THE STUDY VAULT

Clinical Chaos

Colostomy Care

SKILL SNAPSHOT

Purpose
- Protects the stoma and peristomal skin while collecting stool in a secure, odor-resistant pouch.

When to use
- Routine pouch emptying/change, leakage, skin irritation, postoperative assessment, or patient teaching.

Supplies needed
- Correct pouch/barrier; measuring guide; skin barrier products; warm water/soft cloths; gloves; disposal bag; scissors if cut-to-fit.

PREP + PATIENT SETUP
- Explain and provide privacy; involve patient/caregiver.
- Assess pain, output, stoma, abdomen, and current seal.
- Gather supplies before removing pouch; empty

VAULT TIP
- A well-fitted opening is the skin-protection step: close enough to shield skin, never tight enough to injure the stoma.

STEP-BY-STEP
1. Hand hygiene; identify patient; apply gloves.
2. Gently remove pouch from top to bottom while supporting skin. Use adhesive remover if needed.
3. Empty and discard pouch appropriately. Note stool amount, color, and consistency.
4. Clean stoma and peristomal skin with warm water; pat completely dry. Avoid oily soap, alcohol, or routine harsh cleansers.
5. Inspect stoma: expected color is moist pink to red. Check swelling, bleeding, protrusion/retraction, mucocutaneous junction, and skin.
6. Measure stoma, especially during the first 6-8 postoperative weeks as edema decreases.
7. Cut barrier opening about 1/8 inch (3 mm) larger than the stoma; smooth rough edges.
8. Apply prescribed powder/barrier only where needed. Remove excess powder; avoid products that weaken adhesion.
9. Center barrier over stoma and press from stoma outward, holding warmth/pressure to create a seal.
10. Attach/close pouch and ensure tail closure is secure. Date pouch if policy requires.
11. Empty when one-third to one-half full to prevent pulling and leaks.
12. Remove gloves, hand hygiene, then confirm comfort and seal. Teach patient to repeat key steps.

SAFETY REMINDERS
- Dusky, pale, brown, black, cool, or dry stoma = urgent evaluation.
- Report no output with cramping/distention, high watery output, major bleeding, or separation.
- Protect skin from stool; leakage requires a pouch change, not extra tape.
- Do not insert anything into stoma unless ordered.

COMMON MISTAKES
- Cutting opening too large or too tight.
- Using oily products under barrier.
- Waiting until pouch is heavy to empty.
- Treating slight contact bleeding like persistent bleeding.

DOCUMENTATION
- Stoma color, moisture, size, and protrusion.
- Peristomal skin and mucocutaneous junction.
- Output amount/color/consistency; flatus.
- Pouch/barrier used and seal quality.
- Patient participation, teaching, tolerance, referrals.