

# TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM - OSTOMY APPLIANCE CHANGE

Name  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:

OSTOMY APPLIANCE CHANGE	Training Record RN Initial & Date
<b>A. States name and purpose of procedure</b>	
<b>B. Preparation:</b>	
1. Identifies student's ability to participate in procedure	
2. Reviews universal precautions	
3. Checks health care plan instructions/authorizations	
4. Assessment and change should be completed per provider instructions (routine care should be done at home): _____ Routine Interval _____ PRN for leaking	
5. Identifies where procedure is done (consider privacy/access to bathroom)	
6. Position for ostomy care: _____	
7. Identifies possible problems and appropriate actions	
<b>C. Identifies supplies:</b>	
1. Water	
2. Soft cloth or gauze	
3. Skin preparation	
4. Protectant powder or paste, if ordered (and per home recommendations)	
5. Clean pouch and belt, if needed	
6. Gloves	
7. Scissors and measuring guide	
8. Tape, if needed	
9. Barrier or Wafer	
10. Two bags for disposal	
11. Diaper wipes, tissues or paper towels	
<b>D. Procedure:</b>	
1. Washes hands	
2. Assembles equipment and places on a clean surface	
3. Positions student and explains procedure	
4. Puts on gloves	
5. Empties contents of pouch into toilet before removal: -Raise the pouch so the opening is facing up -Unclamp or unroll the integrated drainage outlet -Lower the pouch toward the toilet -Slide hands down the pouch to push out stool -Wipe the opening off inside and out with toilet paper or paper towel -If re-using, add pouch deodorant (per home recommendations) and re-clamp or reseal the pouch	
6. Removes used pouch. -Remove the outer adhesive by starting at one corner -Push down on the skin at each point and pull the barrier away from the skin at the same time <b>**use adhesive removal if ordered or per home recommendations**</b>	
7. Inspects skin for redness/bleeding (let parent and nurse know)	
8. Wash skin around stoma area using warm water-allow to dry. Places gauze or soft towel over stoma (to help absorb drainage if stoma is active while providing skin care)	
9. If ordered, places liquid skin barrier or protectant around stoma	
10. Removes backing and applies barrier/wafer to skin	
11. Centers new wafer/barrier over stoma and applies to skin	
12. Presses pouch firmly against skin barrier to prevent leaks -If using a two-piece appliance, attaches the bag to the wafer -Assures that all air bubbles and wrinkles are removed, and good contact is achieved with the skin.	
13. Attaches belt if used.	
14. Disposes of used pouch in appropriate receptacle (double bag)	
15. Disposes of gauze that has been placed over the stoma (double bag)	
16. Removes gloves	



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Baltimore

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Name Student/Child	Birth Date:	School/ Center:	Delegatee:
17. Washes hands			
18. Documents procedure and observations			
19. Reports any changes to family			
<b>COMPETENCY STATEMENT</b>			Training RN Signature & Initials
<p><b>PROCEDURE:</b> Describes understanding of the need for ostomy appliance change and properly demonstrates procedure as well as the ability to identify and solve potential problems. Understands that the ostomy bag should be emptied when it is 1/3 to 1/2 full, when it leaks or per provider's orders (student specific). Ostomy bags are typically changed every 4 days and use should not exceed 7 days.</p>			
<b>DELEGATION AUTHORIZATION</b>			
<p>I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.</p>			
Delegatee Signature: _____		Delegation Decision Grid Score ____	Date _____
Delegating RN Signature: _____		Initials ____	Date _____



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Date/ RN Initial	<b>Procedure:</b> √ = acceptable performance	<b>Follow Up/ Supervision Plan / Comments</b>
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) Date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) Date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
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Delegating RN Signature:

Date:



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