R.B. Turnbull, Jr. MD School of WOC Nursing Education

Ostomy Care Mini Case Studies

Cleveland Clinic

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Reviewed by__Kelly Jaszarowski Date: 7/31/2024_____

Score: 45.5/46

Overall, well done! Keep in mind, stomahesive or any skin barrier powder is for use with peristomal skin breakdown. It should not be used with intact peristomal skin.

This assignment focuses on applying the assessment of an individual with an ostomy to pouching principles. First, basic principles are identified. Then, principles are applied to clinical situations.

Answer the following questions:

1. **Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. (2 points)** ***Awarded: 2 points***

    1. Gather all necessary supplies for the pouch change.
    2. Carefully remove the current pouching system using a 'push-pull' motion.
    3. Cleanse the peristomal skin, stoma, and mucocutaneous junction with warm water and a paper towel. Thoroughly pat dry.
    4. *[For a cut-to-fit pouching system]* Cut a hole into the pouch wafer that accommodates the stoma's size.
    5. Apply the pouching system to the stoma.
    6. Place your hand over the pouching system for at least 2 minutes to better activate the adhesive.

2. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points)** ***Awarded: 2 points***

    1. Gather all necessary supplies for the pouch change.
    2. Carefully remove the current pouching system using a 'push-pull' motion.
    3. Cleanse the peristomal skin, stoma, and mucocutaneous junction with warm water and a paper towel. Thoroughly pat dry.
    4. Lightly dust stoma powder onto the areas of peristomal skin breakdown, and dab over the powder with an alcohol-free liquid barrier film pad to form a protective crust.
    5. *[For a cut-to-fit pouching system]* Cut a hole into the pouch wafer that accommodates the stoma's size.
    6. Apply the pouching system to the stoma.
    7. Place your hand over the pouching system for at least 2 minutes to better activate the adhesive.

3. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points)** ***Awarded: 2 points***

1. Gather all necessary supplies for the pouch change.
2. Carefully remove the current pouching system using a 'push-pull' motion.
3. Cleanse the peristomal skin, stoma, and mucocutaneous junction with warm water and a paper towel. Thoroughly pat dry.
4. Lightly dust nystatin powder onto the peristomal areas demonstrating skin breakdown and fungal rash. Dab over the powder with an alcohol-free liquid barrier film pad to form a protective crust.
5. *[For a cut-to-fit pouching system]* Cut a hole into the pouch wafer that accommodates the stoma's size.
6. Apply the pouching system to the stoma.
7. Place your hand over the pouching system for at least 2 minutes to better activate the adhesive.

For each of the below ostomy patient case scenarios:

- Use the information provided to identify an ostomy pouching plan.
    - Be specific: It is important to note a pouching system is a skin barrier wafer and a pouch. A complete answer should include both unless otherwise indicated. **Include the manufacturer and full product name**. Product numbers should not be used. Make sure to include accessory products as needed.
    - When providing the rationale: Describe abdominal characteristics, stoma characteristics, and one other reason why you would choose the specific system.
- The first half of the first case study has been completed for you below as an example:

Example + Scenario

55-year-old with a history of colon cancer. Colostomy was created 2 months ago and presents today in the ostomy clinic for assessment and management. Pt is very active and would like to consider a more flexible pouching system. Pt is changing his pouching system every other day because he is fearful of leakage.

Assessment: Stoma is pink, budded, and protrudes above skin level. No erythema on parastomal skin. No reports of leakage.

Identify a one and two-piece pouching system option along with rationale for choice.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

One Piece System: *Hollister Premier one-piece drainable pouch flat Flexwear barrier with clamp closure, change every 5-7 days and PRN.*

Rationale: *This system is flexible and matches the contours of this patient's abdomen. It is appropriate for budded stomas with an even peristomal plane and is manufactured for wear for multiple days.*

Two Piece option:

- Coloplast SenSura Flex Flat Barrier (standard wear)
- Coloplast SenSura Flex MAXI Drainable Pouch, with filter, transparent.

Rationale: This pouching system is flexible and contains an elastic adhesive, which is ideal for a patient with an active lifestyle. Since the patient's stoma is budded and there are no prominent abdominal contours or creases reported in the prompt, a flat barrier wafer is appropriate for use. The barrier wafer is standard wear, which is indicated for use with colostomies, as the stool is more formed/less corrosive. The pouch also includes a filter, which can prevent pouch ballooning from flatus. Since the ostomy is fairly new, the transparent pouch allows for visualization of the stoma and stomal output, as well as easier application of the pouching system [than with an opaque pouch].

2/2 points

Scenario 2

42-year-old with stoma placement on soft, obese abdomen.

Assessment: Stoma pink, budded, and protruding. Edema and necrosis circumferential at stomal edge. Serosanguineous drainage in pouch. Skin barrier wafer removal notes being cut too small, restricting and causing trauma to the stoma.

Identify a one and two-piece pouching system option along with rationale for choice.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

One Piece option: Coloplast SenSura Mio Convex Light MAXI Drainable pouch, cut-to-fit, transparent, full-circle filter, with belt tabs

- Coloplast Brava Belt for SenSura Mio, 61”

Rationale: Due to the patient’s obesity and soft abdomen, a barrier wafer with convexity is indicated to create and maintain a flat pouching surface, thus preventing lifting of the pouching system. Cut-to-fit wafers offer flexibility with creating the size of the opening to safely accommodate the stoma size. This pouching system also includes belt tabs for optional use. The use of a belt can provide additional stability of the pouching system in sustaining a seal. The transparent pouch allows for monitoring of the stoma’s appearance and output.

Two Piece option:

- Hollister New Image Soft Convex CeraPlus Barrier, cut to fit
- Hollister New Image Drainable Pouch with integrated AF300 filter, belt tabs, transparent
- Hollister Adapt Ostomy Belt 34”-65” (Large-Adjustable)

Rationale: Similarly to the Coloplast product, this pouching system provides necessary convexity related to the patient’s soft abdomen and obesity. The barrier wafer can be cut to fit the stoma appropriately. A belt can be attached to the barrier wafer to support the pouching system. The transparent pouch allows for monitoring of the stoma’s appearance and output.

4/4 points

Scenario 3

85-year-old presents with flush ileostomy and peristomal irritant dermatitis. Oval stoma with os at 6 o'clock location. Protuberant hernia above further pushes the stoma into a lateral fold.

Pt wears bifocal glasses when applying the pouching system. Due to extreme hip contours, it is difficult to have a hernia belt stay in place.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching recommendations:

- Coloplast SenSura Mio Convex Light Maxi Drainable Pouch, 1-piece, cut-to-fit, transparent, extended-wear barrier, full-circle filter, belt tabs
- Coloplast Brava Belt for SenSura Mio
- Coloplast Brava Paste (alcohol and sting-free)
- Coloplast Brava Skin Barrier Wipes (alcohol-free and sting-free, silicone-based)
- Coloplast Brava Powder

Rationale:

When performing a pouch change, after cleansing, the peristomal skin should be 'crusted' with stoma powder and an alcohol-free liquid skin barrier to form a protective crust against contact with stomal effluent. The Brava Powder and Skin Barrier Wipes by Coloplast are alcohol-free and thus will not cause further irritation to the broken skin. Since the stoma is flush and pushed into an abdominal fold by a hernia, a pouching system with convexity is warranted. This 1-piece pouching system provides soft convexity, which will help create a flat pouching surface and support the pouch's seal. The alcohol-free Brava Barrier Paste can be used to fill in any remainder of the abdominal fold that may impact the pouch's seal. The barrier wafer is cut-to-fit, allowing the patient to create an opening that will accommodate the oval shape of the stoma. The barrier wafer includes belt tabs for an ostomy belt, which can be used to further support the effects of the convexity. The barrier wafer is extended wear, which can withstand the liquid, enzymatic nature of ileostomy effluent. Moreover, given the patient's older age and visual difficulties, their ability to independently perform ostomy care/pouch changes should be assessed. Using a small mirror to guide their actions may be helpful. Ostomy education for a reliable family member or referral to home health care may be warranted.

2/2 points

Scenario 4

56-year-old obese individual with ruptured diverticulitis. A red rubber catheter in place as a bridge for the loop ostomy. Stoma is slightly budded and red. Peristomal skin with erythema and partial thickness wound 4-7 o'clock Etiology may be due to trauma from red rubber catheter movement.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations

Pouching System (2-piece):

- Convatec Natura+ Durahesive Cut-to-Fit Convex barrier with accordion flange (extended wear)
- Convatec Natura+ Drainable Pouch, tail closure, transparent
- Convatec Stomahesive Protective Powder
- Convatec Essenta Sting-Free Barrier Wipe
- Convatec Eakin Cohesive Seal 2"

Rationale:

After cleansing, the partial thickness wound from 4 to 7 o'clock should be 'crusted' with stoma powder and a liquid barrier film to protect and heal the affected skin. An Eakin Cohesive Seal can be applied flat and snug around the stoma to protect the peristomal skin from contact with the red rubber catheter and provide a flat pouching surface. Given the patient's obesity and the slight budding of the stoma, using a barrier wafer with convexity can sustain a flat pouching surface for optimal wear. The benefit of using a two-piece pouching system is that the wafer and pouch can be applied separately, with care to avoid disturbance of the red rubber catheter.

2 /2 points

Scenario 5

42-year-old arrives in emergency room with complaints of difficulty pouching and peristomal skin irritation. Current pouching system sometimes has less than 4 hours of wear time. Skin is very painful. Assessment finding of ulcerated skin around stoma. Stoma is at skin level on a firm abdomen. Patient acknowledges frequent sweating resulting in the need to change appliance. "It just doesn't seem to stick".

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations:

Pouching System (2-piece):

- Coloplast SenSura Mio Flex Convex Light Barrier, extended wear, belt tabs
- Coloplast SenSura Mio Flex MAXI Drainable Pouch, transparent, full-circle filter
- Nystatin powder
- Coloplast Brava Skin Barrier Wipes (alcohol-free, silicone-based, sting-free)
- Coloplast Brava Stoma Powder
- Coloplast Brava Belt for SenSura Mio

Rationale:

Based on the presence of erythema and satellite lesions on the peristomal skin [in the picture], the patient likely has a fungal rash, especially in the context of excess moisture from sweating. After cleansing, the peristomal skin should be 'crusted' with nystatin powder and an alcohol-free liquid skin barrier to treat the active infection and irritation. Once the infection resolves, the patient can continue to utilize the 'crusting' method with stoma powder to manage moisture related to their frequent sweating and thus promote pouch adherence. ***If the peristomal skin is in tact, what would the powder adhere to? Powder should not be used on intact skin. Instead, consider skin bond cement or a ceramide infused barrier.*** Since the stoma is at the level of the skin, a pouching system with convexity is warranted to prevent lifting of the pouching system. The extended wear barrier wafer has higher adhesion and offers a longer pouching time [than a standard wear barrier wafer]. The patient may also wear an ostomy support belt for additional pouch security and moisture management [as the material is breathable and can absorb sweat].

1.75/2 points

Scenario 6

66-year-old obese individual with stoma in an abdominal fold. Appliance leakage causing contact dermatitis. Wear time has been less than 8 hours. Irritation is painful.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations:

Pouching system (1-piece): Coloplast SenSura Mio Soft Convex MAXI Drainable Pouch, extended-wear, belt tabs, full-circle filter, transparent

- Coloplast Brava Stoma Powder
- Coloplast Brava Skin Barrier Wipes (alcohol-free, silicone-based, sting-free)
- Coloplast Brava Paste (alcohol-free, sting-free)
- Coloplast Brava Belt for SenSura Mio

Rationale:

After cleansing, the peristomal skin should be 'crusted' with stoma powder and an alcohol-free liquid barrier film to protect the skin from further irritation and contact with stomal output. A pouch with convexity is indicated for use in the setting of obesity and the location of the stoma within prominent abdominal fold to support/maintain an intact seal. An alcohol-free barrier paste can be used to fill in remaining spaces/creases related to the abdominal fold to further create a flat pouching surface. The patient also has the option of using an ostomy belt with this pouching system for additional support. ***This situation might require skin barrier strips to fill in creases.***

2/2 points

Scenario 7

76-year-old presents to the ostomy clinic with peristomal redness to periphery. Irritation limited to appliance tape collar region. Satellite lesions present. Stoma is budded and round. States has had ostomy for 6 months and has not had any problem until recently after Home Health changed the products.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations

Pouching System (1-piece): Hollister Premier One-Piece Drainable Ostomy Pouch- Flat SoftFlex (standard wear), pre-sized, opaque, Lock 'n Roll MicroSeal closure, no tape border

- Nystatin powder
- Hollister Adapt Skin Prepping Wipes (alcohol-free)

Rationale: The presence of bright erythema and satellite lesions on the peristomal skin is suggestive of a fungal infection. The patient is also experiencing irritation related to the tape collar of their new pouching system, possibly from moisture. To treat the infection, the affected skin can be 'crusted' with nystatin powder and an alcohol-free liquid skin barrier. The Hollister pouching system does not include a tape border and therefore should not irritate the peristomal skin. ***Good*** A flat barrier wafer is appropriate for use due to the budded presentation of the stoma and lack of [stated] abdominal creases/folds. A one-piece, pre-sized pouching system allows for ease of application, especially given the patient's age. It's not discussed in the prompt, but the patient may not have the dexterity to cut an opening into a barrier wafer**.** In addition, the recent change in the patient's ostomy supplies should be investigated. There may be a way to change the patient's prescription back to their previous/preferred products, especially if it's explained that the new products are causing skin irritation.

2/2 points

Scenario 8

Individual presents to the clinic with stoma measuring 3.5 inches. Stoma protrudes above skin level. Uneven peristomal contours with skin folds at 3 and 9 o'clock. Moisture-related skin damage on peristomal skin related to leakage.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations:

Pouching System (1-piece): Convatec Esteem+ Pouch, Cut-to-Fit, Drainable, InvisiClose Tail Closure, Stomahesive (standard wear), without tape collar, no filter

- Convatec Eakin Cohesive Seal 4"
- Convatec Stomahesive Protective Powder
- Convatec Essenta Sting-Free Barrier Wipes (alcohol-free, silicone-based)

Rationale:

Due to the presence of moisture-related skin damage, the peristomal skin should be 'crusted' with stoma powder and an alcohol-free liquid barrier film to form a protective barrier. A moldable barrier ring can be placed flat and snug around the stoma to create a flat pouching surface related to the peristomal contours and skin folds; this will help sustain the pouch's seal and prevent leakage. The Convetec cut-to-fit pouch has a cutting range of up to 4", allowing for safe accommodation of the large stoma size.

2 /2 points

Scenario 9

Patient presents to ostomy clinic due to peristomal hernia causing peristomal skin breakdown. Abdomen is firm. Appliance wear time has decreased since parastomal hernia development. Stoma is flush with skin. Os between 5 and 6 o'clock area. Complains of odor. "The odor is really bad when I empty the pouch".

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations:

Pouching System (1-piece): Coloplast SenSura Mio Convex Flip MAXI Drainable Pouch, star-shaped barrier wafer, extended wear, transparent, full-circle filter

- Coloplast Brava Stoma Powder
- Coloplast Brava Skin Barrier Wipes (alcohol-free, silicone-based, sting-free)
- Coloplast Brava Moldable Ring 2 mm (alcohol-free, sting-free)

Rationale:

After cleansing, the peristomal skin should be 'crusted' with stoma powder and an alcohol-free liquid skin barrier to heal the areas of breakdown. The star-shaped, convex barrier wafer is designed for use with patients with parastomal hernias, abdominal curves/bulges, and flush stomas to create a flat pouching surface and support the pouch's seal. As an option, a moldable barrier ring can be placed snug and flat around the stoma to also help provide a flat pouching plane. A charcoal filter is built into this pouching system, which can help mitigate odor. The barrier wafer is extended wear, which has strong adhesive properties and can prolong wear time.

Odor Management Strategies:

In addition to using a pouch with a charcoal filter:

- Apply pouch deodorant into a new, clean pouch when performing pouch changes.
- Spray a room deodorant prior to emptying the pouch or performing a pouch change to mitigate stool/flatus odor.
- Reduce or eliminate consumption of foods that can contribute towards malodorous stool/flatus,

including:
    - Asparagus
    - Eggs
    - Fish
    - Garlic
    - Onions
    - Broccoli
    - Cabbage
- If the odor persists, the patient can take certain oral supplements to reduce the odor. These include chlorophyll, bismuth subcarbonate, and bismuth subgallate. Before starting a supplement, the patient should speak with their healthcare provider.

3/3 points

Scenario 10

A pediatric Individual presents to the emergency room with stoma prolapse. Caregiver expresses inability to apply pouching system related to stomal protrusion. Stoma is red and healthy. No peristomal irritation.

Identify one pouching system with rationale for choice along with one consideration with appliance application specific to a prolapsed stoma.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations (1-piece):

- Coloplast SenSura Mio Kids 1-piece MIDI Drainable Pouch, star-shaped barrier wafer, cut-to-fit, full-circle filter, transparent

Rationale:

This pouching appliance contains a flexible barrier wafer shaped to conform to the natural contours of a young child's rounded belly, helping to maintain an intact seal. The barrier wafer is cut-to-fit and thus customizable to safely fit the size of the stomal prolapse. The filter included in the pouch can help manage flatus and prevent 'ballooning'. Using a transparent pouch allows for monitoring of the stoma presentation and quality/amount of effluent. In cases of stomal prolapse, use of a 1-piece pouching system is indicated. If a 2-piece pouching system is used, there's risk of trauma/pinching of the stoma by the flange. ***Consider pedaling to allow for changing size in abd with prolapsing.***

Further Considerations:

When pouching, the caregiver can try to reduce the stoma [with their finger] prior to placing the pouching system for easier application. The caregiver should closely monitor the presentation of the stoma. Stomal prolapse isn't [inherently] a medical emergency and commonly occurs in pediatric patients due to their underdeveloped abdominal muscles. However, stomal prolapse places a patient at increased risk of trauma and ischemia. The caregiver should promptly seek medical attention for the child if the stoma appears dark or pale; the stoma becomes dry; and if notable changes in the amount and quality of stomal output occur. ***What are other considerations for decreasing the stoma? Lying flat?***

2.75/3 points

Scenario 11

A 28-year-old with an ileostomy presents to the clinic for a follow-up evaluation. During the visit, the patient expressed the pouch is too long with the end of the pouch falling into the groin area. Assessment notes stoma red, viable, and protrudes above skin level. Abdominal space is small with short distance from stoma to groin. Current appliance is a one-piece cut to fit skin barrier. Pouch length 12". Name at least two alternative pouching management system options and rationale for each.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option #1: (1-piece)

Coloplast SenSura Mio Flat MIDI drainable pouch, 1-piece, extended-wear barrier, cut-to-fit, full-circle filter.

Rationale: This pouch is 10 ¼" in length, which shorter than the patient's current pouching system. This pouching system will not extend as far into the groin as the current pouching appliance, making it more comfortable for the patient to wear. Since the stoma is budded and no overt creases/folds are reported in the prompt, a flat barrier wafer is appropriate to use. The extended-wear barrier wafer can withstand the liquid, corrosive nature of ileostomy effluent. In addition, the barrier wafer is cut-to-fit, which is what the patient is accustomed to using.

Pouching option #2: (2-piece)

- Hollister New Image CeraPlus Flat Skin Barrier with Integrated Floating flange, cut-to-fit, with tape border
- Hollister New Image Drainable Mini-Pouch, Lock 'n Roll Microseal Closure, with filter.

Rationale: This pouch is 7" in length, which significantly shorter than the patient's current ostomy appliance. This pouch length accommodates the short distance between the patient's stoma and groin and should not cause discomfort with wear. The barrier wafer is extended wear, which is appropriate for use with an ileostomy. The barrier wafer is cut-to-fit, which is what the patient is accustomed to using.

4/4 points

Scenario 12

You are in your office and take a call from a patient. The patient voices having to change the skin barrier wafer more frequently, itching under the skin barrier, and desire to change manufacturers. The patient agrees to be seen in the clinic.

In preparation for this visit, you go to your resources to help you.

1. **Identify one manufacturer (Hollister, Convatec, Coloplast, NuHope, etc)**
2. **Identify three skin barrier wafers from that manufacturer that differ in composition/ingredients.**
3. **Identify the type of ostomy or situation in which the wafer is appropriate.**

For example: (can not be used)
Manufacturer: B. Braun
1. Skin barrier wafer: Flexima 3S
   Composition & Purpose: Made of new generation plastics making it more soft and flexible. Appropriate for any type of ostomy and active individuals
2. Skin barrier wafer: Flexima… etc

Manufacturer: Hollister

Skin barrier Wafer 1: CeraPlus™

Composition & Purpose: This is a flexible barrier wafer composed of plastics and a hydrocolloid adhesive. It also contains ceramides, which are found naturally in the skin. The ceramides work to maintain the natural moisture of the peristomal skin, protecting against dryness and subsequent irritation/breakdown. Being extended-wear, this is ideal for ostomies with liquid or semi-liquid, enzymatic output, as with small intestine fecal diversions. It's also a great option for patients with sensitive skin.

Skin barrier Wafer 2: Flextend™

Composition & Purpose: This is an extended-wear barrier wafer composed of plastics and a hydrocolloid adhesive. It's designed to withstand liquid stoma output, making it appropriate for use with urostomies and ileostomies (as well as other small intestine fecal diversions). Its strong adhesion also makes this ideal for patients who are active, perspire heavily, and desire longer pouch wear time.

Skin barrier Wafer 3: SoftFlex™

Composition & Purpose: This is a standard-wear barrier composed of plastics and a gentle hydrocolloid adhesive. This is ideal for patients who require frequent pouch changes and for patients with fragile, sensitive skin. It can be used with any type of ostomy.

6/6 points

Scenario 13

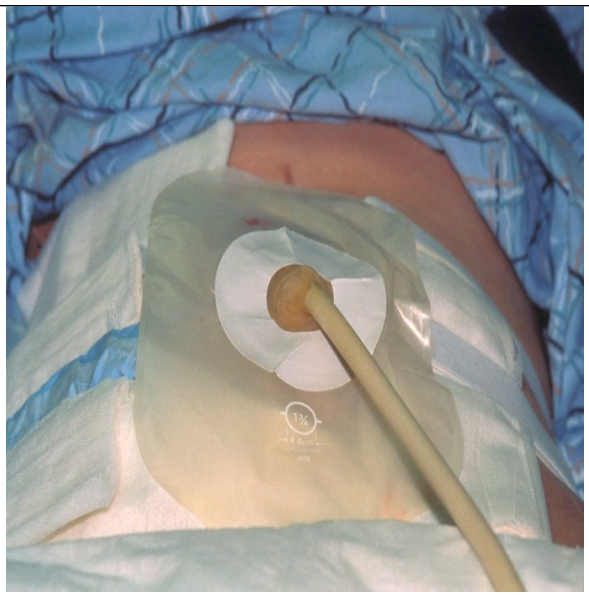


Image courtesy of Judy Mosier, MSN, RN, CWOCN

You are consulted to see a patient with a new colostomy. Upon entering the room, you note there is an indwelling catheter in the stoma. Nursing reports pouch leakage as the hole in the pouch for the tube is cut to fit the stoma resulting in a "big hole" in the front of the pouch. The surgeon's request is to continue to pouch the stoma while pulling the tube through the pouch.

Describe how you will secure the tube while separately pouching the stoma and the tube

...using a commercial access port:

I can use the Universal Catheter Access Port by Hollister. The blue hole punch assembly piece is pushed through the pouch film from the inside out to create a small opening. The white graduated nipple is placed and secured over the assembly piece from the outside of the pouch. Following removal of the assembly piece, the graduated nipple is cut to create a hole slightly smaller than the size of the catheter. The catheter is then placed into the pouch through the cut graduated nipple.

...in the absence of a commercial access port:

I can use a baby bottle nipple. To start, the three components of the baby bottle nipple should be separated: the nipple, the cap, and the part with ridges. The part with ridges is placed inside the pouch, and a small hole is created in the center [of this piece]. The catheter is brought through the hole. The catheter is then secured by threading it through the nipple opening and securing the nipple to the ridged piece with the cap [outside of the pouch].

2/2 points

Scenario 14

86-year-old obese individual presents to the ostomy clinic with a retracted stoma. States has a soft-formed stool once a day. Pouch changed daily as stool goes under the skin barrier wafer, and at times, no stool goes into the pouch.

It is determined a convex pouching system should be used. A convex skin barrier wafer is not available.

Identify two strategies to create convexity in the absence of a convex skin barrier wafer.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Alternative convexity option #1:

Use a disposable convex barrier insert, such as the Convatec Sur-Fit Natura Disposable Convex Insert.

Alternative convexity option #2:

Use a convex moldable barrier ring, such as the Coloplast Brava Protective Seal Convex.

2/2 points

Scenario 15

The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

Identify one product that can be used to achieve this.

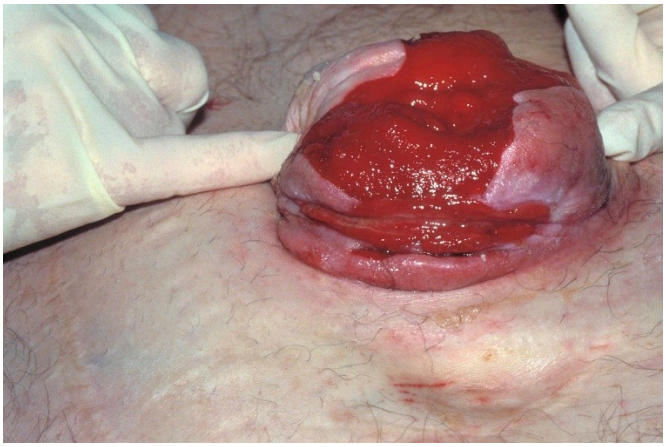
Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option:

Convatec Eakin Wound & Fistula Pouching system (available in multiple shapes/orientations and sizes)

1/1 point

Scenario 16



A 70-year-old patient presents to the ED with pouching difficulty. They report using a fistula pouch previously, however, this has become too costly of an option. Their stoma measures 4 1/3" in diameter and they are at a loss for pouching options. The patient will need pouching long term. Identify one product pouching system that is manufactured to accommodate a stoma of 4" or greater in size.

Image courtesy of Dr. James Wu

Pouching option:

Hollister Premier One-Piece High Output Drainable Pouch, Flextend (extended wear), with access window, spout/tap end (can connect to bedside drainage).

1/1 point