

Good Practice Guidance 8: Stoma appliances in Care Homes

Key Points

- Advice is available from the Stoma team if you have concerns about a resident with a stoma.
- If a home delivery company is to be used for stoma preparations, the resident (or the care home on their behalf) should order the prescription from the surgery and forward it to the company for delivery.
- Retrospective prescriptions must not be used i.e. do not obtain a stoma appliance from a company and then ask the GP for a prescription – prescriptions should always be ordered first.
- If a resident wishes to change a product they are encouraged to check with the stoma team that the new product is suitable / appropriate before ordering a prescription from the GP.
- Key points for colostomy/ileostomy and urostomy appliances are provided in this guidance along with guidance on ostomy undergarments and belts.

Within care homes there may be a small number of residents who have a stoma and require appliances on prescription from their GP.

Oxfordshire has recently produced some guidance for GPs regarding the prescribing of appliances. This particularly focuses on the use of delivery companies and makes it clear that if a home delivery company is to be used the resident (or the care home) should be ordering the prescription from the surgery and forwarding it to the company for delivery.

The following information may be useful if stoma appliances are used in a care home.

The guidance also contains contact numbers for the Stoma Team who are happy to discuss individual resident queries with care home staff, so please don't hesitate to contact them if there are any concerns about a resident's stoma in your care home.

General information about appliances

- When residents are discharged from hospital requiring stoma appliances they are recommended to order scripts themselves (or for the care home to do it on their residents behalf) from their GP.
- Alternatively delivery companies can be used; they will cut products to size. If a resident chooses to use a home delivery company it remains the resident's or care home's responsibility to order prescriptions from their GP, companies should not do this automatically, even if they organise regular supply.
- Do not encourage retrospective prescriptions i.e. do not obtain a stoma appliance from a company and then ask the GP for a prescription – prescriptions should always be ordered first.
- One of the Community Nurse Stoma Specialists will always contact the GP directly if a standing order from a delivery company is deemed necessary.
- If a resident wishes to change a product they are encouraged to check with the stoma team that the new product is suitable / appropriate before ordering a prescription from the GP.
- Prescribers may question some requests, particularly those which are not on a referral letter from the ORH Stoma unit.

Stoma products approximate monthly usage

The following table gives an idea of the usual monthly quantities which would be expected to be used for each type of appliance. The Drug Tariff, part IXC lists the various stoma products by appliance type.

Stoma	Appliance type	Approx monthly use
Colostomy	One piece closed	30-90 pouches
Colostomy	Two piece closed	10-15 flanges, 30-90 pouches
Ileostomy	One piece drainable	10-30 pouches
Ileostomy	Two piece drainable	10-15 flanges, 10-30 pouches
Urostomy	One piece	15-30 pouches
Urostomy	Two piece	15-30 pouches, 7- 10 flanges
Urostomy	Overnight bags	30 bags

Contacts for Advice:

- Colorectal Stoma Team - JR site 01865 221839
Churchill site 01865 235367

Colostomy / Ileostomy – key points

- There are two broad categories of appliance; closed and drainable. For a colostomy a closed appliance is most often worn, for ileostomy a drainable appliance is most often used.
- Appliances are available as one or two piece. One-piece appliances are pouches with an integral flange, removed in one piece. Two-piece appliances have a flange for the skin and a separate pouch which attaches to the flange.
- A one piece drainable bag may last 2-3 days, but some residents may wish to change this daily.
- Flanges are designed to be changed every 2-3 days.
- A closed (non-drainable) bag may be changed up to three times a day.
- Residents with a colostomy may need a drainable bag if they have lots of loose stools e.g. residents having chemotherapy or with Crohn's disease.
- Water is sufficient to clean a stoma. Other detergents, disinfectants and antiseptics can cause dryness and irritation, so are NOT recommended.
- Adhesive removers / wipes can be used at each change if necessary.
- Accessories e.g. protective wafers, rings and pastes should only be used for problem solving, if there are concerns about prolonged use this should be discussed with the stoma nurses.
- Some residents may use a protective wipe to prevent the occurrence of sore skin.
- 1 x Orahesive powder should last a few months. This should only be used on broken sore skin.
- Residents may like deodorants if they are changing bags away from home.
- If a resident has had a reversal they may still need skin protective film or cream.
- Residents may occasionally have a smaller bag for intimate occasions or when they want to disguise it better e.g. swimming.

Urostomy – key points

- Two types of device one piece and two pieces (pouch and flange).

- Ideally should not be changed every day to avoid skin soreness.
- One piece: can be left in place for 2 days.
- Two pieces: flange can be left in place for 3 to 4 days and pouch can be changed either every day or every other day.
- Overnight bags: one per night should be sufficient unless very high fluid intake.

Ostomy undergarments belts and covers

- There are a large number of ostomy undergarments and belts available some are clinically necessary and some are for cosmetic purposes and therefore not clinically essential but can be purchased by the resident i.e. M&S, sloggies and general 'tummy' control garments.
- If a request is made for a belt or undergarment the GP will check the source of the request, if recommended by the stoma nurses then supply would be appropriate. If not, then suitability for prescribing for the resident will be checked the Community Nurse Stoma Specialists by the GP.
- If belts or pants are clinically indicated an appropriate quantity would be two/year unless the size or requirement changes. Always order one first to check suitability and size.
- Stoma belts (i.e. belts that are hooked either side of a stoma bag) are used alongside stoma bags to reduce leakage problems in complicated stomas.
- Support garments may be needed if a resident has a parastomal hernia.
- Bag covers are a cosmetic accessory, but in some cases a recommended may need to use these for psychological support. These may be given on prescription if recommended by the stoma nurses.
- Advice on new products for a resident, or problems with their stoma should be sought from the Community Nurse Stoma Specialists.

Adapted from NHS Oxfordshire Stoma Prescribing Guidance version 2.

Further Information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#).
- Further information on [The handling of medicines in Social Care](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

Oxfordshire CHUMS Working Group & Medicines Management Team