## Guidance on stoma Bladder \& pouch change

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

| Action | Explanation <br> Insert date | Demonstration <br> Insert date | Observed and Competent <br> Insert date and any comments |
| :---: | :---: | :---: | :---: |
| Confirm all equipment required is correct and accessible <br> - Cleansing supplies <br> - Skin preparation (if required) <br> - New pouch/bag <br> - Belt (if required) <br> - Measuring guide (if needed) <br> - Gloves <br> - Protective powder and paste (if needed) <br> - 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 1530 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 <br> (if required) |  |  |  |
| :--- | :--- | :--- | :--- |
| Place skin barrier around stoma <br> (if required) |  |  |  |
| Apply pouch correctly |  |  |  |
| Dispose of used pouch in <br> appropriate way |  |  |  |
| Remove gloves and washes <br> hands |  |  |  |
| Assist child with adjusting <br> clothes (if required) |  |  |  |
| Record procedure and any <br> observations |  |  |  |
| Identify what would constitute a <br> general cause for concern and <br> how to respond e.g. child unwell |  |  |  |
| Identify what would be a cause <br> for concern for this child and <br> how to respond (as per <br> individual care plan) |  |  |  |
| Report any changes or concerns <br> (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:

