



Colostomy/Ileostomy stoma pouch change

Child's Name..... Child's Form

Person Trained..... Assessor

Assessor job title/contact details

Objectives:

The person trained is able to demonstrate understanding of the reasons for changing a stoma pouch
The person trained is able to show that they understand how to safely change the named child's stoma pouch

Action	Explanation Insert date	Demonstration Insert date	Observed and Competent Insert date and any comments
Confirm all equipment required is correct and accessible <ul style="list-style-type: none"> • Cleansing supplies • Skin preparation (if required) • New pouch/bag • Belt (if required) • Measuring guide (if needed) • Gloves • Protective powder and paste (if needed) • Scissors (if required) 			
Confirm that location is available and suitable for the pouch change			
Position the child encouraging them to be involved in procedure as much as possible			
Wash hands correctly for 15-30 seconds			
Put on gloves			
If drainable pouch/bag empty contents			
Remove pouch/bag. Remove skin barrier (if new one required)			
Wash the stoma and skin area, using agreed cleaning materials as per individual care plan			
Dry stoma and skin			

Apply protective paste/powder (if required)			
Place skin barrier around stoma (if required)			
Apply pouch correctly			
Dispose of used pouch in appropriate way			
Remove gloves and washes hands			
Assist child with adjusting clothes (if required)			
Record procedure and any observations			
Identify what would constitute a general cause for concern and how to respond e.g. child unwell			
Identify what would be a cause for concern for this child and how to respond (as per individual care plan)			
Report any changes or concerns (as per individual care plan)			

Checklist content approved by specialist nurse/consultant (name)

Signature

Contact details

Date.....

Checklist content seen and agreed by parent/carer (Name)

Signature

Date.....