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Ostomy Care Mini Case Studies

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Reviewed by_____

Score: /46

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:

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

-remove appliance

-clean skin with water and dry

-evaluate stoma

-measure stoma

-cut wafer to size

-apply powder

-use barrier wipe

-can repeat the process

-use stoma ring

-apply wafer

-apply bag

-apply belt

- Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown.

(2 points)

It is important to evaluate reason for skin breakdown and fix the problem.

Can thicken stool with diet and medication.

Evaluate folds of skin, need for convex wafer

-remove appliance, check the back

-clean skin with water and dry

-evaluate stoma

-measure stoma

-cut wafer to size

-apply powder, might need nystatin powder if moisture related fungal infection is present

-use barrier wipe

-can repeat the process

-add any flat barrier or moldable ring to fill any creases or problem areas

-use stoma ring

-apply wafer

-apply bag

-apply belt

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

- -remove appliance
- -clean skin with water and dry
- -evaluate stoma
- -measure stoma
- -cut wafer to size

- -apply powder
- -use barrier wipe
- -can repeat the process
- -use stoma ring
- -apply wafer
- -apply bag
- -apply belt

Satelite lesion might need fluid absorbing packing like Aquaphor covered with skin barrier that won't break down as easily with moisture

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 1

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: *Hollister flat barrier with bag, high output bag change every 5-7 days and PRN.*

Rationale: the barrier will be flexible and matches the contour of the abdomen. It is appropriate for budded stomas. Can use regular bag or high output bag and can change the bags as needed. two piece allows for "burping", releasing gas from bag without opening the bottom.

/2 points

Scenario 2

42-year-old with stoma placement on <u>soft</u>, 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: One piece flat moldable system (convatec moldable one piece bag)

Rationale: moldable system is less likely to cause trauma to a stoma that might have some swelling or might change in size with edema and necrosis. Can try the flat wafer to fit around the contour of the stomach. If there are folds, the patient might need a convex wafer.

Two Piece option flat moldable wafer with a bag. (Convatec moldable wafer and bag)

Rationale: Can fit around the contour of the skin that might be bloated, obese patient, moldable wafer will not irritate the stoma or cause trauma as the stoma is swells or the edema reduces. Two piece allows for easy evaluation without removing the wafer. Two piece allows for burping the bag.

/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: the patient needs convexity as well as hernia management. Can consider trying oval convex rings with a coloplast sensura mio convex flip star shaped wafer and will encourage a regular stoma belt. Can also consider using a convex wafer that has wide convexity with a belt. It is important to cut the wafer shape out and make a template to give to the patient because it is an oval shape and he wears bifocal glasses. Need to make sure the patient is applying powder and a barrier wipe for the dermatitis.

Rationale: Convex ring against the sensura mio star shaped wafer will provide convexity, the convex rings come in an oval shape that will be easier for the patient to apply with his poor eyesight. The sensura mio should help the wafer work and fit with the hernia. The patient might not be able to wear a hernia belt but can wear an appliance belt that will help the stoma protrude more with the convex ring and provide some support and weight distribution of appliance. Applying powder and barrier wipe prior to appliance application will help protect the skin . If the above appliance doesn't work, was wide convex wafer might work.

/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: the patient needs to have powder and barrier wipe, can use a 3M barrier. Would benefit from a flat holister skin barrier and a ring molded around the stoma and tubing and a convex hollister wafer cut to fit the contour of the tubing.

Rationale: powder and barrier wipe will help protect and heal the skin, the hollister premium skin barrier cut to fit over the size of the wound can stand up better to moisture than the ring and caan protect the area. Using a ring will help seal and add protection. The stoma needs convexity to help the output drain and avoid leaking under the area close to the wound where it looks like there could be a depression and some retraction.

/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: stoma powder, nystatin powder, barrier wipe, hollister flat skin barrier along skin irritation, mold a ring and place over the flat barrier and fit around stoma, place a hollister convex wafer and then attach the bag, wear a belt

Rationale: the stoma is at skin level which will increase the risk of leakage, the patient needs convexity. with the distal lesions, there could be some moisture related fungal infection on top of the dermatitis. At this time a flast hollister skin barrier sho9uld be placed over the skin irritation that appears to have some skin breakdown and moisture. The flat wafer can withstand and avoid breaking down longer than the ring. I would place the ring, with some paste and use a hollister convex wafer to help the stoma drain better. The belt will work with the convex wafer the help stoma protrude.

/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: use stoma powder and skin barrier. Use brava ostomy barrier strip paster (alternative can cut layers of hollister flat skin barrier and fill the folds and use paste), use paste and a ring, use wide convex wafer from Coloplast or hollister. Can cut a hole in an abdominal binder and or use a belt

Rationale: powder and barrier wipe will protect the skin, the folds need to be filled the help the wafer adhere and avoid leakage through the cracks. a wide convex wafer will help pus the skin back to straighten the folds and the abdominal binder and or belt might help reinforce the effect of the convex wafer to push away the folds.

/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: would recommend changing the brand of the appliance used

Rationale: the redness appears to be allergic contact dermatitis, it is not from moisture or leakage. if barrier extenders were used, avoid using the barrier extenders

/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: would use a solf convex wafer. make sure to use powder, skin barrier wipe and can fill the creases and folds with layered skin barrier (hollister) or barrier strips and use stoma paste to seal

Rationale: the soft convex will will the fold away and smooth the contours, using barrier and paste to fill the cracks will help the appliance adhese.

/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: sensura mio convex flip, can use a flat ring, can also try a convex ring. needs a belt or hernia belt

Rationale: convexity from the ring and appliance will help bud and protrude the stoma for better emptying. A belt will help with stoma protrude and a hernia belt will help reduce the hernia

Odor Management Strategies: assess diet, eliminate foods that increase foul odor, use deodorizer

/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: use a flexible pouching system, might need to increase size of pouch opening. can try a prolapse cover and wear a hernia belt

Rationale: a flexible pouching system will not cause pressure around the stoma, avoid convex barriers or rigid flanges that might cause stoma injury. If there is a prolapse, the opening of the wafer might need to be increased to avoid injury

Further Considerations: the patient should consider wearing a belt, avoid heavy lifting, avoid smoking, there are prolapse covers that are made by Nu Hope. Can sprinkle sugar and lie flat to reduce stoma. Can try cold compress

/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: Coloplast has smaller bags that are less than 500 ml made by Hollister

Rationale: would discuss having a smaller bag, but this would result in needing to empty the bag more times a day

Pouching option #2: can turn his bag to the side and use a stealth belt or other brand ostomy belt

Rationale: placing the bag sideways might not bother the patient as much and can be emptied easily. placing the bag in an ostomy belt might reduce the irritation and will eliminate a bag dangling toward the groin

/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:

Skin barrier Wafer 1: Convatec flat cut to fit wafer that needs scissors to cut

Composition & Purpose: lies flush against the skin for stomas that are budded and protrude above the skin, This is the most standard appliance. The wafer and bag clicks in together like tupperwear.

Skin barrier Wafer 2: Convatec sur fit durafit flat wafer with moldable technology not requiring cutting with scissors.

Composition & Purpose: lies flush against the skin for stomas that protrude and do not need additional support for better drainage, the moldable technology allows the patient to avoid use of scissors and can fit easily around irregular shaped stomas. can cut down on preparation time because the cutting is not needed,

can stretch and have “turtleneck effect” for stomas that stretch, swell or shrink. Sur fit durafit allows for low profile, no clicking for the two piece system that might work better for patients with dexterity issues.

Skin barrier Wafer 3: extended wear convex convatec wafer

Composition & Purpose: extended wear allows the person to be able to wear for 3-7 days and are designed for extended use wear. Designed to resist erosion. Convexity provides extra support and helps stoma protrude adequately and drain efficiently into the pouch

/6 points

Scenario 13

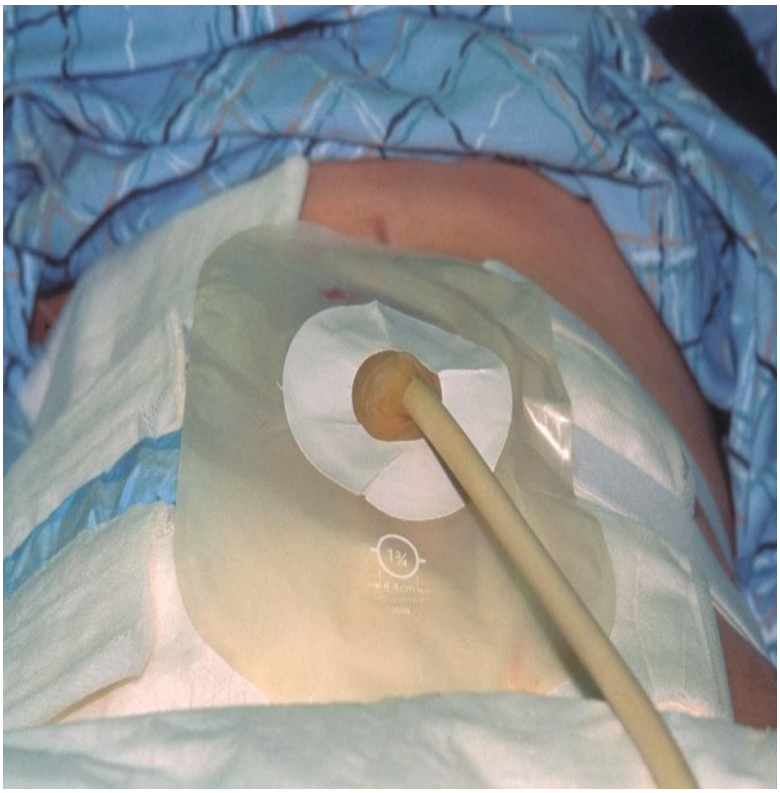


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: make sure that the tube is inserted and is sealed with tape or access port
…in the absence of a commercial access port: use a two piece appliance and would cut a hole through the bag and use a baby bottle nipple around tubing secured with tape to seal the hole
/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: can use a convex ring and apply to the back of a flat wafer and use a belt
Alternative convexity option #2: use barrier strip paste or use two to three barrier rings and build convexity around the stoma and then apply the flat wafer and use a belt
/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.

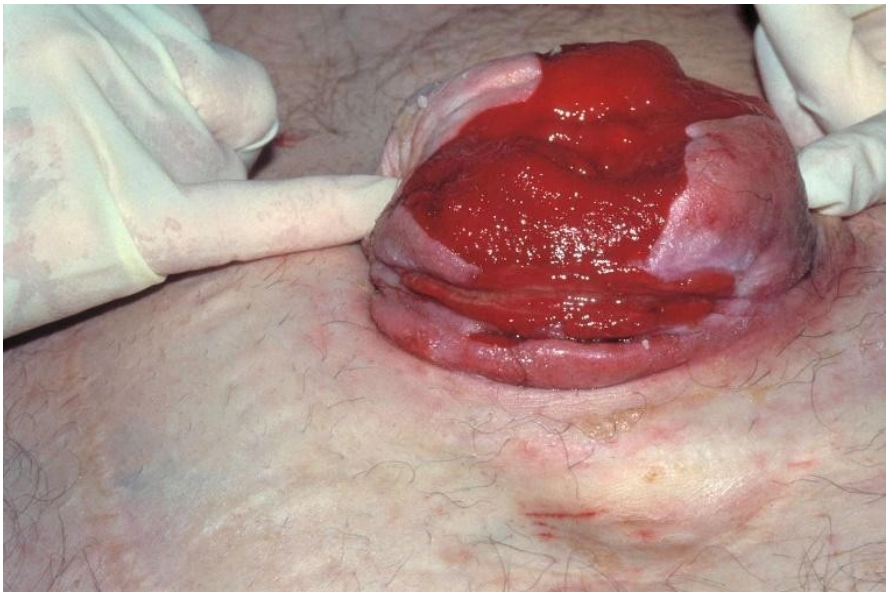
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: A large eakin fistula wound pouch could work with barrier wipe and sealing with paste. It might not be the most cost effective option.

/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: Safe n simple 5 x 5 wafer 2 piece standard wear flat

/1 point