This protocol should be read alongside the Consent to Examination or Treatment Procedure

This protocol applies to all patients under TEWV care who have a stoma.

Colostomy	lleostomy	Urostomy
	SP (
		10 PDI
A surgically-created opening into	A surgically created opening into	A surgically-created opening into
the colon (large intestine) through	the small intestine through the	the urinary tract through the
the abdomen.	abdomen.	abdomen.
Expected output:	Expected output:	Expected output:
Soft, formed faeces and flatus.	Loose faeces and flatus.	Urine and mucus.

Staff should offer patients support with stoma care when needed. Self-care should be encouraged where appropriate. General stoma care advice can be accessed via the Royal Marsden Manual Online (www.rmmonline.co.uk) using the Trust login details. General stoma care enquires (e.g. cleansing, changing and emptying bags) should be directed to physical health practitioners, or if no practitioner available use the below numbers.

Staff caring for a patient with a stoma must have an awareness of 'warning signs' that would warrant further medical advice:

- Blockage no output, liquid stool which is not normal for patient, bloating/abdominal swelling, cramps, swollen stoma site, nausea and vomiting
- Skin problems erosion (redness, irritation, broken skin), over granulation, ulceration, maceration
- Mucocutaneous separation (separation of the stoma and the abdominal wall)
- Bleeding from stoma site
- Infection swelling, inflammation, discharge, odour, altered NEWS2 ** Always urgently escalate to doctor/physical healthcare practitioner





Eroded skin

Over granulation

Ulceration



Mucocutaneous Separation

if any signs of systemic infection**

Maceration Images provided

Images provided by Hollister Incorporated (2020)

Title	Stoma Care Advice and Support Protocol					
Approved by	Virtual meeting of the IPC/Physical Health group	Date of Approval	05/10/2021			
Protocol Number	CLIN-0094-003-v1	Date of Review	05/10/2024			

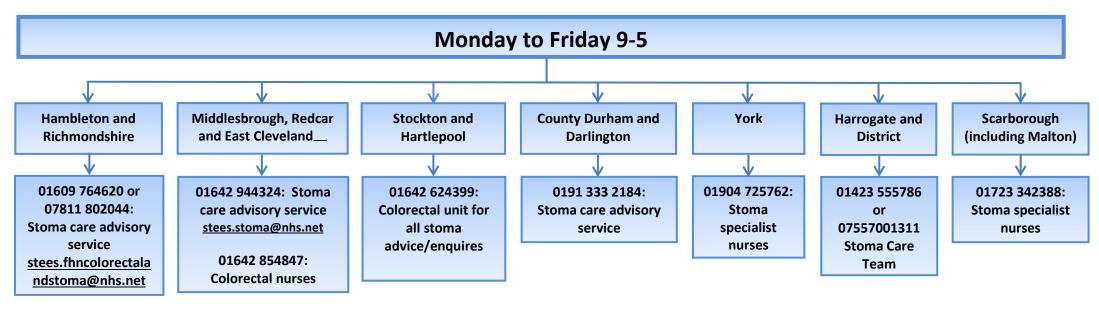
This protocol should be read alongside the Consent to Examination or Treatment Procedure

First contact for all stoma concerns should be medic on site/on call or physical healthcare practitioners.

If further advice is needed the following sources can be accessed.

For inpatients contact locality based on ward location.

For discharge planning contact locality based on discharge destination.





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Laura Cummings Tissue Viability and Physical Health Nurse

Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc	Nursing and Gover	Nursing and Governance/Physical Healthcare				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Virtual meeting of t	Virtual meeting of the IPC/Physical Health Group				
Title	Stoma Care Advice	and Support Protocol				
Is the area being assessed a	Policy/Strategy	Service/Business plan	Project			
	Procedure/Guidan	ice	Code of practice			
	Other – Please sta	ate - Protocol		x		
Geographical area	Trust wide			I		
Aims and objectives	To support staff	who care for patients v	vith a stoma.			
Start date of Equality Analysis Screening	23/09/2021					
End date of Equality Analysis Screening	27/09/2021					

Title	Stoma Care Advice and Support Protocol				
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Please read the Equality Analysis Procedure for further information

You must contact the E&D team if you identify a negative impact. If you require further advice and support please contact the EDHR Team.

1. Who does the Policy, Service,	Functio	n, Strategy, Code of practice, Guic	lance, l	Project or Business plan bene	fit?
Trust staff and patients					
2. Will the Policy, Service, Funct	on, Stra	tegy, Code of practice, Guidance,	Project	or Business plan impact neg	atively
on any of the protected charac			•		,
Race (including Gypsy and Traveller)	No	Disability (includes physical and mental impairment)	No	Sex(Men and women)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and	No	Age (includes, young people, older people –	No
		Heterosexual)		people of all ages)	
Religion or Belief (includes faith groups, atheism and some other non religious beliefs)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and	No	Marriage and Civil Partnership (includes opposite sex and	No
		women on maternity leave)		same sex couples who are either married or civil partners)	

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No – This protocol will not negatively impact upon any of the protected characteristic groups. The positive impacts of this policy are that patients who have a stoma will receive safe, effective and appropriate care.

3. Have you considered any codes of practice, guidance, project or business plan benefit?	Yes	Х	No	
If 'No', why not?				

Sources of Information may include:

- Feedback on social media from service users
- Emails from service users
- Complaints/ investigations
- Trust Strategic Direction

- Staff feedback prior to consultation
- Internal Consultation

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – This protocol has been discussed with the Trust Physical Healthcare Practitioners who support patients from a range of protected characteristics on a daily basis.

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5. As part of this	equality analysi	s have ar	ny training needs/serv	ice needs been ic	lentified?		
No							
A training need ha	s been identifie	d for					
Trust staff - e-learni updating Psychological profe specific need re for	ssions have	Yes	Service users	No	Contractors or other out agencies	side	No
Make sure that yo you are required t		I the infor	mation and that you a	are comfortable th	nat additional evidence ca	an pro	vided if
The completed EA	has been signed	off by:					
You the Policy own	er/manager:		Laura Cummings			Date 27/0	e: 9/2021
Your reporting man	ager:						
	Type name: (Caroline R	enwick			Date 27/0	e: 9/2021

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Please forward this form by email.

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