Enterostomy Care

<table>
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<th>Purpose</th>
<th>The purposes of this procedure are to promote cleanliness and to protect peristomal skin from irritation, breakdown, and infection.</th>
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| Preparation | 1. Review the resident’s care plan to assess for any special needs of the resident.  
2. Assemble the equipment and supplies as needed. |
| Equipment and Supplies | The following equipment and supplies will be necessary when performing this procedure:  
1. Soap and water;  
2. Washcloth and towel;  
3. Wash basin;  
4. Barrier paste;  
5. Gauze pads;  
6. Pouch;  
7. Pouch clamp; and  
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed). |
| Steps in the Procedure | 1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.  
2. Wash and dry your hands thoroughly.  
3. Put on gown if soiling of clothing with feces is likely.  
4. Put on gloves.  
5. Remove soiled appliance being careful not to cause unnecessary trauma to peristomal skin. Place disposable bags into appropriate receptacle.  
6. Assess the condition of the skin around the stoma.  
7. When evaluating the condition of the resident’s skin, note the following:  
a. Breaks in the skin.  
b. Excoriation.  
c. Signs of infection (heat, swelling, pain, redness, purulent exudate, etc.).  
8. Gently cleanse the surrounding skin with warm water and soap using a washcloth or gauze pad. Pat skin dry with a clean towel.  
9. Attach the new appliance, being sure that it securely adheres to the skin to prevent leakage.  
10. Apply barrier paste as indicated.  
11. Fold bottom of appliance up once and apply clamp (or follow manufacturer’s instructions for specific appliance).  
12. Discard disposable items into designated containers.  
13. Discard soiled towels, wash cloth, etc., in the soiled laundry container.  
14. Remove and discard gown into designated container.  
15. Remove and discard gloves into designated container. Wash and dry your hands thoroughly.  
16. Reposition the bed covers. Make the resident comfortable.  
17. Place the call light within easy reach of the resident.  
18. Clean the overbed table and return it to its proper position.  
19. Wash and dry your hands thoroughly.  
20. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room. |
**Documentation**

The following information should be recorded in the resident’s medical record:

1. The date and time the enterostomy care was provided.
2. The name and title of the individual(s) who provided the enterostomy care.
3. Any breaks in resident’s skin, signs of infection (purulent discharge, pain, redness, swelling, temperature), or excoriation of skin.
4. The type of appliance utilized.
5. All assessment data (e.g., skin condition) obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

**Reporting**

1. Notify the supervisor if the resident refuses the enterostomy care.
2. Notify the supervisor of any skin irritation, breakdown or abnormalities around the stoma.
3. Report other information in accordance with facility policy and professional standards of practice.

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**References**

- MDS (RAPs): H3i; P1af
- Survey Tag Numbers: F328
- Related Documents: Blood–Body Fluids–Infectious Diseases

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Revisoin date: 5/11/2012