

PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR TWO 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/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. New pouch (barrier/wafer and pouch)				
D. Procedure:				
1. Washes hands and put on gloves				
1. Assembles equipment and places on a clean surface				
2. Explain procedure, empty old pouch in toilet and then positions student for appliance change				
3. IF SKIN BARRIER IS INTACT				
1. Remove the pouch and leave the skin barrier in place				
2. Place old pouch in a plastic bag and then into the trash				
3. Inspect the color of the stoma (red/pink and moist)				
4. Prep the new pouch by closing the tab at the bottom if needed				
5. Apply the new pouch to the skin barrier by engaging the lower edges of the pouch flange and the skin barrier flange. Press the two flanges together. A series of "clicks" will confirm you are doing it correctly. No more "clicks" means the pouch is secured				
4. IF SKIN BARRIER IS NOT INTACT				
1. Gently remove the old barrier and pouch, working first around the outer edge.				
2. Place the old pouch and barrier in a plastic bag and then in the trash				
3. Clean the skin around the stoma with warm water and a soft cloth and pat skin dry (do not use soap or other cleaners/wipes)				
4. Inspect the skin for redness or irritation and stoma for correct coloration (red/pink and moist)				
5. Apply skin barrier if ordered by provider				
6. Prep new appliance by closing the tab if using a drainable pouch				
7. Apply the skin barrier first by removing the paper from the back of the skin barrier				
8. Center the cut opening in the barrier over the stoma and ensure the skin is dry.				
9. Place the barrier on the skin around the stoma and press down on all sides for 30-60 seconds starting at the area closest to the stoma				
10. Apply the new pouch to the skin barrier by engaging the lower edges of the pouch flange and the skin barrier flange. Press the two flanges together. A series of "clicks" will confirm you are doing it correctly. No more "clicks" means the pouch is secured.				
5. Attaches belt, if used.				
6. Removes gloves				
7. Washes hands				
8. Documents procedure and observations				
9. Reports any changes to the family				

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Name
Student/Child

Birth
Date:

School/
Center:

Delegatee:

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

Delegatee Signature: _____ Initials _____

Training RN Signature: _____ Initials _____

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	Procedure: ✓ = acceptable performance	Follow Up/ Supervision Plan / Comments
	<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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