

## Teaching ostomy care for home

By Goranka Paula Bak, BSN, RN, ET, CWOCN

**B**efore discharge, a new ostomy patient and caregiver have a lot to learn, including how to empty the pouch, establish a schedule for pouch changes, measure the stoma to ensure protection from effluent, and use accessory supplies appropriately.

### Emptying the pouch

Teach your patient or the caregiver to empty the pouch when it is  $\frac{1}{3}$  to  $\frac{1}{2}$  full. Explain that too much weight can pull the pouch off the skin, allowing leakage. Also, emptying is easier if the pouch isn't full. Either the patient or the caregiver must be able to empty the pouch before discharge.



Explain that pouches today are odor-proof, so rinsing shouldn't be necessary. If the patient insists on rinsing, advise him to instill water into the lower portion of the

**View: Emptying a pouch**



pouch, avoiding the barrier. Getting water on the barrier and stoma will break down the barrier and may cause a fungal rash on the peristomal skin. Patients who want to rinse should use a two-piece pouching system.

### Establishing a schedule for pouch changes

Routinely, drainable pouches and urostomy appliances are changed every 3 to 5 days, but depending on your patient's output, abdominal contours, and ability to change the pouch, changes may take place as often as daily or as infrequently as weekly. If your patient has a close-ended pouch, explain that it needs to be disposed of when it's half full.

If the patient experiences itching or burning under the barrier or notices or suspects leakage, he should change the pouch p.r.n. Tell the patient not to tape the edge of a barrier to stop a leak because the effluent will quickly cause skin breakdown. Instead, the patient should remove the entire pouching system and assess for leakage.

Teach the patient to determine a barrier's wear time by examining the back of it. If the barrier has broken down, he'll see a color change. If leakage resulted from a break down on the barrier's edge, the patient should decrease the interval between pouch changes. If there's no color change, the barrier has more wear time.

To determine a regular time of day for

**View: Other ostomy instruction**



pouch changes, have the patient determine when the stoma usually is inactive. For many patients, the best time is before breakfast.

### Measuring the stoma

Explain that for 6 weeks after surgery, the patient must measure the stoma weekly because bowel swelling decreases during this time. After 6 weeks, the patient can measure the stoma monthly, unless body weight fluctuates or an inflammation causes stoma swelling.

To keep the peristomal skin protected from effluent, show the patient how to use a stoma measuring guide or ostomy sizer. If the stoma is oval, demonstrate how to measure its length and width. Mark your measurements on the back of the barrier or a separate piece of paper. Then, connect the lines to form an oval and cut to size. Make adjustments, if needed.

### Using accessory supplies

Teach the patient to keep pouch changes simple and use accessory products *only* when needed.

Explain that routine use of adhesive remover, skin prep, or skin sealant may decrease the ability of the pouch to adhere. Tell the patient to read the manufacturer's instructions to determine if an accessory supply is recommended.

If peristomal skin is intact, the patient shouldn't use ostomy powder. Tell the patient to use it sparingly on weepy, denuded skin to help dry and prepare the area for the barrier application. After dusting the reddened area, the patient must brush off the excess powder to make sure the barrier will stick.

Show the patient how to use ostomy paste, such as caulk, to fill in and level out

uneven peristomal skin (dips, scars, skin-folds) and prevent leakage. Explain that the patient should apply it sparingly and not use it like glue. Make sure the patient knows that some ostomy pastes contain alcohol and may sting denuded skin.

If your patient has an ileostomy or colostomy, explain that pouches with integrated charcoal filters help disperse gas slowly. A patient with excessive gas may use an additional external filter, such as Osto EZ Vent, which creates a hole to expel gas and has a cap to cover the hole. ■

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## How to write effective wound care orders

By Donna Sardina, RN, MHA, WCC, CWCMS, DWC, OMS

**W**riting effective orders for wound care is vital to ensure patients receive the right care at the right time, to protect yourself from possible litigation, and to facilitate appropriate reimbursement for clinicians and organizations.

Below are some overall strategies you can use:

- Avoid “blanket” orders, for example, “continue previous treatment” or “resume treatment at home.” These types of general orders lack the specificity clinicians require to deliver care the patient needs and can be easily misinterpreted. For instance, treatments can change multiple times, and someone could pick a treatment from an incorrect date.
- Use generic terminology, for instance “transparent film dressing.” That allows the supplier or healthcare facility to provide any product in that category, which can be an important consideration for patients with financial concerns.
- If, however, you want the patient to have a specific brand, include it in the order, for example, “3M™ Tegaderm™ Transparent Dressing.” In this case, the supplier or healthcare facility may not substitute another product unless you’re asked for a new order for the substitute product.
- To ensure Medicare Part B reimbursement for wound care dressings (referred to as “surgical dressings” by Medicare and insurance companies), make sure the treatment order includes at least the following information:
  - type of dressing
  - size of dressing
  - number/amount to be used at one time
  - frequency of dressing change
  - expected duration of need.

For a comprehensive treatment order that will promote consistent care, include all of the following:

- Wound location
- Cleansing solution

## Use generic terminology, for instance “transparent film dressing.”

- Primary dressing to be applied to wound bed
- As needed, a moisture barrier for the periwound area to prevent maceration)
- As needed, a secondary dressing to be placed over the primary one
- As needed, secure with \_\_\_\_\_
- Frequency of dressing change (follow manufacturer’s guidelines or change more often based on exudate amount)
- Expected duration of need.

Here is an example of a treatment order:

“Cleanse right plantar ulcer with 30 mL of normal saline. Pat periwound dry with 2 dry gauze 4 × 4s. Apply Cavilon™ no-sting barrier to wound perimeter. Apply Santyl® ointment to nickel thickness on wound bed. Loosely fill undermined area and dead space with 3 fluffed, saline-moistened 4 × 4 gauze dressings. Cover with 6 × 6 composite dressing every day and p.r.n. if loose or soiled × 14 days.”

Following these guidelines will help ensure orders are carried out correctly. ■

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