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Acknowledgements

The realisation of the publication of 2016 Practice Standards of Stoma Care would not have been possible without the commitment of the working group (Table 1) who provide their time and expertise to establish and agree the standards.

Table 1: ISCCNA Standards working group 2016.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Ms Rita Marren</td>
<td>Clinical Nurse Specialist Stoma/Colorectal</td>
<td>Letterkenny University Hospital, Co Donegal, Saolta University Health Care Group.</td>
</tr>
<tr>
<td>Ms Marianne Doran</td>
<td>Clinical Nurse Specialist Stoma care</td>
<td>Beaumont University Hospital, Dublin, RSCI Hospital Group.</td>
</tr>
<tr>
<td>Ms Mary Buckley</td>
<td>Clinical Nurse Specialist Stoma care</td>
<td>Mercy University Hospital, Cork, South/South West Group.</td>
</tr>
<tr>
<td>Ms Christin Harnett</td>
<td>Clinical Nurse Specialist Stoma/Colorectal</td>
<td>St Vincents University Hospital, Dublin, Ireland East Hospital Group.</td>
</tr>
<tr>
<td>Ms Marie Grimes</td>
<td>Former Clinical Nurse Specialist Stoma care, Staff Nurse</td>
<td>Cork University Hospital South/ South West Group, Limerick University Hospital University of limerick Hospital Group.</td>
</tr>
</tbody>
</table>

In addition, special thanks to the standards review group (Table 2) who supported the development of the 2016 standards.

Table 2: ISCCNA Standards review group 2016.

<table>
<thead>
<tr>
<th>Name</th>
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<th>Location</th>
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<tbody>
<tr>
<td>Ms Susan Hawkshaw</td>
<td>Practice Development Co-ordinator</td>
<td>Beaumont University Hospital, Dublin, RSCI Hospital Group.</td>
</tr>
<tr>
<td>Ms Aine Slevin</td>
<td>Clinical Audit Co-ordinator</td>
<td>Letterkenny University Hospital, Co Donegal, Saolta University Health Care Group.</td>
</tr>
</tbody>
</table>

Also to the members of the wider association of ISCCNA, who peer reviewed the content in preparation for the publication of the Practice Standards of Stoma Care 2016.

To the members of ISCCNA who developed the 2005 edition of the “Standards of Care Framework for Excellence” including Ms Mary Cassidy, Ms Marianne Doran, Ms Susan Moore, Ms Marie Grimes, Ms Mary Quigley and Ms Fiona Davidson.

There is special acknowledgements of ASCN Stoma Care Nursing Standards and Audit Tool for the newborn to the elderly (2015) which has provided guidance for this document.

Finally the authors wish to thank sincerely Ms Elizabeth Breslin, Nursing and Midwifery Planning and Development Unit, HSE North West, NMPD, for providing support to Rita Marren in bringing these standards to completion.
I would like to congratulate Ms Rita Marren and her working group on the production of the 2nd edition of the Practice Standards of Care from the Irish Stoma Care and Colorectal Nurses Association of Ireland.

Stoma care is an essential and crucial aspect of the management of a colorectal patient. The evolution of the ‘nurse’ to a stoma care specialist, highlights the specialisation of this practice. The stoma therapist and the colorectal nurse specialist are significant team players in managing pre-operative care, post-operative management and the outcome for patients undergoing colorectal surgery in a highly holistic manner.

Key performance indicators and outcome measures are now a standard of practice for rectal cancer in Ireland. Overall the document identifies standards of care relevant to stoma care in this country and the authors are to be congratulated for their clarity and conciseness. This edition is central to ensuring excellence in clinical practice.

Yours sincerely,

________________________
Ms Ann Brannigan
President of the Irish Association of Coloproctology
Consultant Colorectal Surgeon, Mater Misericordiae University Hospital

On behalf of my colleagues It gives me great pleasure to present the second edition of the Practice Standards of Stoma Care from the Irish Stoma Care and Colorectal Nurses Association Ireland. The standards provide a framework for safe, reliable and person-centred care to the person with a stoma. These standards are a practical working tool for a stoma care service to ensure care is delivered in a sensitive, kind and compassionate manner to the person with a stoma.

The eight standards are divided into caring for stoma patients in the pre-operative stage, post-operative stage, preparation for discharge and the person’s continued care across their life span.

In addition the 2016 standards also include the CNS/specialist nurse role in health promotion and how we can improve dignity and quality of life for the patient.

The Standards also incorporates the CNS/specialist nurses role in continuing professional development, incorporating clinical audit and research with continuous quality improvement.

The publication of the 2016 Practice Standards of Stoma Care demonstrates how we as an organisation can improve and share best practice and support a person focused approach to caring for the patient.

Ms Rita Marren
CNS Stoma/Colorectal
Chairperson and lead of the working group
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appliance</strong></td>
<td>This refers to a pouch or ostomy bag specially designed with adhesive which adheres to the abdomen to collect effluent from a stoma. An appliance can be one piece or in two separate pieces and there are various types including drainable, closed and urostomy appliances.</td>
</tr>
<tr>
<td><strong>Blockage</strong></td>
<td>The transit of faeces and flatus through the bowel is difficult or impossible.</td>
</tr>
<tr>
<td><strong>Carer</strong></td>
<td>Any person caring for a patient, including family members and healthcare professionals.</td>
</tr>
<tr>
<td><strong>Colorectal</strong></td>
<td>Pertaining to both malignant (cancerous) and non-malignant conditions of the colon (large bowel) and rectum (back passage).</td>
</tr>
<tr>
<td><strong>Colostomy</strong></td>
<td>A colostomy is a surgically created opening in the large bowel/colon where part of the colon is brought out through the abdominal wall and sutured to the skin. The colostomy allows faecal material to pass through the stoma into a pouch/appliance. A colostomy can be formed in the ascending, transverse, descending or sigmoid colon.</td>
</tr>
<tr>
<td><strong>Colostomy irrigation</strong></td>
<td>A procedure where water is inserted into the bowel through the colostomy to flush out the bowel contents and regulate the bowel activity.</td>
</tr>
<tr>
<td><strong>Clinical Audit</strong></td>
<td>This is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards. Through clinical audit the intention is to assess the degree to which the clinical services delivered improve the quality of patient care and health outcomes.</td>
</tr>
<tr>
<td><strong>Crohn’s Disease</strong></td>
<td>Crohn’s disease is an inflammatory bowel disease affecting any part of the gastrointestinal tract from mouth to anus. It may involve all layers of the intestinal wall with acute and chronic inflammation. It may also result in strictures (narrowing of the bowel) and fistulas.</td>
</tr>
<tr>
<td><strong>Clinical Nurse Specialist (CNS)</strong></td>
<td>A registered nurse who is working in a defined area of nursing practice which requires specially focused knowledge, skills and education. This involves assessment, planning, delivery and evaluation of care given to individuals and their families in hospital, community and outpatient settings. Specialist nurse is a registered nurse who is experienced and has a recognised qualification in the in the area of practice.</td>
</tr>
<tr>
<td><strong>Cystectomy</strong></td>
<td>A surgical procedure which involves total or partial removal of the urinary bladder resulting in a urinary stoma or a continent urinary diversion.</td>
</tr>
<tr>
<td><strong>Competence</strong></td>
<td>The ability of the registered nurse or registered midwife to practice safely and effectively, fulfilling their professional responsibility within their scope of practice.</td>
</tr>
<tr>
<td><strong>Diverticulosis</strong></td>
<td>A condition of the bowel where small sacks form in the lining of the large bowel and cause inflammation.</td>
</tr>
<tr>
<td><strong>Diverticulitis</strong></td>
<td>This occurs when the diverticulosis sacks become inflamed causing abdominal pain and discomfort.</td>
</tr>
<tr>
<td><strong>Emotional Health</strong></td>
<td>Emotional health and wellbeing is the experience of healthy self-esteem, self-respect and resilience. In this document it incorporates sexuality, sexual wellbeing, psychological health and their impact on quality of life.</td>
</tr>
<tr>
<td><strong>Familial Adenomatous Polyposis (FAP)</strong></td>
<td>An inherited gastrointestinal condition where multiple polyps form in the wall of the large bowel and there is increased risk of developing colon cancer.</td>
</tr>
<tr>
<td><strong>Fistula</strong></td>
<td>This is an abnormal connection or communication from an internal epithelialized organ to the skin surface or between two internal epithelialized organs. A mucus fistula is formed when the dormant or defunctioning part of bowel is brought to the skin level and a stoma is created.</td>
</tr>
<tr>
<td><strong>Granulomas</strong></td>
<td>This is over granulation of tissue on or around the stoma.</td>
</tr>
<tr>
<td><strong>Health care records</strong></td>
<td>The written and or electronic legal and highly confidential records of health care status relating to each and every patient.</td>
</tr>
<tr>
<td><strong>Ileum</strong></td>
<td>This is the section of small bowel located between jejunum and the colon.</td>
</tr>
<tr>
<td><strong>Inflammatory Bowel Disease (IBD)</strong></td>
<td>A broad term used to describe the conditions that cause chronic inflammation of the digestive tract. These conditions are known as crohns disease, ulcerative colitis and indeterminate colitis.</td>
</tr>
</tbody>
</table>
| **Intestinal failure** | Reduction in functioning gut below the minimum amount necessary for adequate digestion and absorption of nutrients. This condition can be acute or chronic and can occur in the short term , medium term and long term. It includes any patient:  
With an ileostomy/jejunostomy and less than 200cm of small bowel  
Less than 150cm of small bowel anastomosed to colon  
A stoma output of greater than 1500ml in 24 hours  
A fistula output greater than 500 mls in 24 hours |
<p>| <strong>Ileostomy</strong> | An ileostomy is a surgically created opening in the small bowel. Generally the terminal ileum (last section of small intestine) is used to form the stoma. The ileum is brought out through the abdominal wall, everted to form a spout and sutured to the skin. The stoma output consistency will vary depending on the location of the stoma within the small bowel. |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ileal conduit</td>
<td>A surgical procedure in which a segment of small bowel (ileum) is separated from the distal portion of the bowel, the ureters are implanted into the proximal end and the distal end is brought out to the skin level to form a stoma that will drain urine. This stoma is a urostomy.</td>
</tr>
<tr>
<td>Jejunostomy</td>
<td>This is the surgical creation of an opening through the skin at the front of the abdomen and the wall of the jejunum (part of the small).</td>
</tr>
<tr>
<td>J pouch</td>
<td>This surgery involves removal of the colon and rectum. The end of the small bowel (ileum) is made into an internal pouch which functions as a reservoir for stool content and is attached to the anus. The anal sphincter mechanism is left intact to ensure normal continence.</td>
</tr>
<tr>
<td>Loop stoma</td>
<td>A loop of intestine is brought out through a surgical opening made in the abdominal wall to form a stoma. This diverts the faecal flow from diseased, traumatised, obstructed intestine or from the site of an anastomosis. The faeces passes through the stoma and is collected into an appliance/pouch that adheres to the abdomen. There are two types of loop stoma: A loop ileostomy which is formed from a loop of the small intestine. A loop colostomy which is formed from a loop of large intestine.</td>
</tr>
<tr>
<td>Multi Disciplinary Team (MDT)</td>
<td>This team comprises of nurses, doctors, social worker, pharmacist, physiotherapist, dietician, health care professionals and allied health care professionals.</td>
</tr>
<tr>
<td>Mucocutaneous separation</td>
<td>The sutured edge of the stoma separates (dehisces) from the skin before the stoma and skin are healed together. This can be partial or complete around the stoma.</td>
</tr>
<tr>
<td>Ostomy</td>
<td>There are three types of ostomies, Colostomy, Ileostomy and Urostomy. It is a surgically created opening on the abdomen for the excretion of faecal waste (colostomy, ileostomy) or urine (urostomy). An ostomy can be temporary or permanent.</td>
</tr>
<tr>
<td>Ostomist</td>
<td>A person with a ostomy</td>
</tr>
<tr>
<td>Peristomal</td>
<td>Refers to an area of skin around the stoma.</td>
</tr>
<tr>
<td>Pre-operative</td>
<td>The period before an operation.</td>
</tr>
<tr>
<td>Post-operative</td>
<td>The period after an operation.</td>
</tr>
<tr>
<td>Patient</td>
<td>All references within the standards to ‘patient(s)’ include the carer/family/significant other as appropriate. From three months post surgery reference within the document is made to ‘the person with a stoma’.</td>
</tr>
<tr>
<td>Psychological</td>
<td>Pertaining to aspects of mental health and wellbeing.</td>
</tr>
<tr>
<td>Parastomal hernia</td>
<td>A swelling (bulge) that occurs behind the stoma caused by a weakness in the muscle wall of the abdomen as result of surgery.</td>
</tr>
</tbody>
</table>
### Quality of practice

Evidence based professional standards balanced against patient/carer needs, satisfaction and organizational efficiency.

### Stoma

A surgically created opening of the bowel onto the abdominal wall, allowing waste (faeces or urine) to drain into an appliance or stoma pouch. A stoma is formed from a loop of bowel or from the end of bowel.

- A loop stoma is formed from a loop of bowel to give a loop/temporary stoma
- An end of bowel stoma which is formed from the end of the resected bowel.

### Stoma siting

Stoma siting involves the preoperative selection of the most appropriate position in an area of the abdomen for the surgical placement of a stoma. The CNS/specialist nurse will mark the potential stoma site on the patient’s abdomen with the patient’s consent and participation.

### Short bowel syndrome

The reduction in functioning gut mass below the minimum amount necessary for adequate digestion and absorption. Gastrointestinal function is inadequate to maintain nutrition without supplements orally or intravenously. This results in intestinal failure.

### Stoma prolapse

There is a noticeable increase in the length of the stoma where the bowel protrudes out of the stoma.

### Stoma retraction

The stoma appears be pulled below the skin level.

### Stoma stenosis

The diameter of the stoma at the level of the skin narrows or constricts.

### Stoma reversal

This is a surgical procedure that involves reconnecting the part of the bowel that was used to form the stoma to the remainder of the bowel.

### Standards

Standards are based on the principles and values that underpin professional practice. They provide a structure for the care process and the expected outcomes with a framework for audit.

### Urostomy

A stoma created to excrete urine after a cystectomy.

### Ulcerative Colitis

Inflammation and ulceration of the mucosa of the large colon confined to the colon and rectum. Ulcerative colitis often starts in the rectum and can spread proximal in the colon.
The 2016 Practice Standards of Stoma care from the Irish Stoma Care and Colorectal Nurses Association provide a valuable framework through which patient care can be planned, implemented, evaluated and audited from a professional and person centred perspective.

This is the second edition of 2016 Practice Standards of Stoma care and is based on best available evidence which includes, audit and quality improvements.

In the process of developing these standards of care the working group has drawn on previous knowledge, expertise, patients experience and relevant literature.

The evidence which has influenced the 2016 standards is guided by national and international practice (WCET, 2014) and is cognisant of Virginia Henderson definition of the role of the nurse, “The unique function of the nurse is to assist the individual sick and well in the performance of the activities contributing to health or its recovery (or a peaceful death) that they would perform unaided if they had the necessary strength, will and knowledge”. (Henderson, 1966).

In the early eighties a group of surgical nurses in Ireland identified the need for a nursing speciality in stoma care and since then the role of the stoma care nurse has evolved and developed. The collective aim of the CNS/specialist nurse is to ensure patients receive support and care in a structured and evidence based manner.

The complex nature of the surgery for the patient that involves formation of a stoma and the associated patient needs require the CNS/specialist nurse to support the patient in response to their care needs. This includes physical, emotional and social support.

Clinical Nurse specialist (CNS)/specialist nurses with specialist qualifications can use this framework of eight quality standards to support care delivery. The framework includes the patient’s pathway to the stoma/colorectal service and includes lifetime access to the service from neonatal to older age.

The objectives of the 2016 standards focus on the process and outcomes of care alongside patient experience thus providing a holistic approach.

The eight stoma care standards are structured using Donabedian’s (1988) theoretical model for examining health services and evaluating quality within health care. This categorizes quality indicators into three main types including structure, process and outcomes.

(Figure 1) Donabedian’s (1988) model

These Standards provide a framework for practice and excellence against which nursing care and practice can be audited to improve holistic patient care outcomes. This in turn supports the provision of safe, quality driven stoma care in Ireland. Audit tools used to measure the standards provide the CNS/specialist nurse with a framework to audit and review the service. This model combined with the vision and core values of ISCCNA provides the foundation for the standards.
The vision and core values of the Irish Stoma Care and Colorectal Nurses Association (ISCCNA) have been agreed and adopted and support the eight standards. The core values reflect the World Council of Entero stomal Therapists’ (WCET) mission, vision and values (WCET, 2014).

The core values and the vision of the ISCCNA ensures individuals who require care from the CNS/nurse specialist receive the appropriate standard of person-centred clinical and emotional care. Continuing professional development is integral to the role of the nurse as is the utilisation of evidence based practice which must be within the professional frameworks (NMBI).

(Figure 2) The Vision of the ISCCNA

Professional nursing and midwifery practice in Ireland is regulated by the Nursing and Midwifery Board of Ireland (NMBI) who are the independent statutory organisation which regulates the nursing and midwifery profession. The overall function of NMBI is to protect the health and safety of patients and other members of the public through supporting registered nurses and midwives to provide care to the highest standard.

One of the core functions of NMBI is responsibility in relation to standards and guidance that registered nurses and midwives can use in their practice. The Scope of Nursing and Midwifery Practice Framework (NMBI) and the Code of Professional Conduct and Ethics (NMBI, 2015) for registered nurses and midwives provide the professional foundations for the Practice Standards of Stoma Care 2016 ISCCNA.
Standard Statement:
The patient will be referred to the specialist stoma care nurse in a timely manner to enable adequate time for pre-operative education including emotional, physical and psychological support.

Structure:
• There is evidence of patient referral to the stoma care nursing service in a timely and appropriate manner.

Process:
The CNS/specialist nurse:
• Advises and supports early patient referral to the stoma care service prior to treatment.
• Ensures that there is a referral pathway for new patients with conditions that may require elective surgery with potential stoma formation or who have had emergency surgery with a stoma formation.
• Accesses the patient referral information and identifies any concerns that may indicate further specialist involvement.
• Has an in depth knowledge of all of the surgical procedures, involved in colorectal surgery including the different types of ileostomy and colostomy.
• Has an understanding of the bladder surgery that requires a urostomy stoma and apply the knowledge appropriately.
• Has an understating that some patients undergoing gynecological surgery may also require colorectal surgery and have a stoma.
• Discusses ileal anal (J Pouch) pouch surgery with the patient if appropriate.
• Reviews the patient and provides evidence based education and support.
• Contacts the patient within an appropriate time frame to agree suitable date for pre-operative education and stoma site marking.
• Provides contact details of the specialist stoma/colorectal care nursing service.

Outcome:
• The CNS/specialist nurse has received appropriate, timely and accurate referral information to the stoma care nursing service.
• The CNS/specialist nurse will provide evidence of reviewing the patient pre-operatively using evidence based tools and a person centred approach.
• The CNS/specialist nurse objective is achieved pre operatively therefore, the patient can verbalise their understanding of the proposed surgery.
• Questions regarding any aspects of patients plan of care is encouraged
• The CNS/specialist nurse will ensure patient referral pathways will facilitate the requirements of the service and meet the patient’s stoma care needs.
Standard Statement:

Patients will be referred to the stoma/colorectal nursing service for potential/actual stoma formation. Patients will be provided with the relevant and appropriate information, education and optimum siting of the stoma.

Structure:

- There is evidence of patient inclusion in the decision making process in relation to safe pre-operative care for potential/actual stoma formation. This includes information/education, evidence based patient assessment and optimum marking of the planned stoma site.

Process:

The CNS/specialist nurse:

- Utilises the patient’s health care records to support a holistic and safe stoma care plan. This will include information relevant to diagnosis, the proposed surgery, past medical, social and psychological history.
- Assesses the patient to determine their emotional, physical and social needs. Implements the appropriate plan of care that is in accordance with local policy.
- Facilitates the patient/carer to become involved in all aspects of their care and to be able to make an informed choice with all decisions in relation to their care.
- Recognises the individuality of the person considering their ethnic, cultural and religious values.
- Ensures patient privacy and confidentiality within a safe, person-centred care environment.
- Assesses the patient’s level of understanding regarding diagnosis and planned surgery and acts accordingly.
- Obtains patient consent prior to physical assessment and stoma siting.
- Discusses with the patient the option and the benefits of meeting others with an established stoma and facilitates this meeting.
- Assesses factors influencing the position and choice of the stoma site through physical assessment, examination, observation and discussion with the patient and use of stoma siting guidance tool (Appendix 1).
- Discusses lifestyle factors that may influence the position of the stoma.
- Assesses if there are any physical disabilities that may influence the position of the stoma.
- Marks the optimum stoma site(s) in consultation with the patient and records details of the stoma site marked in the relevant medical/nursing notes.
- Acknowledges there may be limitations with the assessment and the stoma siting for patients undergoing emergency surgery.
- Discusses the plan of care with the patient and communicates with the MDT.

*If a CNS/specialist nurse is requested to site a stoma for another hospital, it must be at the discretion and clinical competence of the CNS/specialist nurse to carry out this procedure. Clinical accountability and governance is with the surgeon and CNS/specialist nurse where the surgery is performed. The stoma site must be checked and verified for safe patient care.

Outcome:

- The CNS/specialist nurse discusses with the surgeon any concerns regarding the stoma siting.
- The CNS/specialist has adhered to correct evidence based procedures to support the patient’s optimum stoma siting.
- The CNS/specialist nurse objective is achieved when the patient is well informed pre-operatively and can verbalise their understanding and ask questions about all aspects of their plan of care.
Standard Statement:
The patient will receive a specialist nurse stoma care assessment and a plan of care post operatively in relation to safe stoma care management.

Structure:
- There is evidence that the patient is informed, educated and supported in the management of their stoma from a physical and emotional perspective.

Process:
The CNS/specialist nurse:
- Observes the patient’s physical and emotional status and acts accordingly when planning care in the post-operative phase and in preparation for discharge.
- Observes, assesses and documents the condition of the patient’s stoma. This includes peristomal skin, stoma colour, stoma flatus and output, peristomal sutures presence of rod in a loop stoma or stents in a urostomy stoma.
- Acts accordingly and in collaboration with the MDT if deviation from normal, in the patient status and records in the patient’s health care records.
- Liaises with the MDT to ensure the continuity of the care plan.
- Instructs the patient in the management of their stoma in relation to practical skills of stoma management and reinforces this teaching by the use of additional written and verbal information.
- Provides assistance to patients in selecting an appropriate appliance.
- Provides information to help the patient cope with the physical management of the stoma. This will include dietary adjustments, bowel activity, rectal discharge, skin care and safe disposal of appliances.
- Ensures the patient is aware of stoma complications and their prevention. This may include signs of: necrosis, skin excoriation, high output, ileostomy blockage, paralytic ileus, retraction, parastomal hernia, mucocutaneous separation and stenosis.
- Has knowledge of the complexity and management of short bowel syndrome and intestinal failure.
- Discusses reversal of stoma if appropriate and supports this discussion with written information.
- Discusses the importance of pelvic floor exercises.
- Assess and re-assess the patient’s post-operative stoma education plan and liaises with the MDT.
- Commences the referral process between the hospital and community MDT to ensure the patient will be supported on discharge. This is in accordance with local policy.
- Provides the patient with support to adjust to their ‘new normal’ life style, with an awareness of the adaptations required in relation to body image, emotional and psychological aspects of their lives.
- Acts as a support and provides education to the patients and their carer(s) for those stoma patients with terminal illness and life limiting conditions. Liaises with the MDT/palliative care team.

Outcome:
- The patient has achieved an acceptable level of competence in the management and care of the stoma.
- The patient has received a specialist nurse stoma care assessment and a plan of care post operatively is in place in relation to safe stoma care management.
- The patient is supported in the post operative stage to deal with the emotional aspects of having a stoma.
- The CNS/specialist nurse prior to the patient’s discharge supports the patient in acquiring appropriate skills and knowledge in relation to the care of the stoma including short and long term management.
Standard Statement:

Patients with a stoma are provided with the appropriate information and support to facilitate safe discharge from hospital.

Structure:

- There is evidence that the CNS/specialist nurse co-ordinates a discharge plan according to the patient’s individual stoma care needs.

Process:

The CNS/specialist nurse:

- Assesses the patient’s suitability for discharge and creates an individual discharge plan.
- Assesses the patient’s ability to be safe, independent, confident and competent in the management of all aspects of stoma care.
- Provides education for the patient/carer in stoma care, related problem management and prevention of complications.
- Re-assesses and discusses lifestyle issues and adaptations, considering emotional, physiological and sociological aspects of adapting to a stoma.
- Discusses appropriate dietary and fluid advice and the prevention and treatment of dehydration.
- Provides information on how to prevent an ileostomy blockage and how to manage an ileostomy blockage should it occur.
- Provides written and verbal information on use of relevant medication if appropriate.
- Discusses how to measure and resize the stoma as required.
- Provides information on how to deal with peristomal skin problems.
- Gives guidance on the management of urostomy stents if they are in place on discharge from hospital.
- Provides ostomy supplies and discusses ordering further supplies and appropriate storage of appliance and accessories.
- Provides information on how to recognise and manage stoma complications.
- Discusses disposal of ostomy appliances as per local policy.
- Provides appropriate support on the effects of chemotherapy and radiotherapy on stoma function for those patients who have had surgery for malignant conditions.
- Explains the importance of abdominal exercises and abdominal support for hernia prevention and provide the relevant information.
- Identifies and refers to local CNS/specialist nurse as per local policy and ensures all the relevant information is included.
- Ensures the patient has the relevant supports and referrals to MDT and others in the community and provides contact details for the stoma care department and community stoma care nurse as per local policy.
- Arranges telephone contact with the patient within two to five days of discharge.
- Arranges a review for patient within one to two weeks of discharge and in accordance with local policy.

Outcome:

- The patient has a supportive and safe transition between hospital and home taking into consideration all their care needs.
- The patient is supported after discharge from hospital.
- Patient follow-up is individualised and contact details for the CNS/specialist nurse and links with MDT and others in the community are provided.
Standard Statement:

Patients with a stoma will receive appropriate stoma care support post discharge including short and long-term follow-up.

Structure:

- There is evidence that the patient with a stoma has access to the CNS/Specialist nurse in relation to short and long-term follow-up. This includes appropriate stoma care nurse contact including assessment, reviews, advice and support as per local policy.

Process:

The CNS/specialist nurse:

- Provides information and support to the patients and MDT regarding community stoma care follow-up within the appropriate timeframe. This is in line with local policy.
- Continues patient education in prevention and management of stoma related problems.
- Re-assesses stoma colour, skin condition, stoma size, and bowel function within an appropriate time frame after discharge and acts accordingly in relation to patient management.
- Re-assesses ability to provide stoma care in a competent, confident and safe manner with further education if required.
- Reviews suitability of patient’s ostomy appliance and offers alternative choice if patient is having problems.
- Provides information regarding colostomy irrigation and teaches the technique if appropriate.
- If appropriate, provides further explanation in relation to the effects of chemotherapy on stoma function, providing advice, support and link with MDT as relevant.
- Re-assesses if the patient has difficulty in adapting to life with a stoma, and provides additional support and intervention if necessary on lifestyle issues, diet, exercise, return to work and daily activity levels.
- Has an awareness of how adjusting to life with a stoma can affect body image, emotional and physical well being. Provides additional support and intervention if required.
- Assesses and observes the patient’s general coping mechanisms. Observes if there are signs of emotional issues. The CNS maintains awareness of her limitations and consider onward referral by assisting the patient in accessing other psychological supports.
- Ensures that the patient is aware of local and national support groups.
- Ensures the patient stoma care follow-up is in line with local policy and as per patient needs.
- Provides ongoing information on parastomal hernia, abdominal support exercises and hernia management. Provide information on obtaining a hernia support garment.
- Manage and treat appropriately peristomal skin granulomas.
- Discusses reversal of the stoma if appropriate, supported with written information.
- Support and advice as appropriate on rectal irrigation.
- Provides a mechanism of referral to the specialist stoma care/colorectal nursing service and ostomy associations as appropriate for people with an existing stoma.

Outcome:

- The CNS/specialist nurse is a key person of contact for the person living with a stoma and promotes dignity and quality of life for the stoma care patient.
- The CNS/specialist nurse has supported the patient to identify and manage a stoma care problem.
- The CNS/specialist nurse has referred the patient as appropriate to relevant members of the MDT both in primary and secondary care.
Standard Statement:
The CNS/specialist nurse assesses the level of childhood development in conjunction with the paediatric team and as per local policy.

Structure:
- Prior to undergoing surgery, early referral to the CNS/specialist nurse should be offered to enable adequate emotional support, physical preparation and education.
- Post surgery the child and carer are supported and educated in relation to the stoma management.
- The patient is supported on discharge and with a plan for follow up appointments.

Process:
The CNS/specialist nurse:
- Assesses the child’s/carers ability, to understand the information given regarding possible surgery and subsequent management.
- Formulates a plan for giving information to the child/carers appropriate to their individual needs.
- Provides age appropriate information about diagnosis, treatment continuing care and facilitate an opportunity to meet an age appropriate ostomist with consent.
- Gives the child/carers opportunities to ask questions.
- Evaluates the child/carers’ understanding of the information.
- Continuously records information and documents childs progress in the relevant health records.
- With the consent of parent/carer provides information on the relevant supports and referrals to MDT and others in the community. Provides contact details for the stoma care department and community stoma care nurse as per local policy.

Outcome:
- The child/carers have access to and support from the CNS/specialist nurse.
- The child/carers are informed of all planned treatment.
- The child/carers are supported emotionally and physically after surgery and informed of all planned treatment.
- The child/carers have access to a CNS/specialist nurse after discharge and for long term follow up care.
Standard Statement:

Patients accessing the specialist stoma service will be empowered and supported to improve their health with dignity and quality of life.

Structure:

• There is evidence that individual patients have access to a stoma care service which is person centred and has evidence based health promoting principles at its centre.

Process:

The CNS/specialist Nurse:

• Ensures the application of the ethical principles that underpin all health promotion activity, as identified in the Health Ireland Strategy of equity, responsibility, fairness, sustainability and proportionality.
• Ensures specialist nursing advice is available to other members of the MDT and carers regarding the care of the ostomosis.
• Promotes positive health through advice and support. This includes advocating where appropriate with advice on healthy living by regular exercise, cessation of smoking, healthy diet, prevention of obesity, the avoidance of stress and promoting positive physical, social, emotional and psychological wellbeing. Provides relevant verbal and written health promotion information as appropriate.
• Educates the patient about parastomal hernia prevention to reduce the risks and offers additional information on abdominal exercises and abdominal supports.
• Promotes positive health and improves dignity and quality of life throughout a person’s life, for patients with a stoma.
• Provides on-going support and advice according to their needs.
• Patients should be supported after reversal of their stoma and if necessary referred appropriately to other members of the MDT team.
• Liaises with the Irish Cancer Society in promoting bowel cancer awareness.
• Is aware and has an in depth knowledge of other conditions, such as, diverticulitis, ulcerative colitis, crohns, fistula, familial polyposis, bladder surgery and gynecological surgery that may require a stoma.
• Continues health promotion involving the MDT and the wider patient support network such as family/carers.

Outcome:

• The CNS/specialist receives and accesses current evidence based relevant health promotion education in line with the Public Health Agenda and with the principles of the Healthy Ireland strategy.
• There is evidence that the person with a stoma has improved quality of life and a positive attitude towards a healthy lifestyle from the CNS/specialist nurses role in health promoting activities.
Standard Statement:
Continual Professional Development (CPD) is a key component of the CNS/specialist role.

Structure:
- There is evidence that the CNS/specialist nurse takes responsibility for their CPD.

Process:
The CNS/specialist nurse:
- Actively engages in CPD appropriate to the needs of the CNS/specialist role.
- Liaises with line management in relation to continuous professional development needs.
- Facilitates and networks with nursing MDT and other appropriate colleagues to enhance professional development.
- Practices in accordance with relevant rules and legislation, such as, the Scope of Nursing & Midwifery Practice Framework (NMBI 2015) and Code of Professional Conduct and Ethics (Nursing Midwifery Board of Ireland 2014).
- Contributes to the wider body of nursing knowledge in relation to the specialist area of practice through sharing work, for example, through conferences and publications.
- Participates in clinical audit and proactively incorporates current audit findings into practice through quality improvement initiatives.
- Is involved in research and has an in-depth knowledge of the relevant recent research/audit incorporating the knowledge into best evidence based practice.
- Liaises and shares work with colleagues in the ISCCNA and other international bodies for example, WCET, ASCN.
- Liaises and shares information/education with colleagues in the clinical area through education.

Outcome:
- The CNS/specialist nurse maintains their CPD.
- The CNS/specialist nurse is competent to carry out the role.
- The CNS/specialist nurse promotes and utilizes evidence based practice.
Bibliography and References


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Royal College of Nursing (2009) Clinical Nurse Specialists StomaCare, RCN London
Practice Standards of Stoma Care
Irish Stoma Care and Colorectal Nurses Association (ISCCNA) 2016

RCN accrediated, 3rd Edition.


Health Promotion Surveillance centre Dublin.


## Appendix 1
### Stoma Siting Guidance Tool

<table>
<thead>
<tr>
<th>Stoma siting</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient understanding of surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further information given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sited right side</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sited left side</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sites marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt line above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt Line below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbilicus Above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbilicus Below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within rectus muscle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent weight changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen distended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin creases and scars avoided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin creases and scars marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision: Wears Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading Glasses only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient can see the stoma site standing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient can see the stoma site in a sitting position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoma site is obstructed on bending</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photographs taken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed with colleague</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient is satisfied with stoma site</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

__________________________________________________________

Further comment

__________________________________________________________

__________________________________________________________
### Appendix 2

**Pre-operative audit tool**

**Patient Satisfaction Questionnaire**

<table>
<thead>
<tr>
<th>Before your planned surgery</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I met and was introduced to CNS/specialist nurse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was treated with dignity and respect in private surroundings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My stoma was created as an emergency procedure.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I was given adequate verbal and written information in order to make a decision about my planned surgery in language I understood.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I understood the nature of my surgery and any associated complications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family/partner/carer was included in any decision - making to a level acceptable to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was involved in the marking of my stoma site and I agreed with its position.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understood the stoma site marks indicated the best place for my stoma.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was offered a meeting with another stoma patient and given information about support groups available to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt I could discuss any concerns or worries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3

**Post-operative audit tool**

**Patient Satisfaction Questionnaire**

<table>
<thead>
<tr>
<th>Immediately following stoma surgery and prior to discharge home</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The stoma nurse visited me the day after my stoma surgery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was given instruction on how to look after and change my stoma appliance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The ward staff encouraged and supported me to become independent with my stoma care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was aware of potential stoma problems prior to going home, e.g. leakages, sore skin, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was aware of preventing and treating dehydration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family/partner/carer was included in all aspects of my stoma care to a level agreeable to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was provided with the contact number of the CNS/specialist nurse prior to discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was aware of how to order my supplies from my pharmacy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was assisted in choosing the right stoma product for me prior to discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt I could discuss any concerns or worries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was given the opportunity with the CNS/specialist nurse to discuss lifestyle issues such as diet, exercise, travel, relationships and other relevant aspects in adapting to life with a stoma.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 4
### Long term follow up care audit tool
#### Patient Satisfaction Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can identify how to contact the CNS/specialist nurse after discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt confident to manage the stoma after discharge and received the appropriate support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can identify stoma related problems and when to contact the CNS/specialist nurse or GP.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt supported emotionally after discharge and was provided with information on support groups and meeting another patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was offered follow up appointments and appliance review with in an appropriate time frame and in line with local policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had ongoing support regarding lifestyle from the CNS/specialist nurse issues when adapting to life with a stoma.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referral letter for patient with a stoma (as per local policy)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Address:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Phone No:</td>
<td>GP:</td>
</tr>
<tr>
<td>Hospital No</td>
<td>Address on discharge:</td>
</tr>
<tr>
<td>Discharge Date:</td>
<td></td>
</tr>
</tbody>
</table>

Medical history:

Allergies: ____________________________ Infection Alert: Yes [ ] No [ ]

Date of Surgery: ____________________________ Surgical Procedure: ____________________________

Histology: ____________________________ Post Op Recovery: Uncomplicated [ ] Complicated [ ]

Stoma Type:
- End/loop ileostomy [ ]
- End/loop colostomy [ ]
- Urostomy [ ]
- Jejunostomy [ ]
- Fistula [ ]
- Other [ ]

Stoma Information:
- Size: _______ mm
- Shape: ____________________________ Healthy Stoma: Yes [ ] No [ ]

Stoma Output: Normal: Yes [ ] No [ ]
- Mucus Fistula: Yes [ ] No [ ]
- Mucosal Separation: Yes [ ] No [ ]
- Stoma Spout: Yes [ ] No [ ]
- Flush: Yes [ ] No [ ]
- Retraction: Yes [ ] No [ ]
- Necrosis: Yes [ ] No [ ]
- Parastomal hernia: Yes [ ] No [ ]

Peristomal skin: ____________________________

Pouch Selection: Closed [ ] Drainable [ ] 1 Piece [ ] 2 Piece [ ] Urostomy [ ]

Competence in Stoma Care: Independent [ ] Needs Assistance [ ]

Emotional Status: ____________________________ Social circumstances:

Prescription: Yes [ ] No [ ] Pharmacy: ____________________________ Phone No: ____________________________

Wounds: ____________________________

Other Relevant Information:

Referrals: PHN, GP, Nursing Home, community/company, stoma nurse, specialist, CNS, other hospital

Follow up Plan: ____________________________ OPD Date: ____________________________

Signature: ____________________________ Date: ____________________________
Stoma Care Pathway of Care
as per hospital/local policy

Referral

Established stoma patients referral
via GP PHN
CNS/specialist nurse
Other health care professionals

Pre-operatively
- Assessment
- Support on diagnosis
- Information & stoma siting
- Support: patients and relatives
- MDT referral
- Enhanced recovery programme

Post-operatively
- Education
- Monitor stoma and manage complications
- Dietary/Fluid Advice
- Lifestyle and activity guidance
- MDT Referral
- Discharge planning

Post-discharge appointments
- Clinics
- Home visits
- Telephone support

Long term follow up

MDT referral includes
- Community stoma care, nurse, General Practitioner, pharmacist, public health nurse, social worker, consultant physician, home care support, and other agencies

Advice and support
- Telephone service
- Clinic review
- Support meetings
- Appliance review
- Support patient pre and post reversal surgery
- Irrigation (Rectal & Stoma)
- Pouch surgery
- Parastomal hernia prevention

Education/Research
- Health promotion
- Continuing professional development
- Education

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Disclaimer

This publication contains information, advice and guidance to help members of the ISCCNA and other health professionals, in their management of the patient with a stoma. It is intended for use within Ireland but readers are advised that practices may vary within Hospital Group/Community settings.

The information has been compiled from professional resources and every effort has been made to provide accurate and expert information, however it is impossible to predict all of the circumstances in which it may be used. The ISCCNA will not be liable to any person or entity if there is loss or damage to any person caused directly or indirectly by the information contained within this document.

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