

## STOMA MANAGEMENT SUPPORT PLAN

Goals	
<input type="checkbox"/> To maintain intact healthy skin around stoma and prevent skin irritation. <input type="checkbox"/> To maintain participant comfort and hygiene <input type="checkbox"/> To prevent infection <input type="checkbox"/> To ensure equipment safety and effectiveness <input type="checkbox"/> Other (please state): _____	
Identified need for management	Goals Interventions
<p><b>Management of Stoma</b></p> <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Check and clean skin around tracheostomy tube and stoma with saline daily <input type="checkbox"/> Apply dry gauze dressing to prevent skin irritation. <b>DO NOT</b> apply powders or creams unless prescribed <input type="checkbox"/> To be undertaken by an appropriate health practitioner (2 workers to be present due to risk of accidental decannulation) <input type="checkbox"/> Clean around the tube with warm soapy water and non-perfumed soap <input type="checkbox"/> Keep the area clean and dry <input type="checkbox"/> Check for tube dislodgement, signs of swelling, redness or any other skin breakdowns <input type="checkbox"/> Check for infections <input type="checkbox"/> Other: _____
<p><b>Risk of impaired skin integrity related to:</b></p> <input type="checkbox"/> Infection at stoma site <input type="checkbox"/> Skin Irritation	
<p><b>Other Risks</b></p> <input type="checkbox"/> Accidental decannulation of tube when replacing tracheostomy dressing/ties <input type="checkbox"/> Other: _____ <input type="checkbox"/> Enteral Feed (Stoma – PEG Tube)	
<p><b>Risk of impaired skin integrity related to:</b></p> <input type="checkbox"/> Skin irritation and redness due to leakage/discharge <input type="checkbox"/> Infection <input type="checkbox"/> Torsion of the gastrostomy <input type="checkbox"/> Other: _____	
<p><b>Management of Stoma</b></p> <input type="checkbox"/> <b>Colostomy</b> – large intestine or bowel <input type="checkbox"/> <b>Ileostomy</b> – small intestine or bowel <input type="checkbox"/> <b>Urostomy</b> – urine	<p><b>Appliance Details (Type, order code, etc.)</b></p> <input type="checkbox"/> Closed pouch <input type="checkbox"/> Drainable pouch <input type="checkbox"/> One piece pouch <input type="checkbox"/> Two-piece pouch <input type="checkbox"/> Base Plate Flange
<p><b>Risk of impaired skin integrity related to:</b></p> <input type="checkbox"/> Irritation from urine/faecal drainage	

Irritation of appliance

**As a result of:**

- Bowel or bladder cancer
- Obstruction or blockage of the bowel/bladder
- Diverticular disease
- Ulcerative colitis
- Crohn's disease
- Perforation of the bowel
- Other (please state): \_\_\_\_\_

**Evidenced by**

- ACCR
- Discharge Summary
- Database
- Medical Notes
- Progress Notes
- Health Care Directive Date: \_\_\_\_\_

**Member of**

- Stoma Appliance Scheme (Australian Government)
- State/Territory Association (please state):  
\_\_\_\_\_

**Membership Details:** \_\_\_\_\_

Other: \_\_\_\_\_

Belts, skin preps, skin adhesive remover, deodoriser, patches, disposable gloves, gauzes etc. details: \_\_\_\_\_

**Changing**

- Change pouch, and at the first signs of leakage, change base plate and flange

**Removing Pouch**

- Slowly remove pouching system
- Loosen and lift the edge of the pouching system with one hand and push down on the skin near the skin barrier with the other hand
- Use warm water to remove the pouching if required

**Cleaning**

- Use warm water, mild soap and a washcloth
- Rinse well because the residue may keep the skin barrier from sticking and may also cause skin irritation
- Remove the **paste** before you wet the area, use adhesive remover if required
- Always dry the skin well before putting on new pouching system
- Do not** rub too hard as the stoma has no nerve endings. Therefore, use a gentle touch when cleaning around the stoma, do not scrub
- Do not** use alcohol or any other harsh chemicals to clean the skin or stoma.
- Do not** use moistened wipes, baby wipes or towelettes that contain lanolin or other oils, these can interfere with the skin barrier sticking and may irritate the skin
- Do not** apply powders or creams to the skin around the stoma because they can keep your skin barrier from sticking
- Water won't hurt the stoma or go inside. If the water pressure is strong do not let it hit the stoma directly. Only use a gentle spray of water on the stoma

**Observe and report any abnormal changes**

**Stoma colour:**

Normal – pink/red/warm to touch.

Abnormal – Black/dusky/pale/sloughy.

**Skin:**

Normal – Skin surrounding the stoma should be intact.

	<p>Abnormal – Any soreness/ ulceration/inflammation or broken skin.</p> <p><b><u>Oedema (swelling):</u></b> Abnormal – Any sudden or unexplained swelling of the stoma.</p> <p><b><u>Bleeding Stoma:</u></b> Normal – A slight smear of blood on the wipe when washing or drying the stoma. Abnormal – Excessive bleeding when cleaning the stoma/blood in the pouch/bleeding from inside the stoma.</p>
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**Other participants specific interventions:**

**Risk / Response:**

- Faecal Blockages
- Bleeding Stoma
- Abnormal Skin around Stoma
- Signs of infection

Refer to Health Practitioner or transfer to hospital if any of the above risks occur to ensure participants well-being.

<b>Prepared by:</b>		
Position Title:		
Signature:		Date:
<b>Reviewed and Approved by:</b>		
General Practitioner Name:		
General Practitioner Signature:		Date:
Health Professional Name:		
Health Professional Signature:		Date:

## Agreement

By signing this Support Plan, I agree that I have been involved in the development of my plan. I agree and consent to the care and interventions of this Stoma Management Support Plan.

Participant/Representative Name:		
Participant/Representative Signature:		Date:
Company Representative Name:		
Company Representative Signature:		Date:

<b>Communication / Copy of Support Plan</b>	
<b>Copy of Support Plan given to:</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Health Professional <input type="checkbox"/> Health Practitioner <input type="checkbox"/> Other:





## Stoma Management Directive Specialist / Medical Practitioner

<b>Date:</b>	
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<b>Diagnosis/Medical History</b>
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<b>Specific Care Orders/Treatment Plan</b>
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<b>Risks and Complications</b>
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<b>Plan Review Frequency</b>	
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<b>Informed Consent Obtained</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If NO, state details:</b>	
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### Authorisations

<b>Medical Practitioner Name</b>			
<b>Medical Practitioner Signature</b>		<b>Date</b>	
<b>Client Name</b>			
<b>Client Signature</b>		<b>Date</b>	

## Stoma Care Directive Health Professional / Nurse

<b>Date:</b>	
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<b>Diagnosis/Medical History</b>
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<b>Specific Care Orders/Treatment Plan</b>
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<b>Risks and Complications</b>
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<b>Plan Review Frequency</b>	
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<b>Informed Consent Obtained</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If NO, state details:</b>	
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### Authorisations

<b>Medical Practitioner Name</b>	
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<b>Medical Practitioner Signature</b>	<b>Date</b>	
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<b>Client Name</b>	
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<b>Client Signature</b>	<b>Date</b>	
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## Document Control

Version No.	Issue Date	Document Owner
1	07/01/2025	Elizabeth Bradshaw
Version History		
Version No.	Review Date	Revision Description