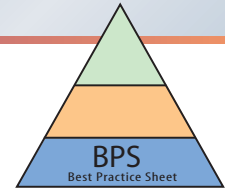


# Discharge Planning for a Patient with a New Ostomy: Best Practice for Clinicians



## Introduction

A comprehensive discharge plan for a patient with a new ostomy includes teaching basic skills and providing information about ostomy management, available resources, and how to obtain supplies and reimbursement. This document provides clinicians with a quick guide to the essential elements of a discharge plan, which may be used to facilitate patient education. Other critical pieces of the discharge planning process are assessment of need for ongoing education and documentation of a patient's outcomes related to self-care. Thorough documentation and communication promote continuity between care providers and care settings.

## Basic Skills and Information

### Empty pouch

Have patient practice emptying pouch when  $\frac{1}{3}$  to  $\frac{1}{2}$  full and keeping the drainage end of the pouch clean.

### Colostomy and ileostomy

Teach patient to open and close the clamp on the pouch. (It may be a separate clamp or built in.)

### Urostomy

Teach patient how to open and close spout and connect and remove night drainage container.

### Change pouching system

- Have patient practice preparing and applying new pouching system.
- Teach patient to measure and cut skin barrier wafer according to stoma size.
- Inform patient that stoma size will continue to change for the first 6 to 8 weeks after surgery as the swelling subsides. A long-term pouching system choice should be made after this period is over.

### Describe diet and fluid guidelines

#### Colostomy

No dietary changes are usually necessary, but the patient may want to reduce gas-producing foods.

#### Ileostomy

Patient should increase fluid intake to a minimum of 8 to 10 glasses daily, unless contraindicated. Chewing food well will help to avoid blockage. Patient should avoid hard-to-digest foods such as nuts, popcorn, and foods with skin or seeds for 6 weeks. Eating foods such as bananas, potatoes, pasta and creamy peanut butter may help to thicken the stool.

### Urostomy

Patient should drink at least 8 to 10 glasses of liquid a day, unless contraindicated.

### Recognize signs of potential complications

#### Colostomy

Constipation—Instruct patient that dietary modifications such as increasing fluid intake and fiber in the diet may reduce risk of constipation.

#### Ileostomy

Dehydration—Teach patients to recognize signs of dehydration, which include thirst, weakness, light-headedness, and concentrated urine.

Food blockage—Teach patients to recognize signs of food blockage, which include abdominal cramping, bloating or distended abdomen, nausea and vomiting, watery diarrhea or no stoma output, and swelling of the stoma. Patient should call a healthcare provider when total blockage is suspected.

#### Urostomy

Urinary tract infection—Teach patients to recognize signs of urinary tract infection, which include chills, fever of 100.4°F or greater, bloody urine, cloudy urine (clear urine with mucous shreds is normal), foul-smelling urine, back pain in the kidney area, and abdominal pain.

### Monitor medications

#### Colostomy/Ileostomy/Urostomy

Color of stool or urine may change with medications and some foods.

#### Ileostomy

Teach patient to observe pouch contents. If pills are observed, the form of the medication may need to be changed to promote better absorption. No sustained-release or enteric-coated medications or laxatives should be used. Patient should notify all healthcare providers of the presence of a ileostomy.

### Manage gas and odor

#### Colostomy and ileostomy

Instruct patient to consider the use of filtered pouches, dietary modifications, and deodorants in the form of drops, sprays, and pills.

#### Urostomy

Teach patient to rinse night drainage container with vinegar and water, commercial deodorizer/decrytalizer, or diluted bleach solution (1:10) once a week and as needed. Container should be changed once a month and fluid intake increased.

### Teach patient to seek assistance if experiencing the following:

- Changes in output
- Skin complications
- Stoma complications
- Unresolved leaking.

## Resources

### Referrals

- Follow-up care in community
- Home health agency
- Support group/visitor

#### *United Ostomy Association (UOA)*

(800) 826-0826

[www.uoa.org](http://www.uoa.org)

Association benefits include:

- Contact information of local group
- *Ostomy Quarterly* magazine subscription
- Volunteer visitation

#### *Wound, Ostomy and Continence Nurses Society*

(888) 224-WOCN

[www.wocn.org](http://www.wocn.org)

Society can provide location of nearest WOC(ET) nurse

### Manufacturer toll-free helplines

#### *Coloplast*

800/533-0464

[www.us.coloplast.com](http://www.us.coloplast.com)

#### *ConvaTec*

800/422-8811

[www.convatec.com](http://www.convatec.com)

#### *Cymed*

800/582-0707

[www.cymed-ostomy.com](http://www.cymed-ostomy.com)

#### *Hollister*

800/323-4060

[www.hollister.com](http://www.hollister.com)

#### *Marlen*

216/292-7060

[www.marlenmfg.com](http://www.marlenmfg.com)

#### *Nu-Hope*

800/899-5017

[www.nu-hope.com](http://www.nu-hope.com)

#### *Perma-Type*

800/243-4234

[www.perma-type.com](http://www.perma-type.com)

#### *Torbot*

800/545-4254

[www.torbot.com](http://www.torbot.com)

### Other resources

#### *American Cancer Society*

[www.cancer.org](http://www.cancer.org)

#### *Crohn's and Colitis Foundation*

[www.ccfa.org](http://www.ccfa.org)

#### *Familial Adenomatous Polyposis (FAP) Support Group*

[www.fapsupportgroup.org](http://www.fapsupportgroup.org)

#### *Interstitial Cystitis Association*

[www.ichelp.com](http://www.ichelp.com)

#### *National Institute of Diabetes and Digestive and Kidney Diseases*

[www.niddk.nih.gov](http://www.niddk.nih.gov)

## Supplies

### Provide patient with the following:

- Supplies sufficient for a minimum of two complete pouch changes at home. (Check with your facility as the policy may vary.)
- A starter kit or other complimentary supplies available from a manufacturer. A patient/family member or healthcare professional with patient's permission may contact a manufacturer and have these gifts sent directly to the home.
- List of equipment needed. Some insurers will require a prescription.
- Size of stoma when discharged and pattern for an irregular-shaped stoma.

### Medicare

- Patients can generally obtain equipment from any supplier.
- Some suppliers may accept Medicare reimbursement.
- Some suppliers will bill Medicare directly, which is generally viewed as a benefit.
- Those patients receiving home health care may not be able to bill Medicare for supplies until they are discharged from home health care.

### Private insurance (including Medicaid or equivalent)

Patient may need to obtain supplies from a preferred provider; check with insurance company.

### Uninsured

- Some manufacturers have a program for free supplies; check with the company for eligibility.
- A local cancer society, United Ostomy Association, or supplier may have donated supplies.
- A patient/family member or healthcare professional with patient's permission (if consistent with facility's infection control and regulatory policy) can contact any of these sources.

*This document was developed by the Wound, Ostomy and Continence Clinical Practice Ostomy Subcommittee.*

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