

Hospital Discharge Checklist: Ostomy



Instructions:

Use this checklist early in your or your child's hospital stay to plan for discharge with an ostomy. Check the box and initial next to each item when you and/or the caregiver completes each task. Use the notes column to write down important information. Skip items that do not apply to you or your child's care.

Things to know before discharge	Notes	Self and/or Caregiver(s) (Date/Time)
<input checked="" type="checkbox"/> I read <i>Ostomy Home Care Instructions</i>		
<input checked="" type="checkbox"/> I know the type of ostomy is a _____ and the type of wafer/bag/pouch is _____.		
<input checked="" type="checkbox"/> I know how to clean the stoma area. Wash with warm water and soap and rinse & dry well.		
<input checked="" type="checkbox"/> I know how to check for skin problems around the stoma. <ul style="list-style-type: none"> ○ Is there a rash, sore or bleeding where the wafer (tape) or pouch goes? 		
<input checked="" type="checkbox"/> I know how to check the wafer/pouch seal for leaking. <ul style="list-style-type: none"> ○ Change the wafer/pouch just before, or as soon as it leaks, to prevent skin problems. ○ I know if the wafer opening is cut too small (too tight) or too big (too loose). ○ I know how to cut wafer to correct size. ○ The doctor ordered special skin barriers such as creams, ointments, or powders. ○ I know how to use the skin barriers. 		
<input type="checkbox"/> I know my or my child's bowel (poop/stool) habits: <ul style="list-style-type: none"> ○ My/my child's stool form and color is usually _____ (example: soft/brown) ○ My/my child's stool amount in a 24-hour period should range from _____ to _____ ml. 		

<p>c I know how to empty the bag when it is 1/3 to 1/2 full.</p> <ul style="list-style-type: none"> o I know to have a container ready to empty the contents of the bag. o I know how to clean the bottom of the bag with tissue or a towel to prevent odors. 		
<p>c I know how to change the ostomy wafer and pouch/bag.</p> <ul style="list-style-type: none"> o Change the wafer/pouch every 1 to 7 days or whenever you notice leaking under the wafer. o I know how often the nurse must change the wafer and bag while in the hospital. <p>c I know how to remove the wafer/pouch.</p> <ul style="list-style-type: none"> o Use warm water & a washcloth or adhesive remover to gently remove the old wafer. A warm tub bath may help remove it easier. <p>Instructions after removing the old wafer/pouch:</p> <p>c Check the stoma and skin.</p> <p>c Wash around the stoma with soap and water.</p> <p>c Rinse well.</p> <p>c Let the stoma dry completely.</p> <p>c Check the size of the pattern against the stoma to see if the size is still appropriate, or if you need to cut the wafer larger or smaller.</p> <ul style="list-style-type: none"> o Remember an ostomy may continue to change in size 6-8 weeks after surgery due to an expected decrease in swelling. <p>c Cut wafer to the correct size.</p> <p>c Measure (using a pattern) and cut the wafer to fit well around the stoma.</p> <p>c Make sure skin is completely dry first.</p> <p>c Place wafer on skin and press gently.</p> <p>c Place your warm hand over the wafer and pouch to help it stick to the skin better.</p>		
<p>c I know who to contact if I/my child has problems with the ostomy.</p> <ul style="list-style-type: none"> o I have contact info/clinic number, who to call after hours & weekends: <hr/> <hr/> <p>c I know when to call the medical team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constipation (no poop/stool or changes in poop) <input type="checkbox"/> Diarrhea that causes dehydration <ul style="list-style-type: none"> o I will see increased total of stool in the bag. o I know the other signs and symptoms. 		

<input type="checkbox"/> Skin Breakdown-rash or irritated skin <input type="checkbox"/> Blood in the poop or the stoma <input type="checkbox"/> I know what is a prolapse <ul style="list-style-type: none"> ○ I know the color of a healthy stoma. <input type="checkbox"/> I know how to identify ostomy color changes. <input type="checkbox"/> I know the signs and symptoms of a food blockage.		
c I know my or my child's diet and fluid needs. Diet type: _____ Fluid amount: _____		
c I know the resources available to help me/my child cope with my/their ostomy. <ul style="list-style-type: none"> ○ I will teach my child how to best take care of their stoma. 		