



# Stoma Management Policy, Guidelines & Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	2/2020	Tahla Small	CEO	Expansion of Stoma procedures: trachy / hyper granulation

## In conjunction with:

- WHS Framework
- Infection Control
- Clinical Framework

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## Stoma Care

### **POLICY STATEMENT**

To ensure that clients/participants receive appropriate and timely assistance to help them maintain proper stoma care. This care includes correct assessment, development and implementation of an appropriate and effective management plan whose goal is to maintain and/or improve bowel/bladder management, quality of life, and dignity of the clients/participants.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

Individual stoma management programs are to be consistent with contemporary practices, implemented and reviewed at regular intervals. Most clients/participants will have access to the Stoma Appliance Scheme for support and supply of appliances, including written instructions on the correct usage of the appliances.

### **Training Requirements**

All service delivery employees delivering and/or intend to deliver bowel care (including stoma care) services are required to hold a competency in the field. Employees are required to undertake an annual refresher. This may be through face-to-face training delivery, workshop, and/or online eLearning module in conjunction with workplace competencies.

### **PROCEDURES:**

See relevant procedures below:

### **REFERENCES**

Australian Association of Stomal Therapy Nurses, accessed from [m http://www.stomaltherapy.com/index.php](http://www.stomaltherapy.com/index.php) on 19 March 18.

Australian Council of Stoma Associations Inc., accessed from [m https://australianstoma.com.au/](https://australianstoma.com.au/) on 19 March 18.

Department of Health, Stoma Appliance Scheme, accessed from [m http://www.health.gov.au/stoma](http://www.health.gov.au/stoma) on 19 March 18.

JB11978 Stoma: Perioperative Care

JB12125 Colostomy: Long Bag Application (Older Adult)



### *Tracheostomy Stoma Care and Dressing Procedure*

#### **Purpose**

To detail the procedure of care of the tracheostomy stoma and tracheostomy dressings to maintain skin integrity and prevent infection around the tracheostomy stoma. Tracheostomy management is only to be provided by registered nurses with assistance of a qualified carer.

Tracheostomy dressings should be changed daily at a minimum to prevent infection and protect the skin surrounding the stoma from mucous secretions.

Tracheostomy dressings and strappits are not changed for 24 hours postoperatively. This is due to the risk of accidental dislodgement before there is a fully formed tract.

1. Thereafter tracheostomy dressings are changed a minimum of once daily and more frequently if required.
2. If the stoma is exudative then an appropriate dressing should be applied i.e. allevyn, drain sponge for the exudate.
3. A second nurse is required to assist during the procedure in order to stabilise the tracheostomy tube.
1. Only gauze swabs soaked in saline are used for cleaning the stoma site to prevent the inhalation of wool fibres. Squeeze excess fluid from the swab to prevent fluid entering the trachea.

#### **Equipment**

- Basic dressing pack
- Gauze swabs
- Tracheostomy dressing (either drain sponge or foam tracheostomy dressing)
- Disposable gloves
- Sodium chloride 0.9%
- Strappits
- Clean gown
- Scissors (sterile)
- Personal Protective Equipment (PPE)

#### **Procedure**

- Explain the procedure to the patient
- Ensure privacy
- Gain Consent
- Have assistant in attendance (ensure PPE and hand hygiene)
- Apply required Personal Protective Equipment and attend hand hygiene
- Position the patient in a semi-recumbent position
- Wash hands and don gloves
- Remove soiled dressing. Do not remove strappits
- Discard gloves
- Perform hand hygiene and don PPE
- Clean around the stoma site with gauze dampened with sodium chloride 0.9%.



**ALERT:** Patients who have had a flap formation will have their tracheostomy sutured in place. Do not use tracheostomy tapes (strappits or cotton ties) on these patients due to the risk of compromising vascular supply to the flap.

- Dry the area
- Inspect the skin for any sign of irritation or infection such as maceration, redness, tenderness, excoriation or strong odour
- Dress the tracheal stoma with dressing
- If using a drain sponge that requires resizing to fit under flange or between sutures only trim from outside edge. This will avoid the possibility of loose fibres being inhaled through the stoma
- Assistant to hold tracheostomy tube in place while strappits are being changed
- Manipulation of the strappits or dressings may cause the patient to cough so the tracheostomy tube must be held firmly after the strappits have been removed.
- Cut and remove soiled strappits at the same time. Ensure that the tracheostomy tube is held firmly to prevent dislodgment throughout the change of strappits
- Thread and secure new strappits
- Tension of the strappit is to equal one finger space.
- Discard equipment. Perform hand hygiene.

Document in the patient's clinical record the following:

- Condition of stoma
- Patient's response to procedure.

**ALERT:** If the patient has large amounts of mucous and secretions it may be beneficial to use no sting barrier film (i.e. 3M Carilon) around the tracheostomy site to prevent skin breakdown.

### **Training Requirements**

All service delivery employees delivering and/or intend to deliver services to a client/participant with a tracheostomy are required to hold a competency in the field provided by an external registered training provider. Employees are required to undertake an annual refresher. This may be through faceto-face training delivery, workshop, and/or online eLearning module in conjunction with workplace competencies.

Registered Nurses within the SIL property, are required to hold tracheostomy competencies and buddy shifts prior to commencing work independently.

### ***Colostomy Stoma Procedure***

Colostomy management is only to be provided by registered nurses or skilled carers in line with the client/participant's product and requirements within the employees scope of practice.

Adapted from "Caring for your stoma", [http://www.stomatherapy.com/documents/PEP\\_caring\\_for\\_your\\_stoma\\_-\\_a\\_guide\\_for\\_teens\\_2017.pdf](http://www.stomatherapy.com/documents/PEP_caring_for_your_stoma_-_a_guide_for_teens_2017.pdf)

### **Colostomy Stoma Site:**

#### ***Changing the appliance***

- Wash hands and put on gloves Prepare equipment:
- Warm water



- Washcloth or CHUX-style cloth
- New appliance. If not pre-cut, cut hole in the appliance adhesive to correct stoma size
- Plastic rubbish bag
- Accessories as required

### **Empty and gently remove the old appliance**

- Clean the stoma and surrounding skin with warm water and dry the skin
- Check stoma size and adjust base plate to fit snugly
- If the skin around the stoma is red, itchy or sore, contact the client/participants Stomal Therapy Nurse (STN) – this is not normal
- Apply the clean base plate and attach the pouch (two piece) or apply pouch (one piece) Position correctly over stoma and close the appliance outlet  
Remove gloves and wash hands.

An alternative to the above procedure is to prepare the appliance as above, remove the old appliance and assist the client/participant to shower with the appliance off. Dry the skin around the stoma and put on the clean appliance.

Assist the client/participant to establish a routine with the client/ participant for changing the appliance. First thing in the morning prior to eating or drinking is when the stoma will be least active. The stoma may decrease in size over 6 – 8 weeks following surgery. Measure the stoma periodically to ensure that the appliance still fits snugly. It may be possible to use a pre-cut baseplate once the stoma size settles.

### **Emptying the appliance**

- Wash hands before and after emptying any appliance
- Appliance to be emptied when a third to a half full
- Appliance can be emptied directly into the toilet. To avoid back-splash, a layer of toilet paper can be placed on the surface of the water
- Clean appliance outlet thoroughly prior to closing
- The appliance does not require rinsing out
- If you notice a considerable decrease or increase in the volume of output seek medical attention Disposal of your appliance
- Place the appliance in a plastic bag and secure the end e.g. freezer bags, nappy sacks, recycled plastic bags
- Dispose as normal household rubbish
- Appliances are never to be flushed down the toilet

### ***PEG Stoma Procedure: (Gastronomy)***

**Enteral management is only to be provided by qualified personnel.**

### **Care of feeding tube & stoma site**

The stoma should be cleaned with mild soap and water twice a day. The site should not be submerged in water (bath or swimming) until the gastrostomy site/skin wound is healed. Please check with health professional prior to swimming.



It is very important to dry around the tube and under the external bumper.

Do not tuck tube into underwear. If it is a long tube, provide some tape to secure it in place.

If tube has been stitched in place, you should not attempt to rotate the tube.

For other gastrostomy tubes, it is important to rotate the tube gently 360 degrees each day. This is to prevent scar tissue from forming, which can make tube removal and replacement difficult.

It is possible to get an infection in the stoma. Signs of a possible infection are:

- redness, swelling or pain around the site
- yellow-green smelly ooze leaking from around the tube
- your temperature is above 37°C.

If participant have any of the above signs, make an appointment to see doctor.

The doctor may take a sample of the ooze from around your stoma site so it can be tested and if necessary, prescribe antibiotics.

If prescribed antibiotics and participant cannot swallow, check with your doctor or nurse to see if it can be crushed or mixed with water so it can be put down the tube.

### *Dressings*

Dressings are not normally required following insertion of a gastrostomy tube. However, if there was some bleeding after insertion then a dressing can be placed over the site. This should be removed on return to the ward.

It is important never to place dressings under the bumper even if there is ooze, as this places unnecessary pressure on the gastrostomy site and can lead to complications. Skin care

Over time you may notice dark pink fleshy tissue that grows around the stoma site. This is known as proud flesh/ granulation tissue and is quite common.

It can be left alone unless it causes pain, bleeds or leaks. If it becomes a problem, talk to doctor or nurse.

### *Role of the Support Worker (Stoma wound Care)*

In line with the NDIS Practice Standards: Skill descriptors 2018, Support Workers can assist the participants in attending basic stoma care. This is achieved through following the participants personal hygiene plan, adhering to National Community Care's infection control policies/ procedures, implementing the individualized wound management plan under the guidance of a senior registered nurse or clinical coordinator.

Basic wound care & dressings can be attended by a skilled support worker in consultation with the senior registered nurse or clinical coordinator. National Community Care skilled support workers can attend the following wound care:

Peg Stoma Site: take down dressing, soak gauze with normal saline and clean clockwise one pass per a gauze, once clean, use new dry gauze dry clockwise and apply new dressing as per wound management plan.

The support worker is to report any changes in the appearance of the stoma (dusky, black or bright red skin, blood or yellow/green exudate to the designated RN or Clinical Coordinator.



### *Hypergranulation*

(also known as over granulation or proud flesh) is a common non-life-threatening phenomena. Hypergranulation is characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy or granular and forms beyond the surface of the stoma opening.<sup>137</sup> It is often moist, soft to touch and may bleed easily. It is normal to expect a small amount of granulation around the site. Gastric Fluid Leak Some gastrostomy tubes and devices can leak intermittently. This isn't always gastric fluid and may not cause problems. However, this should be evaluated by a health care professional.