

**PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR EMPTYING OSTOMY POUCH**

Name  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:

	Training Record RN Initial & Date
<b>A. States name and purpose of procedure</b>	
<b>B. Preparation:</b>	
1. Identifies student's ability to participate in procedure	
2. Reviews universal precautions	
3. Checks health care plan instructions/authorizations	
4. Assessment and emptying should happen as needed or when pouch is 1/3 full	
5. Identifies where procedure is done (consider privacy and access to bathroom)	
6. Position for ostomy care: _____	
7. Identifies possible problems and appropriate actions	
<b>C. Identifies supplies:</b>	
1. Gloves	
2. Measuring device if documenting output volume	
3. Toilet/Restroom	
<b>D. Procedure:</b>	
1. Wash hands and put on gloves	
2. Raise the bottom of the pouch (where the opening is)	
3. Open the tab at the end of the pouch	
4. Lower the opening toward the toilet and allow for stool to drain out	
5. When empty, gently wipe the bottom of the pouch with a paper towel to clear any remaining stool, then close the pouch.	
6. Remove gloves and wash hands	
7. Document procedure and observations	
8. Report and changes to family and school nurse	

**DELEGATION AUTHORIZATION**

<b>Competency Statement:</b> Describes understanding of the need for ostomy pouch change and properly demonstrates procedure.	
Delegatee Signature: _____	Initials _____
Training RN Signature: _____	Initials _____

I have read the care plan, been trained and am competent in the described procedures for \_\_\_\_\_. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Delegating RN Signature: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

This document, and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care providers.

**PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR EMPTYING OSTOMY POUCH**

Name  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:

Date/ RN Initial	<b>Procedure:</b> ✓ = acceptable performance	<b>Follow Up/ Supervision Plan / Comments</b>
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____  <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____  <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____  <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____  <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation

*This document, and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care providers.*