

**Individualized Healthcare Plan:  
Ostomy Care in the School Setting**

**Student Name:**

**Birth Date:**

**School:**

**Grade:**

<b>Parent/Guardian &amp; Phone #</b>	
<b>Parent/Guardian &amp; Phone #</b>	
<b>Primary Care &amp; Phone #:</b>	
<b>Specialist &amp; Phone #:</b>	
<b>Preferred Hospital:</b>	
<b>Emergency Contact:</b>	
<b>CURRENT HEALTH ISSUES</b>	<p>A Colostomy/Ileostomy is a procedure where an opening is surgically created in the abdomen. This opening is called a “stoma” and allows stool to drain out of the body. Ostomy stomas are typically red or pink in color and slightly moist and are not painful. They may bleed easily when rubbed or bumped, but this should resolve quickly. The Colostomy/Ileostomy will be covered with an appliance that will catch the stool in a pouch.</p> <ul style="list-style-type: none"> <li>- Ileostomy: surgical opening created in the ileum which is a part of the small intestine.</li> <li>- Colostomy: surgical opening created in the colon which is a part of the large intestines</li> </ul>
<b>PERTINENT HEALTH HISTORY</b>	<p>Surgical history: Description of standard stool output:</p> <ul style="list-style-type: none"> <li>- Stool consistency:</li> <li>- Frequency of pouch emptying:</li> <li>- Frequency of appliance change:</li> </ul> <p>Appliance:</p> <ul style="list-style-type: none"> <li>- One-piece or Two-piece:</li> <li>- Brand:</li> <li>- Additional accessories:</li> </ul> <p>Skin barrier (if ordered by provider)</p>
<b>ALLERGIES:</b>	
<b>RESTRICTIONS:</b>	<p>Diet: Activity:</p>
<b>CURRENT MEDICATIONS:</b>	<p><b>AT HOME:</b> <b>AT SCHOOL:</b></p>
<b>HEALTH PROBLEM(S):</b>	
<b>Problem: Emptying bag</b>	<p><b>Goal: Prevent leaking of stool or bursting of the pouch</b></p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. Ostomy pouch will need to be emptied when it is 1/3 full of stool or gas.</li> <li>2. Staff will check the pouch every _____ hours to ensure it is less than 1/3 full.</li> <li>3. Empty before recess and/or PE</li> <li>4. See attached instructions for emptying the bag</li> <li>5. Document stool output (color, amount, changes from baseline, etc.)</li> </ol>
<b>Problem: Changing appliance</b>	<p><b>Goal: Ensure adequate seal of appliance to prevent stool leaking and skin break down</b></p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. The appliance will need to be replaced if it is leaking or becomes loose or if the student tells you their skin burns or itches.</li> <li>2. The student uses a _____ piece pouching system. See the attached addendum for instructions on how to remove and replace the appliance.</li> </ol>

<p><b>Problem: Troubleshooting common problems</b></p>	<p><b>Goal: Preventing skin irritation and maintaining hydration</b>  <b>Action:</b>  <u><b>Preventing skin irritation:</b></u>                  Skin around the student's stoma can become red and/or irritated and is most often due to stool on the skin or from tape and barriers pulling off of the skin.</p> <ul style="list-style-type: none"> <li>- Check the skin with each appliance change. Notify family of red and/or irritated skin</li> <li>- Apply skin barrier (if prescribed by provider)</li> <li>- Ensure the barrier/wafer has not been reshaped and is cut to the correct size (family should provide appropriate size supplies at the beginning of year and as needed for stoma changes).</li> </ul> <p><u><b>Preventing dehydration:</b></u>                  Dehydration occurs when the body is losing more liquid than the student is consuming. If the student is having a large amount of stool output or is vomiting, they are at higher risk for dehydration. Dehydration is the most common reason for patients with an ostomy/ileostomy return to the hospital.</p> <ul style="list-style-type: none"> <li>- The student should always have access to water and should be encouraged to carry their water with them wherever they go.</li> <li>- Minimize food or drinks that are high in sugar</li> <li>- Monitor stool output and how many times the bag is being emptied and notify family if pouch is needing to be emptied _____ times at school.</li> <li>- Watch for signs of dehydration such as increased thirst, dry mouth, decreased urine output, dizziness when standing up, muscle or abdominal cramps</li> </ul>
<p><b>Problem: When to call 911</b></p>	<p><b>Goal: Ensure appropriate action is taken given current student ostomy concerns.</b>  <b>Action:</b>  <b>No action needed:</b></p> <ul style="list-style-type: none"> <li>- If the stoma gets rubbed or bumped and starts bleeding. Bleeding should be resolved quickly.</li> </ul> <p><b>Call Parents:</b></p> <ul style="list-style-type: none"> <li>- If ostomy supplies are not the appropriate size and do not fit correctly around stoma.                         <ul style="list-style-type: none"> <li>o If it is too small, do not force skin barrier over stoma</li> <li>o Too big if you can see skin around stoma that is not covered by skin barrier</li> </ul> </li> </ul> <p><b>Call Parents and seek medical attention:</b></p> <ul style="list-style-type: none"> <li>- If stoma is bleeding and does not resolve within a couple of minutes or if the stool in the pouch is mixed with blood (less than 4 tablespoons)</li> <li>- If the student is complaining of redness, tenderness and pain that extends ½ inch around the stoma or white/beige fluid is draining in the area</li> <li>- If you are noticing signs and symptoms of dehydration or have emptied the pouch _____ times in one day.</li> <li>- If no stool output in a 5-hour period and/or complaining of cramps or nausea (concerns for a food blockage)</li> <li>- Stoma prolapse is when the stoma becomes longer and sticks out higher above the surrounding skin. As long as it is red, it is not a medical emergency.</li> </ul>

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	<ul style="list-style-type: none"> <li>- Stoma retraction means the stoma is at or below the level of the skin or looks like it is shrinking. As long as it continues to have stool output, it is not a medical emergency.</li> </ul> <p><b>Call 911:</b></p> <ul style="list-style-type: none"> <li>- There is a deep cut in the stoma</li> <li>- A severe change in the color of the stoma from bright red to dark red, blue or black</li> <li>- A large amount of continuous bleeding (more than 4 tablespoons) into the pouch (blood in stool rather than from stoma)</li> <li>- Severe cramping and no output from the stoma for a period of 4-6 hours</li> </ul>
<b>EMERGENCY ACTION PLAN</b>	Shelter in place Evacuation plan

**Personal Care Services/ Medically Necessary Services** *(repeat segment if more than one service)*

**ICD-10 Code:**

**Specific task:** *example: feeding, catheter, diaper change*

**Scope:** *What is the related service that is needed for the student?*

**Duration:** *How long does the service take? (minutes or hours/per instance)*

**Frequency:** *How many times does it need to be done per day? (number times per day or as needed)*

This service is medically necessary through the following dates, not to exceed one year.

**Start Date:**

**End Date:**

**TO THE PARENT/GUARDIAN:** If \_\_\_\_\_ (“Child”) experiences a change in his/her health condition (such as a change in medication or a hospitalization) please contact the School Nurse Consultant so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child’s health care provider(s) listed above, as needed. I understand that the School Nurse Consultant may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for the Child. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the Child’s safety and well-being while at school or during school related activities.

\_\_\_\_\_  
Parent/guardian date

\_\_\_\_\_  
School nurse date

\_\_\_\_\_  
Health care provider date

\_\_\_\_\_  
Administrator date