POUCHING PROCEDURES

ONE PIECE (ACTIVE LIFE)

EQUIPMENT:

Active-Life Pouch
Stomahesive Paste
Microspore Tape (1 inch)

POUCHING PROCEDURE: (Assemble all equipment BEFORE removing pouch.)

1. Cut opening in pouch by pattern.
2. Remove old appliance.
3. Cleanse skin with soap (Dial or Ivory) and water.
4. Rinse skin with clear water.
5. Dry skin well with dry cloth.
6. After skin is dry, apply layer Stomahesive paste around area.
7. Place pouch over stoma making sure it is centered around the stoma.
8. Press pouch down firmly beginning at the bottom.
9. Border all sides of pouch with tape. (Optional)
POUCHING: TWO PIECE OSTOMY SYSTEM

EQUIPMENT:
- Flange
- Pouch
- Stoma Powder
- Deodorant
- Closure Clip
- Microspore tape, 2” width (optional)

POUCHING PROCEDURE:

1. Cut an opening in the center of the flange 1/16” to 1/8” larger than the stoma.
2. Remove and discard the backing paper.
3. If necessary, cut four pieces of tape 3 ½” to 4” long and set aside.
4. Remove the soiled pouch and discard. Save closure clip.
5. Wash abdomen with soap and water.
6. Rinse off the soap and pat dry.
7. Apply paste evenly around the stoma or apply paste evenly around the stoma opening on the back side of the wafer and wait one minute for the paste to “dry to touch”.
8. Center flange around the stoma and press the wafer tightly to the abdomen.
9. Snap on the pouch, make sure it fits tightly.
10. Squeeze a moderate amount of stoma powder through the open end of the pouch to fill the spaces between the stoma and wafer. (optional)
11. Place small amount of deodorant in bottom of pouch. (optional)
12. Press excess air out of the pouch, fold up bottom of pouch once and apply closure clip.
13. Place 4 strips of tape around flange in picture-frame fashion, if necessary.
Pouching Tips:

1. Changing the Pouch
   a). At first, the pouch should need only be changed every 3-4 days; the pouch can remain in place for 5-7 days.
   
   b) Always change the pouch before it leaks.

2. Empty the pouch by removing the closure clip.

3. Rinse the pouch.
   a) To rinse the pouch, pour water into the pouch, swish the water around, and then drain.
   
   b) A meat baster or asepto syringe can be used to insert the water.

   Rational: Rinsing the pouch helps remove built-up stool and decrease odor.

4. After emptying, add more deodorant and replace closure clip.
TWO-PIECE UROSTOMY

EQUIPMENT:
- Flange
- Pouch
- Closure Clip
- Paper Tape, 2” width (optional)

POUCHING PROCEDURE: (Assemble all equipment BEF ORE removing pouch.)

1. Cut an opening in the center of the flange 1/16” to 1/8” larger than the stoma.
   (Do not cut past the line indicated on flange.)

2. Remove and discard the backing paper.

3. If necessary, cut four pieces of tape 31/2” to 4” long and set aside.

4. Remove the soiled pouch and discard.

5. Wash abdomen with soap and water.

6. Rinse off the soap and pat skin dry.

7. When area is completely dry use wick made from gauze to catch flow of urine while
   applying pouch. Apply prepared flange making sure to center opening around stoma.

8. Snap on the pouch; make sure it fits tightly.

9. Place 4 strips of tape around flange in a picture-frame fashion, if necessary.

10. The drain valve at the bottom of the pouch should be in the closed position.
    (See illustration instructions from the company.) The pouch should only need to be
    changed every 3-4 days at first (can go as long as 5-7 days) but always change the pouch
    before it leaks.

11. Empty pouch when 1/3 to ½ full.

12. Pouch may be connected to drainage bag at bedtime or as needed.
POUCHING GASTROSTOMY TUBE

EQUIPMENT:

- Active Life Pouch
- Stomahesive Paste
- Microspore Tape (optional)

POUCHING PROCEDURE: (Assemble all equipment BEFORE removing pouch.)

1. Pack opening (wound) with saline soaked Nu-Gauze (1 inch). (if needed)
2. Apply small piece of dry Nu-Gauze to opening of tube. (optional)
3. Cut wafer or pouch to size of tube.
4. Remove the release paper from the pouch and apply a thin layer of stomahesive paste to the inner edge of the wafer.
5. Apply the pouch threading the tube through the opening. (Make sure the skin around the tube has been cleaned, rinsed, and dried.)
6. Border all sides of the pouch with microspore tape. (optional)
7. Close the end of the pouch with a clip or rubber band.
CONVATEC ACTIVE LIFE LITTLE ONES
PEDIATRIC POUCH

EQUIPMENT:

Little Ones Pouch
Stomahesive Paste
Microspore Tape (optional)

PROCEDURE: (Assemble all supplies BEFORE removing pouch)

1. Cut pouch by pattern or to stoma size.
2. Remove the soiled pouch and discard.
3. Cleanse stoma and around stoma with soap and water.
4. Rinse off the soap and pat dry.
5. Apply a layer of stomahesive paste around inner edges of the pouch.
   (May also apply directly to patient’s skin around stoma.
6. Place pouch over stoma making sure it is centered around the stoma.
7. Press pouch down firmly beginning at the bottom.
8. Border all sides of pouch with tape. (optional)
COLOSTOMY IRRIGATION

PURPOSE:
To provide a method of control and establish an evacuation schedule.

CRITERIA:
1. Mental status
2. Physical status
3. Home facilities
4. History of normal bowel habits
5. Good prognosis
6. Permanent colostomy
7. Patient consent

POLICY:
1. Patients are taught to irrigate everyday initially.
2. After regular pattern has been established, the patient may expand to every 2-3 day intervals.
3. Irrigation instructions shall begin by the 7th post-operative day.

PROCEDURE:
1. Prepare all supplies before starting procedure.
2. Explain procedure and equipment.
3. Remove old appliance and place irrigation sleeve with belt.
4. Have patient sit (preferably on commode.)
5. Solution should be luke warm and held 12 to 18 inches above stoma.
   (Shoulder level to the patient.)
6. Irrigation tubing should be flushed with solution.
7. Cone tip or catheter should be lubricated with KY jelly.
8. Insert cone or catheter tip into stoma ½ to 1 inch.
9. Open clamp.
10. Allow all irrigation fluid to run in. Stop irrigation if severe cramping occurs. Irrigation may be continued when cramps have subsided.
COLOSTOMY IRRIGATION Continued

11. Remove cone/catheter from stoma.

12. Allow end of irrigation sleeve to drain into commode (bedpan) for 15 minutes.

13. Close irrigation sleeve with clamps provided in kit.

14. Allow sleeve to remain in place for 45 minutes, (patient may resume activity.)

15. Apply drainable pouch (patient’s current appliance.)

16. When control is achieved (may require 6 weeks patient may wear stoma cap.)
PREMIE/NEWBORN
POUCH CHANGES

EQUIPMENT:
1. Hollister Preemie/Newborn Ostomy Pouch System - Order #600465
2. Regular Tip Syringe (Optional to drain pouch).

PROCEDURE: (Assemble all supplies)

1. Cut Softflex skin barrier by pattern.
2. Attach pouch to skin barrier.
3. Remove old pouch, roll pouch barrier gently away from skin.
4. Cleanse around stoma with warm water, dry well.
5. Remove paper from skin barrier.
6. Dry skin around stoma and apply pouch, rub gently around pouch.
Abdominal Fistula
WOC Nursing Appliance Change Procedure

*Procedure requires an additional person will use younker suction to keep peri-wound skin free from drainage throughout procedure.

**EQUIPMENT:**
1. Medium Wound Manager Order No. 601069 ConvaTec
2. Stomahesive Skin Barrier Order No. 601034 ConvaTec
3. Stomahesive Paste Order No. 601027 ConvaTec
4. Stomahesive Powder Order No. 601053
   (If candida develops, the nurse will need a physician’s order to obtain mycostatin powder.
5. Suction container and liner
6. Rubber bands
7. Hypoallergenic paper tape
8. Plastic wet pruf tape

**PROCEDURE:**

1. Cleanse skin with mild soap without deodorants or perfume.
2. Rinse skin and pat dry.
3. If stool drains on per-wound skin while cleansing, the area must be washed, rinsed, and dried again.
4. Cut Stomahesive Skin Barrier and wound manager by patterns before removing old pouch. Use scissors to remove drainage spout of wound manager. Cut two rubber bands in half, insert corrugated tubing into drainage with rubber bands wrapped several times then tied. Cover the edges with plastic wet pruf tape.
5. Sprinkle Stomahesive Powder (small amount over reddened area(s), rub gently, take dry cloth and brush excess off.
6. Apply even layer of Stomahesive Paste around the wound (fill in skin folds with paste).
7. Wait one minute and pat gently.
8. Peel paper off Stomahesive Barrier, place around wound edges and apply sticky side to skin.
9. Rub barrier gently (rubbing will cause barrier to adhere).
Abdominal Fistula Continued
WOC Nursing Appliance Change Procedure

10. Apply even layer of Benzoin Compound to top of stomahesive barrier (let dry).

11. Remove paper backing from wound manager. Apply it over stomahesive barrier (rub gently to allow wound manager to stick.

12. Insert bottom end of corrugated tubing into lined suction container. Do not attach to wall suction and allow dependent drainage to occur.

13. Secure outer edges of manager with hypoallergenic paper tape, cover with plastic wet pruf tape.

14. Open window of manager. Use thick layer of stomahesive paste to secure inner edges of stomahesive barrier and manager.

(Allow stomahesive paste to dry before closing wound manager.

15. Tail closure clip can be used to close end of pouch; if used cut spout from end of pouch.