

## Ostomy, Wounds and Fistulas: Crusting Treatment for Moisture Associated Skin Damage

### Site Applicability

All VCH & PHC sites

### Practice Level

Basic Skills for the following professions within their scope of practice:

- RN, LPN, NP
- ET/WOCN (Enterostomal Therapist/Wound, Ostomy, Continence Nurse)

### Policy Statement

A Physician's order is not required.

### Need to Know

- Causes of peristomal skin denudation include trauma from frequent pouching system changes, ill-fitting or leaking pouching systems and pouching system cut too wide exposing skin to fecal or urinary drainage. Ostomy pouching system cut too large expose skin to fecal or urinary drainage. Appliances cut too small for the stoma force urine or stool under adhesive base.
- The skin surrounding the stoma (peristomal skin) may be exposed to excess moisture, irritants and trauma resulting in denuded skin (see [ostomy definitions](#) the superficial smooth loss of the epithelium).
- Crusting is the application of stoma powder and skin sealant on denuded peristomal skin. This will protect the exposed dermis and provide a surface that is free of moisture and facilitate the adherence of the ostomy appliance.
- The cause of the denudation needs to be addressed for the problem to be resolved.

### Indications:

- Denuded peristomal skin.
- Denuded peristoma skin
- Denuded periwound skin where dry skin is required for dressing adherence.
- Denuded skin related to incontinent associated dermatitis

### Contraindications:

- Not to be used on patients with intact or only reddened skin.
- Not to be used on patients with a known allergy to any of the products used to perform the procedure.
- Used with caution for patients with a contact dermatitis, cellulitis, fungal rash, pyoderma gangrenosum (see [ostomy definitions](#)) or separation of the peristomal skin from the stoma (Mucocutaneous separation), contact the WOCN/ET.

### Equipment & Supplies

- Ostomy powder
- Skin barrier film, wipe or spray (e.g. No-Sting Skin Prep or equivalent brand)

**Note:** Under certain circumstances the use of antifungal powder, antimicrobial powder or other type of powder may be indicated (Please refer to the WOCN/ET in these cases)

## Procedure

<p>1. <b>Ostomy:</b> Clean the peristomal skin with warm water and soft paper towel or non-sterile gauze</p> <p><b>Wound:</b> Cleanse the periwound skin with sterile NS as per the Wound Cleansing document. <b>VCH/PHC:</b> <a href="#">BD-00-12-40072</a></p>	<p>Removes paste and any stoma output that may be present on the skin around the stoma. An adhesive remover may help to remove left over paste.</p> <p>Wounds require aseptic technique</p>
<p>2. <b>Ostomy:</b> Gently dab the peristomal skin dry using a soft paper towel.</p> <p><b>Wound:</b> Dry periwound with sterile gauze</p>	<p>Do not scrub or use face cloths in this area as it may damage the skin further.</p>
<p>3. Sprinkle ostomy powder lightly onto the denuded skin and brush off excess with a dry paper towel or non-sterile gauze.</p>	<p>The powder will help absorb moisture from the denuded skin. Brushing off the excess powder helps prevent the powder from clumping that may prevent obtaining a proper seal when the pouch is applied, resulting in leaks.</p>
<p>4. Blot the ostomy powder with the skin barrier film and allow 30 to 60 seconds to dry.</p> <p>If a spray is available then spray skin barrier film over the ostomy powder.</p>	<p>Seals the powder under a thin film layer. Blotting helps prevent brushing the powder off.</p>
<p>5. <b>Repeat steps 3 and 4 for a second application.</b></p> <p>See: <a href="#">No-Sting Skin Prep</a></p>	<p>Repeat applications helps build up a dry crust. Too little will cause the crust to prematurely dissolve. Too thick, and the crusting will slough off.</p>
<p>6. <b>Ostomy:</b> Apply the pouching system as per adjusted careplan.</p> <p><b>Wound:</b> Apply wound care dressing as per careplan</p>	<p>An adjusted care plan should take into consideration the cause of the peristomal skin denudation and have addressed/corrected the cause whenever possible.</p> <p>A dry pouching surface will help prevent leakage and allow the denuded skin to heal.</p>
<p>7. Repeat the procedure with every pouching system change until the skin is healed.</p> <p>Ensure cause of denudation has been addressed.</p>	<p>Continuing to crust healed skin adds unnecessary steps in the pouch application process. Crusting is not used for prevention of excoriated skin.</p> <p>If the cause of the problem has not been rectified continued denudation of the skin will result.</p>
<p><b>Expected Outcome</b></p> <p>Denuded skin should show improvement on next pouching system/dressing change.</p>	

## Expected Patient/Client/Resident Outcomes

To become independent in identifying the need for and applying a crust layer to treat denuded skin

## Patient/Client/Resident Education

Provide patient care education books to patients. Order through [VCH](#) or [PHC](#)

- Living with a Colostomy (FK.235.G941)
- Living with an Ileostomy (FK.235.G9411)
- Living with a Urostomy (FP.123.G941)

## Documentation

Document in accordance with VCH/PHC documentation standards. Include information on:

Document:

- the time
- the appearance of the stoma
- the appearance of the peristomal skin
- the procedure performed
- the patient response

## Related Documents

- [Clinical Decision Grid of Peristomal Complications](#)
- [Ostomy Definitions](#)
- Product information sheet – [No-Sting Skin Prep](#)

## References

Colwell, Janice C. Goldberg, Margaret T. and Carmel, Jane E Fecal & Urinary Diversions, Management Principles. St. Louis: Mosby 2004

Emory University Wound, Ostomy & Continence nursing education program. Ostomy and Continent diversions module 2004

Richbourg, Leanne; Thorpe, Joshua M.; Rapp, Carla Gene Difficulties Experienced by the Ostomate After Hospital Discharge Journal of Wound, Ostomy & Continence Nursing: January/February 2007 - Volume 34 - Issue 1 - p 70–79

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**Endorsed by**

VCH: *(Regional SharePoint 2<sup>nd</sup> Reading)*

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