

PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR ONE PIECE OSTOMY APPLIANCE CHANGE

Name
Student/Child

Birth
Date:

School/
Center:

Delegatee:

	Training Record RN Initial & Date
A. States name and purpose of procedure	
B. Preparation:	
1. Identifies student's ability to participate in procedure	
2. Reviews universal precautions	
3. Checks health care plan instructions/authorizations	
4. Assessment and change should be completed per provider instructions (routine care should be done at home): _____ Routine Interval _____ PRN for leaking	
5. Identifies where procedure is done (consider privacy and access to bathroom)	
6. Position for ostomy care: _____	
7. Identifies possible problems and appropriate actions	
C. Identifies supplies:	
1. Water	
2. Soft cloth or gauze	
3. Small plastic bag for soiled pouch	
4. Clean pouch and belt, if needed	
5. Gloves	
6. Adhesive remover, skin barrier powder, if ordered by provider	
D. Procedure:	
1. Assemble supplies on clean surface	
2. Washes hands and puts on gloves	
3. Explain procedure, empty old pouch in toilet and then positions student for appliance change	
4. Removes used pouch by peeling away at one corner and pulling gently until pouch comes off the skin	
5. Place the old pouch and barrier in a plastic bag and then in the trash	
6. Washes the area around the stoma with warm water and pat the skin dry (do not use soap or other cleaners/wipes)	
7. Inspects skin for redness/irritation and ostomy for correct coloration (red/pink and moist)	
8. Apply barrier powder if ordered by provider	
9. Prep new pouch by closing the tab if using a drainable pouch.	
10. Applies adhesive to pouch or removes backing from adhesive.	
11. Centers new pouch over stoma	
12. Presses pouch firmly against skin barrier to prevent leaks.	
13. Attaches belt, if used	
14. Washes hands	
15. Documents procedure and observations	
16. Reports any changes to family and school nurse	

Competency Statement: Describes understanding of the need for ostomy pouch change and properly demonstrates procedure.

Delegatee Signature: _____ Initials _____

Training RN Signature: _____ Initials _____

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DELEGATION AUTHORIZATION

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 _____

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Date/ RN Initial	<p align="center">Procedure: √ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<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
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Delegating RN Signature _____ Initials _____

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