Helping Hands are:

- Colostomy

A Colostomy may be formed from any section of the colon (large bowel) passing formed stool.

- Ileostomy

An Ileostomy is formed when a part of the ileum (small bowel) is passed through the abdominal wall. As the water hasn't yet been absorbed by the colon, the stool tends to be liquid.

- Urostomy

A Urostomy is created by taking a piece of the ileum and forming a stoma via the abdominal wall and then attaching the ureters to the other end. The urine then drains from the ureters via the stoma rather than to the bladder which is usually removed.

The stool or urine is collected into a bag that is attached to the skin of the abdomen, over the stoma. Once full the bag is either removed and replaced with a new one or the contents drained into a clean receptacle or the toilet. A drainable stoma bag is usually replaced every 72hrs. The stoma should be checked at every stoma care intervention for changes such as swelling, or retraction and the surrounding skin observed for signs of inflammation, infection, or bleeding. The stoma should be producing stool or urine regularly each day. If there is any change to the expected output for at least 24hrs this can indicate that the stoma may have become blocked and if not medically reviewed quickly this can have serious and potentially life-threatening consequences.

2.0 Process

2.1. The carer washes their hands and dons' disposable gloves and apron.

2.2. The carer gathers all the required equipment.

If changing the bag - new stoma bag (either one or two piece bag), clean receptacle for collecting urine or stool (if a drainable bag is being used), dry wipes, warm water, and mild soap, clean towel, and a bag for rubbish, ostomy removal spray (if used), any other necessary kit for securing the stoma bag (additional adhesive plates, ostomy paste) .

If emptying the bag – clean receptacle for collecting urine or stool, dry wipes.

2.3. The carer gains consent from the customer to either change or empty the bag and ensures dignity and privacy throughout the procedure.

2.4 The carer assists the customer to position themselves ideally either lying supine on a bed (ideally a bed that can be positioned at a safe working height for the carer) or standing (the customer may need to support themselves with something such as a walking frame or sturdy

chair). If the customer is sitting the stoma bag may be difficult to access or it will not be secured properly when the customer stands up due to the abdominal folds.

2.5 If changing the bag –

1. Empty the bag first if it is a drainable bag.
2. Slowly peel the bag away from the skin, starting at the top and peeling the adhesive plate downwards, applying quick sprays of ostomy remover under the adhesive if used.
3. Fold the adhesive plate in half on itself so the bag is sealed and place it into the rubbish bag.
4. Gently clean around the stoma with warm water and mild soap, using a clean flannel or wipes. Do not rub the skin. Pat the skin dry with a clean towel.
5. Check the surrounding skin for signs of inflammation or infection; redness, bleeding, blistering, weeping or pus. If the customer complains that the skin feels sore or painful or any abnormalities are seen, the carer should complete a Body Map and inform the Branch staff or LICM. The GP or District Nurse or Stoma Nurse should be contacted.
6. Check the stoma for signs of swelling, retraction, changes of colour (it should be dark pink/red, shiny, and moist). If the customer is complaining of pain, nausea, vomiting as well as changes to the stoma observed, the carer should immediately contact either NHS111 or dial 999 as this can indicate a serious medical emergency which could be life-threatening if left untreated.
7. Apply any barrier spray and/or ostomy paste as required.
8. Take the new stoma bag and remove the backing film from the adhesive plate.
9. The carer should then run their index finger around the inner hole of the adhesive plate to ensure that there are no rough edges.
10. Apply the adhesive plate over the stoma, ensuring that there is an even seal, working from inside towards the outer edge.
11. Give the bag a gentle tug to ensure that there is a secure fit.

** if applying a two-piece bag, apply the base plate as above then unlock the flange on the bag by squeezing the tabs together. Place the bag over the base plate until a click is heard and rotate to the correct position. Squeeze the tabs together again to lock the bag onto the base plate.

2.6 If emptying an Ileostomy bag –

1. Undo the tabs on the Velcro strip and unfold the bottom of the bag to form a drainable spout.
2. Empty the stool into a clean receptacle.

3. Wipe the opening and ensure all traces of stool are removed as much as possible. Warm water may be used but do not use 'wet wipes' or any cleaner as this may affect the integrity of the bag.
4. Change gloves if needed.
5. Fold up the end of the bag and secure the Velcro tabs.
6. The end of the bag may then be folded up into itself again to make it more discreet.

If emptying a Urostomy bag –

Place a clean receptacle under the tap.
Under the tap and drain the urine into the receptacle.
Close the tap.
Empty the contents into the toilet and clean the receptacle with clean water and cleaning solution.

2.7 The carer should then remove their PPE and wash their hands.

2.8 The carer should then document the procedure on the activity schedule and inform their line manager of any concerns.

Note – Equality Impact Assessments are not required for Work Instructions

What was the previous version number of this document?	N/A	
Changes since previous version	This is a new work instruction	
Author of the document	Regional Clinical Lead.	
Who was involved in developing / reviewing/ amending this work instruction?	Regional Clinical Leads Senior Clinical Lead	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands
Associated Documents	HHH-SOP-005 Helping Hands Infection Prevention Helping Hands Delegated interventions stoma risk assessment	