WOCN® Wound, Ostomy, and Continence Nurses Society®

DISCHARGE PLANNING FOR A PATIENT WITH A NEW OSTOMY

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BEST PRACTICE FOR CLINICIANS

INTRODUCTION *and* PURPOSE

A comprehensive discharge plan for a patient with a new ostomy includes teaching basic skills such as emptying and changing the pouching system, providing information about ostomy management (e.g., diet/fluid guidelines, signs of potential complications, factors to consider regarding medications, management of gas and odor), instructions about how to order supplies, manufacturers, assisting with transitions of care, and providing information about resources for support and assistance. It is important to encourage involvement of a family member or caregiver whenever possible when planning for a patient's discharge.

This document was originally developed by the Wound, Ostomy and Continence Nurses Society™ (WOCN®) as a best practice guide for clinicians providing ostomy care (Wound, Ostomy and Continence Nurses Society [WOCN], 2004). The purpose of this updated document is to provide clinicians with a quick guide to the essential elements of a discharge plan, which may be used to facilitate patient education and transitions of care.

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CPG
Guideline
EBRC
Report Card
BP
Best Practice

DISCHARGE PLANNING FOR A P

TEACH BASIC SKILLS

Provide an initial demonstration of skills.

- Ask the patient or caregiver to participate.
- Ask the patient or caregiver to provide a return demonstration of each skill.

How to empty the pouch.

- Empty when 1/3 to 1/2 full and before bedtime (WOCN, 2013, 2014).
- Use of the clamp, integrated closure or urostomy tap.
- Cleaning the end of the pouch using a tissue or wipe.
- For urostomies, open and close the tap, connect/disconnect with the use of an adapter to a nighttime drainage container. Use the correct adapter for the brand of pouch when connecting the pouch to a drainage container (WOCN, 2014).

How to change the pouching system.

- Gather supplies.
- Measure the stoma and cut or mold the skin barrier to fit the size/shape of the stoma. Remeasure the stoma periodically for the first 6 to 8 weeks after surgery because the size of the stoma may change as swelling subsides.
- Cleanse the skin around the stoma with water and dry thoroughly. Avoid use of products that contain a moisturizing agent (e.g., premoistened cleansing cloths like baby wipes) that may interfere with adherence of the pouching system.
- Inspect the stoma and peristomal skin for irritation, wounds, rashes, or changes. Contact the certified ostomy nurse for peristomal skin problems.
- Use accessory products, if needed, to protect the peristomal skin or improve the pouch seal and increase the pouch wear time (e.g., paste, barrier rings).
- Remove the backing from the skin barrier and center the pouching system around the stoma and gently press into place on the peristomal skin to ensure a good seal. Apply the pouch to the skin barrier if using a 2-piece system.
- Close the end of the pouch.
- Change the pouching system any time it leaks and at least every 3 to 7 days (WOCN, 2010, 2013, 2014). Wear time will vary based on the thickness and amount of effluent (e.g., urostomies and many ileostomies with liquid effluent may require the appliance to be changed more frequently).

ATIENT WITH A NEW OSTOMY

REVIEW GUIDELINES *for* GENERAL OSTOMY MANAGEMENT

Diet and fluid guidelines according to the type of ostomy.

COLOSTOMY, ILEOSTOMY, OR UROSTOMY.

- Initially after surgery, a low-residue diet may be indicated because of bowel edema.
- Consider eating small, frequent meals and maintain adequate fluid intake during the immediate postoperative period.
- Chew foods well to optimize digestion and absorption.
- Check with the healthcare provider for specific recommendations regarding diet/fluid intake.
- Consider a nutritional evaluation for all new ostomy inpatients.

COLOSTOMY.

- Dietary modification is usually unnecessary because nutritional absorption is generally not affected.
- Certain foods may create excessive gas and odor.
- To decrease gas during the immediate post-operative period, avoid carbonated beverages, sipping through a straw, smoking, gas-producing foods, and skipping meals.

ILEOSTOMY.

- Monitor the stomal output. Notify the healthcare team if the output is greater than 1,200 ml per 24 hours. Prevention of fluid and electrolyte imbalances is very important. Patients and caregivers should monitor ileostomy output during times of increased loss (such as gastroenteritis, vomiting, increased sweating). Infants and children can have fluid imbalances that occur quickly. Instruct patients and caregivers on signs and symptoms of fluid and electrolyte imbalances (Erwin-Toth & Doughty, 1992).
- The following foods may thicken stool: bananas, rice, applesauce, peanut butter, soda crackers, pasta, bread, marshmallows, and cheese (Willcutts & Touger-Decker, 2013).
- High-fiber foods such as the following may cause a blockage: stringy and fibrous foods such as celery and asparagus, foods with nondigestible fibrous peels such as apples and corn, raw cabbage, dried fruits, nuts, popcorn, meats with casings, mushrooms, coconut, and foods with large seeds (Bradshaw & Collins, 2008; Cronin, 2013; Erwin-Toth & Doughty, 1992).

UROSTOMY.

- No dietary modification should be needed.
- Encourage a daily intake of 8 to 10 glasses of fluid per day, unless contraindicated.
- Some foods can increase odor such as asparagus, fish and spices.
- Medications can change the color of the urine.

CONTINUED

Signs of potential complications to report/seek help from the healthcare team.

- Inability to maintain the pouch seal for a predictable amount of time.
- A rash, lesion, or denuded peristomal skin that does not heal after 1 to 2 pouch changes.
- Separation of the stoma from the peristomal skin (WOCN, 2010).
- Changes in the color of the stoma such as dark maroon or black that might indicate necrosis, or a deep red, white or yellow linear discoloration that might indicate trauma (WOCN, 2010).
- Changes in the appearance or length of the stoma (WOCN, 2010):
  - » Increase in the length with protrusion/prolapse of the stoma.
  - » Retraction of the stoma below skin level.
  - » Narrowing of the lumen of the stoma that impairs drainage.
- Prolonged abdominal pain, persistent nausea or vomiting, and abdominal distention.
- Changes in stomal output/function:
  - » Blood in the stool/urine.
  - » No fecal output for 2 or more days (colostomy).
  - » No fecal output for 8 or more hours (ileostomy).
  - » No urinary output for 6 or more hours (urostomy).
- Excessive thirst, concentrated urine, weakness, lethargy, and/or fecal output greater than 1,200 ml per 24 hours.
- Foul smelling or cloudy urine, fever, chills or back pain (urostomy).

Factors regarding medications.

- Color of stool or urine may change with some medications and foods.
- Enteric coated or extended release medications may not be absorbed in a patient with an ileostomy. The patient should observe the contents of the fecal pouch for undissolved pills or capsules and notify their healthcare provider or pharmacist to determine if medication(s) should be changed to promote absorption.
- Instruct the patient to discuss medication questions/issues with their healthcare provider(s) or pharmacist.

Management of gas and odor.

- Detectable odor is only anticipated when emptying or changing the pouch. If odor is noticed when not emptying or changing the pouch, the adhesive seal or closure is compromised.
- Colostomy and ileostomy.
  - » Pouches with filters allow excessive gas to exit the pouch without odor.
  - » A liquid odor eliminator can be used in the pouch to decrease odor.
  - » Excessive gas and odor concerns should be discussed with the healthcare provider.
- Urostomy.
  - » Rinse the nighttime drainage container with a commercial deodorizer or a cleaner/decrystallizer; or clean the drainage container (tubing and adapter) daily or every other day with a solution of 1 part white vinegar to 3 parts water (WOCN, 2014).
  - » Replace soft drainage containers twice a month and hard plastic jug containers every 3 months (WOCN, 2014).

INSTRUCT HOW TO ORDER OSTOMY SUPPLIES *and* ACCESSORIES

- Check with the insurance provider (including Medicaid) for specifics about reimbursement criteria for supplies and information about possible preferred providers.
- Medicare Part B insured patients (Medicare.gov, n.d.).
  - When receiving home care, the home care agency will supply the necessary supplies.
  - Any supplier can be used for supplies: a prescription may be required.
  - Medicare sets a monthly limit for the type and number of allowable supplies that are reimbursable.
- Uninsured patients.
  - Some manufacturers have programs for uninsured patients.
  - The United Ostomy Associations of America's affiliated support groups may have donated supplies (see www.ostomy.org).
- Provide information about manufacturers of ostomy supplies and contact information (Table 1).

ASSIST WITH TRANSITIONS OF CARE

- Communicate care needs, level of independence in ostomy management, and the required supplies to all caregivers and settings.
- Provide the patient with a minimum of five pouching systems and accessory items (e.g., paste, powder, barrier rings, etc.) at the time of discharge. Include a list of all supplies that are being used with the manufacturer's name and order numbers.
- Refer the patient as indicated to home care services with a certified ostomy care specialist.
- Provide follow-up appointments with healthcare providers, including a certified ostomy care specialist.

PROVIDE INFORMATION ABOUT AVAILABLE RESOURCES

- Manufacturers (Table 1).
- Resources for support and assistance (Table 2).

Table 1. Examples of Manufacturers with Contact Information

MANUFACTURER	WEBSITE	TELEPHONE NUMBER
Coloplast	www.coloplast.us.com	1-800-533-0464
ConvaTec, Inc.	www.convatec.com	1-800-422-8811
Cymed	www.cymedostomy.com	1-800-582-0707
Hollister, Inc.	www.hollister.com	1-888-740-8999
Marlen Manufacturing & Development Company	www.marlenmfg.com	1-216-292-7060
Nu-Hope Laboratories, Inc.	www.nu-hope.com	1-800-899-5017

Table 2. Examples of Available Resources for Support and Assistance

ORGANIZATION	BRIEF DESCRIPTION	WEBSITE	TELEPHONE NUMBER
American Cancer Society	A worldwide non-profit organization that helps people stay well and get well; helps find cures and fight back against cancer; and offers support groups.	www.cancer.org	1-800-227-2345
Crohn's and Colitis Foundation of America	A non-profit, volunteer-driven organization dedicated to finding the cures for Crohn's disease and ulcerative colitis; and offers support groups.	www.ccfa.org	1-800-932-2423
Osto Group	A non-profit organization that provides free ostomy supplies: The recipient pays for shipping and handling.	www.ostogroup.org	1-877-678-6690
United Ostomy Associations of America (UOAA)	An association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.	www.ostomy.org	1-800-826-0826
Wound, Ostomy and Continence Nurses Society	A professional nursing society whose members provide and direct the care of people with ostomies. The Society's website can be searched using the "Patient Links" tab to find a nurse who is available for a referral or consultation for ostomy service in or near a patient's geographic location.	www.wocn.org	1-888-224-9626

REFERENCES

Bradshaw, E., & Collins, B. (2008). Managing a colostomy or ileostomy in community nursing practice. *British Journal of Community Nursing*, *13*(11), 514-518.

Cronin, E. (2013). Dietary advice for patients with a stoma. *Gastrointestinal Nursing*, *11*(3), 14-24.

Erwin-Toth, P., & Doughty, D. (1992). Principles and procedures of stomal management. In B.G. Hampton & R.A. Bryant (Eds), *Ostomies and continent diversions: Nursing management* (pp. 29-103). St. Louis: Mosby.

Medicare.gov. (n.d.). *Your medicare coverage. Durable medical equipment (DME) coverage.* Retrieved July 22, 2014, from http://www.medicare.gov/coverage/durable-medical-equipment-coverage.html

Willcutts, K., & Touger-Decker, R. (2013). Nutritional management for ostomates. *Topics in Clinical Nutrition*, *28*(4), 373-383. doi:10.1097/01.TIN.0000437411.43694.eb

Wound, Ostomy and Continence Nurses Society. (2004). *Discharge planning for a patient with a new ostomy: Best practice for clinicians.* Retrieved July 22, 2014, from http://www.wocn.org/default.asp?page=DischargePtOstomy

Wound, Ostomy and Continence Nurses Society. (2010). *Management of the patient with a fecal ostomy: Best practice for clinicians.* Mount Laurel, NJ: Author.

Wound, Ostomy and Continence Nurses Society. (2013). *Colostomy and ileostomy products and tips: Best practice for clinicians.* Mount Laurel, NJ: Author.

Wound, Ostomy and Continence Nurses Society. (2014). *Urostomy products and tips: Best practice for clinicians.* Mount Laurel, NJ: Author.

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