

nurse can draw a pouch over the opening to demonstrate how the contents are collected. Using a doll to demonstrate the process is an excellent teaching strategy, and special books are available.

Children with ileostomies are fitted immediately after surgery with an appliance to protect the skin from the proteolytic enzymes in the liquid stool. Infants may not be fitted with a pouch in the immediate postoperative period. When stomal drainage is minimal, as is often the case in small or preterm infants, gauze dressing will suffice. Give your parents a choice of caring for the colostomy with or without an appliance. Pediatric appliances are available in a variety of sizes to ensure an adequate fit.*

Ostomy equipment consists of a one- or two-piece system with a hypoallergenic skin barrier to maintain peristomal skin integrity. The pouch should be large enough to contain a moderate amount of stool and flatus but not so large as to overwhelm the infant or child. A backing helps minimize the risk of skin breakdown from moisture trapped between the skin and pouch. Avoid small clips and rubber bands to prevent choking in young children.

Protection of the peristomal skin is a major aspect of stoma care. Well-fitting appliances are important to prevent leakage of contents. Before applying the appliance, prepare the skin with a skin sealant that is allowed to dry. Then apply stoma paste around the base of the stoma or to the back of the wafer. The sealant and paste work together to prevent peristomal skin breakdown.

In infants with a colostomy left unpouched, skin care is similar to that of any diapered child. However, protect the peristomal skin with a barrier substance (e.g., zinc oxide ointment [Sensi-Care] or a mixture of zinc oxide ointment and stoma powder [Stomahesive]). A diaper larger than the one usually worn may be needed to extend upward over the stoma and absorb drainage. If the skin becomes inflamed, denuded, or infected, the care is similar to the interventions used for diaper dermatitis. A zinc-based product helps protect healthy skin, heal excoriated skin, and minimize pain associated with skin breakdown. The skin protectant adheres to denuded, weeping skin. The nurse can apply zinc-based products over topical antifungal and antibacterial agents if infection is present. No-sting barrier film is a skin sealant that has no alcohol base and can be used on open skin without stinging.

With young children, preventing them from pulling off the pouch