Stoma Care Worksheet

Name: ________________________________
Date: ________________________________
Name of Trainer: ________________________________
Name of Company: ________________________________

Segment 1
An ostomy is the **surgically created** opening in the body for the discharge of **body wastes**

A Stoma is the actual **end** of the **ureter**, or **small** or **large** bowel
Stoma is the Greek word for **mouth**

What part of the body is used to create the following?
Colostomy: **Large bowel**
Ileostomy: **Small Bowel**
Urostomy: **Ureter from the kidney**
P.E.G.: **Stomach**
Tracheostomy: **Trachea or windpipe**
Why is a stoma created: **Prevent catastrophic or life threatening complications**

Segment 2 Colostomy
A colostomy is usually on the **left side of the abdomen**

List 4 reasons why a colostomy would be created
- Bowel cancer resulting in obstruction or bleeding
- Inflammatory bowel disease
- Congenital developmental problems
- Bowel infection
- Trauma

Is a colostomy bag always **closed** or drainable? (Circle one)

Explain why the **faeces** to be slightly more formed, though still soft or runny

When do you change a colostomy bag? **When full**

Segment 3 Ileostomy
An ileostomy is usually on the **Right** side of the abdomen

List 4 reasons an ileostomy is created?
- Inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- Intestinal polyps
- Bowel cancer
- Bowel infection (e.g. peritonitis)

An ileostomy bag is always **drainable** or closed? (circle one)

Explain why because it is from the **small bowel** is likely to be more fluid than bulk
When do you change an ileostomy bag? **When it leaks or as per Care Plan**

Segment 4 Urostomy
A urostomy drains the urine directly from the **Ureter** and bypasses the **bladder**

List 4 reasons a urostomy may be created?
- Congenital conditions e.g. spina bifida
- Cancer
- Obstruction from stones (calculus)
- Trauma

Urostomy bags are always **drainable**

**Segment 5 Stoma Complications**

List 6 complications that can occur with a stoma?
- Skin condition
- Infections
- Wound breakdown
- Prolapse
- Retracted
- Hernia
- Cut stoma
- Fistulae

What is the first and most important thing you must do if you notice any changes in the skin or in the stoma itself? **Report it to the Registered Nurse and write it in the Progress Notes**

**Segment 6 PEG**

What does the following mean?
- Percutaneous **Through the skin**
- Endoscopic **using and endoscope**
- Gastronomy **into the stomach**

List 4 reasons a PEG may be created? Any 4 of these
- Unable to eat or swallow
- Respiratory or chewing fatigue
- Neurological disease e.g. stroke, head injuries, MS or MND
- Head & neck surgery
- Extensive facial trauma

List 4 criteria needed for PEG suitability.
- Intact gut that can absorb enteral feed
- Endoscope must be able to enter the lumen
- No disruption to the colon from previous surgery or other pathology
- Pre-assessment from Speech Language Therapist and Dietician

List 2 minor potential complication that may occur with a PEG?
- Skin irritation
- Variety of tube problems

List 2 major potential complications that may occur with a PEG
- Peritonitis
Bleeding from PEG site
Infection of stoma site

What are the 4 important things to do for PEG Care
- Infection control
- Rotate tube 360 degrees daily
- Document position of disc
- Avoid tension on the tube

List 4 important mouth care things you must do?
- Clean teeth
- Mouth wash
- Swab mouth
- Lip care

Why is mouth care important? Because a person is not chewing food, drinking or rinsing their mouth it is important that their mouth is kept clean and moist.

What do you use to clean the skin around a PEG? Warm water

Name 3 methods of giving a PEG feed and explain the difference?
- Bolus or syring: Nutrition placed in syringe and gravit or plunger of syringe used
- Continuous: Continuous via a pump over 10 – 15 hours
- Intermittent: Gravity feeding of supplement from a bottle attached to IV pole till bottle empty

What are the 3 things you must do when giving a PEG feed?
- Never lie a person flat when feeding
- Sit at 30º during feed and for 1 hour pc
- Feeds should not hang for longer than 12 hours

When must you stop or not feed a person through the PEG?
- Coughing or vomiting
- Increased abdominal pain
- Blood present from vomiting or bowel
- Stoma site is inflamed
- Leakage from stoma site

There are 7 important things that you must know when giving medications via a PEG. What are they?
- Use liquid medications if available
- Never crush medications
- Bolus - Use liquid where possible or
- Dissolve in water before administering
- Flush with 50 mls water pre & post administering
- Give each medication separately
- Check if it is safe to give with feed or turn off feed for a period of time after administration of medications
- Sideport can be used for continuous feed

List 5 reasons why a PEG tub may get blocked?
List 4 things you can try to unblock a PEG tube?
- Check tube position
- Aspirate any liquid in tube
- Instil 10 mls warm water in syringe then aspirate
- May need to clamp and leave for 5-15 mins before instilling warm water again
- Milk tube with fingers then repeat aspiration technique

What are the 2 reasons a PEG tube may leak?
- Tract (hole) too large for tube
- Balloon partially deflated or incorrect position

What has to happen if a PEG tube leaks? **Requires gastroenterology review**

What are the 2 reasons granulated tissue may form on the skin around the PEG tube?
- Rejection of the tube
- Poorly fitting tube

List 4 things you can do to prevent granulation tissue forming?
- Keep skin area clean and dry
- Protect tube with soft paraffin or gauze or
- Secure the tube with tape to the skin
- Follow care plan instructions –you may not need to do anything
- The Registered Nurse may apply silver nitrate

List 4 reasons why a person may have stomach discomfort?
- Intolerant of formula
- Fed to fast
- Wrong body position
- Excess wind in their stomach

List 4 things you can do to prevent stomach discomfort when giving a PEG feed?
- Slow feeding rate
- Feed small amounts
- Keep formula at room temperature
- Check feeding position
- Reduce distended stomach (decompression)
- Follow Care Plan instructions

What must you do if someone starts vomiting when giving a PEG Feed? **Stop feeding**

List 3 things you can do if a PEG tube falls out completely or partially?
- Replace with Foley catheter according to Care Plan
- Wash removed tube and tape in place
- Apply dressing ONLY if leaking
Who needs to be contacteed immediately if this happens? **Physician or Gastroenterology Dept**

**Segment 7**
List 7 things you need to do for good skin care of stomas’
- Clean with water only
- Dry with cotton wipe or soft flannel
- Don’t use oily and perfumed products.
- If skin surface hairy may need to shave
- Apply skin protectors to skin before applying appliance
- Raw areas may need to be covered with a thin hydrocolloid wafer before applying the stoma bag.
- May need to use barrier films, pastes or powder to protect the skin and manage leaks

**Segment 8**
What is a tracheostomy? **A surgical opening into the trachea or windpipe**
Why is a tracheostomy created? **To enable a person to breath**

What are the 3 major reasons a tracheostomy may be performed?
- Bypass an obstructed upper airway;
- Clean and remove secretions from the airway;
- More easily and usually more safely, deliver oxygen to the lungs.

List 4 causes that may necessitate a tracheostomy being performed?
- Trauma, paralysis or spasms
- Tumour
- Laryngectomy
- Obstruction
- Infection

There are 7 things you must do when caring for a tracheostomy. What are they?
- Hand washing
- Wear protective clothing – gloves, gown and mask
- Remove inner tube and replace if disposable or clean if reusable – refer policies & procedures
- Check skin integrity around tracheostomy
- Clean around tracheostomy with non-toxic solution e.g. normal saline
- Ensure skin is dry
- Place a clean dressing under the tube flanges

What is used to keep a tracheostomy in place? **Cloth Tape**
Why is this used? **So the tube doesn’t fall out**

A person who has a tracheostomy may require suctioning.
When do you suction? **When there are excess secretions**
What is important for you to use? **Correct size suction tube**
After suctioning what must you do? **Document the person’s response to suctioning, time & frequency of suctioning, amount of secretions**

Losing the ability to speak is scary so what are 4 things you must do every time you are doing any cares for a person?
Explain what you are going to do every time you go to do it.
- The person is not deaf but hand signals may help
- Take your time – do not rush
- Be gentle
- Observe the person's response to suctioning
- Note amount of secretions

Nutrition and hydration are really important. List 4 things you must observe?
- Swallowing food and fluid may be compromised
- Watch for signs of undernutrition and dehydration
- Monitor a person’s appetite
- Report any changes

List 3 things that can go wrong with a tracheostomy?
- Airway can be blocked
- Tube can fall out
- Dehydration lead to mucous plug forming and blocking airway

Who do you contact for help and support for any ostomy’s? Ostomy Nurse Specialist