

Introduction to Pediatric Ostomy Care Curriculum



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About the Author



Kasey Carlson has been a Registered Nurse for 19 years. She holds a master's degree in Nursing Education from the University of Wisconsin – Eau Claire and taught associate degree nursing for over 13 years. She also has a second master's degree in Learning Design and Technology from San Diego State University. She currently is a Curriculum Technology Manager with Adtalem Global Education. Ms. Carlson also specializes in healthcare simulation curriculum design.

Pediatric Ostomy Curriculum

This curriculum and accompanying manikin will help students learn about caring for a patient with an ostomy.

Curriculum Structure

The Pediatric Ostomy Curriculum is composed of the following parts. Approximate times are included.

Lesson	Title	Approximate Time
One	FOCUS: Empathy – Developing Awareness of Patient-Focused Care	10 minutes
One	LEARN: Pediatric Ostomy Slide Presentation	20 minutes
One	REVIEW: Practice and Assessment	30 minutes
	Total	1 hour

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table that lists the lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which will contain some of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a review of previous lesson information, or a demonstration. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – Introduction to Pediatric Ostomy Care

Lesson Overview

In this lesson, students will learn how to properly care for a pediatric patient with an ostomy.

Lesson Objectives

After completing this lesson, participants will be able to:

- Utilize proper ostomy terminology
- Identify reasons for ostomy
- Identify distinct types of ostomies
- Demonstrate proper ostomy care techniques

Pre-Lesson Knowledge

- Anatomical terminology

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	Focus on Empathy • <i>Pediatric Ostomy (Focus on Empathy)</i> worksheet • <i>Pediatric Ostomy (Focus on Empathy) Instructor Resource</i>	1. Print/photocopy <i>Pediatric Ostomy (Focus on Empathy)</i> worksheet (one per participant)	10 minutes
LEARN	• <i>Introduction to Pediatric Ostomy Care</i> slide presentation • Pediatric manikin • Ostomy supplies for demonstration	1. Prepare <i>Introduction to Pediatric Ostomy Care</i> slide presentation for viewing 2. Arrange supplies for demonstration	20 minutes
REVIEW	• Pediatric manikin • <i>Pediatric Ostomy Check-Off Instructor Resource</i> • <i>Pediatric Ostomy Check-Off</i> worksheet • <i>Pediatric Ostomy Quiz</i> • <i>Pediatric Ostomy Quiz Answer Key</i> • Supplies: • Clean gloves • Hand sanitizer • Ostomy pouching system (wafer and pouch) • Pouch closure device • Ostomy measuring guide • Washcloth • Towel (2) • Basin with warm tap water • Scissors • Pen • Bag for pouch disposal	1. Print/photocopy <i>Pediatric Ostomy Check-Off</i> worksheet and <i>Pediatric Ostomy Quiz</i> (one per participant) 2. Get the supplies ready for the lesson	30 minutes

Instructor Note: For the REVIEW activities, the instructor may choose to have students complete one or both of the activities. The FOCUS activity may also be completed prior to class.

Lesson One – Introduction to Pediatric Ostomy Care

FOCUS: Empathy – Developing Awareness of Patient-Focused Care

10 minutes

Purpose:

To help students develop an awareness of patient-focused care.

Materials:

- *Pediatric Ostomy (Focus on Empathy)* worksheet
- *Pediatric Ostomy (Focus on Empathy)* Instructor Resource

Facilitation Steps:

1. Distribute the *Pediatric Ostomy (Focus on Empathy)* worksheet prior to or at the start of the class.
2. Have the *Pediatric Ostomy (Focus on Empathy)* Instructor Resource available.
3. Have students read through the information and complete the worksheet.
4. Have students pair up upon completion and share answers.

Name: _____ Class: _____

Pediatric Ostomy

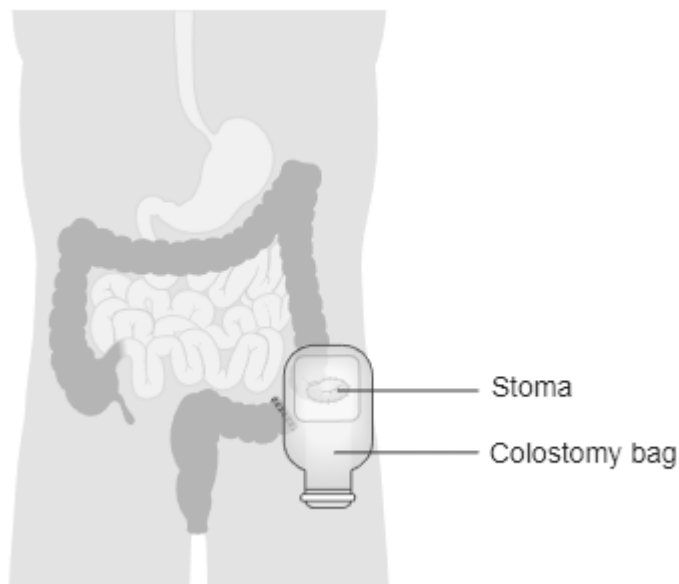
(Focus on Empathy)

READ the following:

Merriam-Webster Dictionary defines an ostomy as “an artificial passage for bodily elimination.” People with ostomies have an external bag on the abdomen where feces or urine is collected (below). Imagine that you have an ostomy and answer the following questions.

REFLECT on the situation:

How would a school-age child feel about having an ostomy?



How would it affect:

- Dress?
- Self-esteem?
- Activities?
- Friendships?

What would assist the child in coping with a new obstacle/consideration to their body image?

SHARE your thoughts with a peer.

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Merriam Webster (2018). Ostomy. Retrieved from <https://www.merriam-webster.com/dictionary/ostomy>

Pediatric Ostomy

(Focus on Empathy) Instructor Resource

READ the following:

Merriam-Webster Dictionary defines an ostomy as “an artificial passage for bodily elimination.” People with ostomies have an external bag on the abdomen where feces or urine is collected (below). Imagine that you have an ostomy and answer the following questions.

REFLECT on the situation:

How would a school-age child feel about having an ostomy?

Possible answers:

denial, shame, acceptance, embarrassment, anger

How would it affect:

- Dress?
- Self-esteem?
- Activities?
- Friendships?

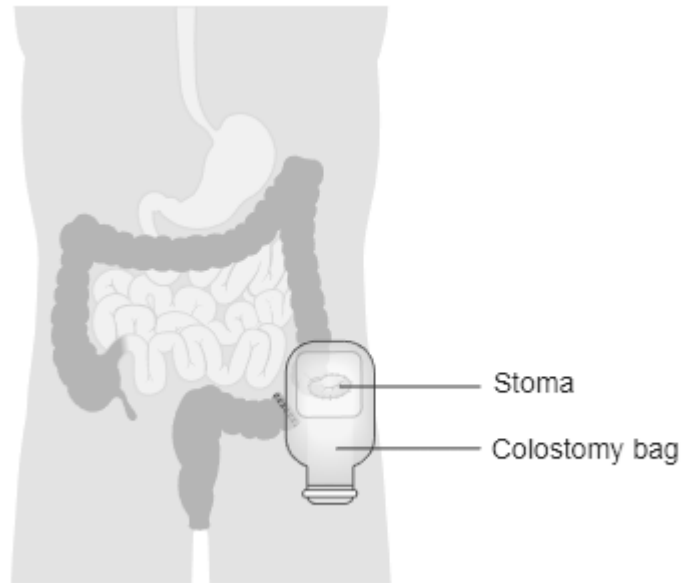
Possible answers: wear bulky clothing, low self-

esteem, decreased activity, change in activities, loss of friends or knowing who accepting friends are

What would assist the child in coping with a new obstacle/consideration to their body image?

Possible answers: time, supportive friends/family, support groups

SHARE your thoughts with a peer.



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Merriam Webster (2018). Ostomy. Retrieved from <https://www.merriam-webster.com/dictionary/ostomy>

Lesson One – Introduction to Pediatric Ostomy Care

LEARN: Pediatric Ostomy Slide Presentation

20 minutes

Purpose:

Participants will learn about the purpose of and indications for an ostomy, as well as the supplies and proper procedure surrounding ostomy care.

Materials:

- *Introduction to Pediatric Ostomy Care* slide presentation
- Pediatric manikin
- Ostomy supplies

Facilitation Steps:

1. Share the following information with students as you show the slide presentation:

Slide 1: Introduction Slide

Slide 2: First, let's review some key terms. The opening in the abdominal wall is called an ostomy, in which a stoma is constructed from a section of the colon or small intestine. During surgery, the intestine is brought up through the abdominal wall, severed, and then rolled back to form a stoma. Stoma output is called effluent, which is usually collected in a pouch.

There are approximately 1 million people with ostomies in the United States.

Slide 3: Colostomies are created from the large intestine. There are four types of colostomies based on location: ascending, transverse, descending, and sigmoid.

Show students the training tool and ask them what colostomy they are seeing (descending or sigmoid).

Slide 4: Ileostomies are created from the small intestine. They are located in the right lower quadrant of the abdomen.

Show it on the training tool and note the difference in size.

Slide 5: Urostomies are created from a portion of the intestine in which the ureters are then connected to. Unlike colostomies and

ileostomies, which can be temporary or permanent, urostomies are always permanent.

Slide 6: Ostomies are lifesaving procedures.

In children, the most common reason is a congenital disability. This can happen when the digestive organs are not completely developed, are abnormally positioned, or if the muscles or nerves of the tract are defective.

In adults, an ostomy may be needed if cancer spreads to the bladder or rectum. This is more likely in cancers close to the bladder and rectum, such as cervical and prostate cancer.

The colon is the second most commonly injured organ in penetrating trauma, but blunt trauma injuries are rare in this area. Rectal injuries, on the other hand, are more common in blunt trauma, especially when associated with pelvic injuries.

Inflammatory bowel disease is an umbrella term used to describe disorders that involve chronic inflammation of the digestive tract, such as ulcerative colitis and Crohn's disease.

Diverticulosis happens when pouches form in the wall of the colon. If these pouches become inflamed or infected, it is called diverticulitis.

Slide 7: An ostomy pouching system, or appliance, is the prosthesis worn to collect effluent. It consists of a skin barrier wafer and a pouch. Some systems are one piece, while others consist of two pieces. It comes with a closure device such as a clip, or it is closed-ended. There is a wide variety out on the market to fit individuals' preferences and lifestyles. For pre-school and school-age children, closed-ended pouches are preferred since they can be discarded instead of emptying the pouch at school.

All ostomy pouching systems are airtight and waterproof, which allows for an active lifestyle. Pouches should be emptied when they are 1/3 to 1/2 full.

Slide 8: Replacement of pouching systems depends on the manufacturer. Some are replaced every 3 to 7 days, while others are changed daily. Some pouches can be removed, cleaned, and reused. Pouches should be changed when output is at its lowest, such as late in the day or 2 hours after a meal. The pouch should be emptied before the child naps. Patients who change systems at home do not need to wear gloves, but if you are removing a child's pouch, you must wear clean gloves. Prior to removing the pouch, make a note of any leakage from it, as this will determine if a change is needed. Also, note the effluent consistency. Ileostomies and ascending colostomies will have liquid stool. Transverse, descending and sigmoid colostomies will have formed stool.

You may ask students why this is so.

The output may also need to be measured. Emptied pouches can be placed in a plastic bag and disposed of in general garbage.

Slide 9: When removing the wafer, peel the wafer gently from the top in a downward motion. Warm water or adhesive remover may also be used to loosen the adhesive. Be mindful to take great care not to tear the skin. The skin around the stoma (peristomal) may be reddened from the wafer removal; this should fade after a few minutes.

Slide 10: A healthy stoma should be moist and dark-pink or red in color. If the stoma is black or dark purple and/or dry, contact the healthcare provider immediately.

There should be no evidence of skin breakdown around the stoma. Check for redness and irritation.

Slide 11: To clean the stoma, use warm water and a washcloth. Blot the stoma gently to remove stool. Do not scrub it. The stoma does not have any nerve endings, so the child will not be able to feel if the rubbing is too hard. There may be a small amount of blood on the washcloth, although this is normal since the stoma contains many small blood vessels. Wash the skin around the stoma gently as well. Dry the skin well before attaching the new appliance system.

Unless recommended by the healthcare provider or wound ostomy nurse, do not use powders, creams, or soaps, as these can prevent the wafer from sticking.

Demonstrate this if desired.

Slide 12: Using a stoma measurement guide, measure the stoma. The opening on the guide should be no more than a 1/8 inch away from the stoma. Trace the selected opening onto the wafer and cut it out. Make sure the edges are smooth.

If the peristomal skin is irritated or there is skin breakdown, apply the appropriate powder or paste as recommended by the healthcare provider or wound ostomy nurse. Sometimes, skin prep is used if there have been problems with the wafer adhesive.

Body hair around the stoma may need to be shaved. Place the wafer over the stoma and make sure there are no wrinkles in the skin, as this can cause leakage. Apply the pouch and closure device.

Demonstrate this if desired.

Slide 13: Ostomy surgery can have a significant impact on a person's body image and self-esteem. It is important that the child is given the opportunity to express their feelings regarding changes. One way to better understand these changes is to teach and promote self-care. This may help the child build confidence and regain control. Friendships can be another emotional issue that children face. The child may be concerned about who to tell, what to tell, and when to tell. They need to know how to explain the procedure and that not everyone needs to know.

Accidents with the pouch may occur. Keep extra supplies, clothes, and written instructions available for schools or daycares.

Slide 14: Since ostomy pouches are sealed compartments, fecal odors should not escape. If odors do escape, it can be embarrassing for some children or make them feel nauseous. There are deodorant drops or sprays that can be placed into the pouch to reduce odor. Also, nutrition can play a role. Even though there is no specific diet for those with ostomies, gas and

odor-producing foods can be limited, such as chewing gum and carbonated beverages.

Slide 15: Irrigation is the instillation of warm water through the stoma. There are special irrigation kits for descending and sigmoid colostomies. Since the stool is more formed in these ostomies, irrigation is an optional way to stimulate peristalsis and contraction of the colon leading to the emptying of stool. Although it can reduce pouch usage and provide more control of output, there is a considerable time and scheduling commitment.

Slide 16: Patient education is crucial for those with new ostomies. Be sure to include family and/or caregiver(s) in teaching to facilitate the child's readiness to learn. Some children accept the stoma with minimal emotional difficulty, while others may never completely adjust to it. Individualize care according to the child's situation and circumstances.

Give the patient learning/instruction materials that clearly state each step for a pouch change, as well as a list of equipment and the name, address, and phone number of a supplier.

Support groups for parents can assist the child's adjustment to an ostomy and deal with age-related challenges.

Slide 17: Make sure to document the type of pouch and skin barrier applied, the amount and appearance of effluent in the pouch, the size and appearance of the stoma, and the condition of the skin.

Document the patient and family's level of participation, the instruction that was given, and their response to the instruction.

Report any abnormal findings to the healthcare provider or wound ostomy nurse.

Slide 18: Closing slide

Lesson One – Introduction to Pediatric Ostomy Care

REVIEW: Practice and Assessment

30 minutes

Purpose:

Participants will practice ostomy care on a pediatric manikin and then complete a quiz to assess mastery.

Materials:

- Pediatric Manikin
- *Pediatric Ostomy Check-Off (Instructor Resource)*
- *Pediatric Ostomy Check-Off* worksheet
- *Pediatric Ostomy Quiz*
- *Pediatric Ostomy Quiz – Answer Key*

Supplies:

- Clean gloves
- Hand sanitizer
- Ostomy pouching system (wafer and pouch)
- Pouch closure device
- Ostomy measuring guide
- Washcloth
- Towel (2)
- Basin with warm tap water
- Scissors
- Pen
- Bag for pouch disposal

Facilitation Steps:

1. Give students the *Pediatric Ostomy Check-off* worksheet.
2. Access the *Pediatric Ostomy Check-Off (Instructor Resource)* document. Demonstrate ostomy care on the manikin by following the steps on the check-off page.
3. Have students practice ostomy care on the manikin while following the steps on their *Pediatric Ostomy Check-Off* worksheet.
4. Hand out the *Pediatric Ostomy Quiz* to students. Give them a couple of minutes to complete it.
5. Have students self-check or peer check their answers as you share them from the *Pediatric Ostomy Quiz – Answer Key*.

Pediatric Ostomy Check-Off

Instructor Resource

PREPARATION:

Supplies:

- Pediatric manikin
- Clean gloves
- Hand sanitizer
- Ostomy pouching system (wafer and pouch)
- Pouch closure device
- Ostomy measuring guide
- Washcloth
- Towel (2)
- Basin with warm tap water
- Scissors
- Pen
- Bag for pouch disposal

After the demonstration, have students practice ostomy care on the manikin using the following steps:

Optional: Evaluate the student's ability to complete ostomy using the following steps. You may score via points or satisfactory/unsatisfactory.

1.	Gather all necessary supplies.	
2.	Knock, enter the room and provide for privacy.	
3.	Identify yourself by name and title (nurse, aide, etc.).	
4.	Wash your hands with sanitizer or soap/water.	
5.	Identify the child; verify this information.	
6.	Explain the procedure to the child and ask if they would like to watch or assist.	
7.	Verify when the last pouch change was and ask if there were any problems, such as leakage.	
8.	Position child semi-reclining or supine and provide a mirror to the child if they wish to observe.	
9.	Place a towel over the child's abdomen and keep supplies within reach; fill a basin with warm water if it wasn't done previously.	
10.	Wash your hands with sanitizer or soap/water, then wear clean gloves.	
11.	Assess pouch, effluent, and effluent amount by removing the used pouch; empty the pouch and measure it if needed.	
12.	Gently remove the wafer by pushing skin away from the barrier; use adhesive remover or warm water if needed.	
13.	Dispose of pouch and skin barrier appropriately.	
14.	Assess peristomal skin for any breakdown.	

15.	Moisten a washcloth with warm tap water, then wring out and gently clean the stoma and peristomal skin.	
16.	Dry the area with a towel.	
17.	Measure the stoma; allow for a 1/8-inch gap between the stoma and the guide.	
18.	Use a pen to trace stoma measurement onto the skin barrier (do not use the pen on the trainer).	
19.	Follow your marking to cut an opening in the wafer.	
20.	Remove the backing, apply the wafer, and attach the pouch.	
21.	Close the end of the pouch with a closure device.	
22.	Remove the towel and dispose of supplies.	
23.	Remove the gloves and wash your hands.	
24.	Provide for the child's comfort and safety. Praise the child.	
25.	Wash hands and document the session prior to leaving the room.	

Pediatric Ostomy Check-Off

Practice ostomy care on the training tool using the following steps:

Gather all necessary supplies.
Knock, enter the room and provide for privacy.
Identify yourself by name and title (nurse, aide, etc.).
Wash your hands with sanitizer or soap/water.
Identify the child; verify this information.
Explain the procedure to the child and ask if they would like to watch or assist.
Verify when the last pouch change was and ask if there were any problems, such as leakage.
Position child semi-reclining or supine and provide a mirror to the child if they wish to observe.
Place a towel over the child's abdomen and keep supplies within reach; fill a basin with warm water if it wasn't done previously.
Wash your hands with sanitizer or soap/water, then wear clean gloves.
Assess pouch, effluent, and effluent amount by removing the used pouch; empty the pouch and measure it if needed.
Gently remove the wafer by pushing skin away from the barrier; use adhesive remover or warm water if needed.
Dispose of pouch and skin barrier appropriately.
Assess peristomal skin for any breakdown.
Moisten a washcloth with warm tap water, then wring out and gently clean the stoma and peristomal skin.
Dry the area with a towel.
Measure the stoma; allow for a 1/8-inch gap between the stoma and the guide.
Use a pen to trace stoma measurement onto the skin barrier (do not use the pen on the trainer).
Follow your marking to cut an opening in the wafer.
Remove the backing, apply the wafer, and attach the pouch.
Close the end of the pouch with a closure device.
Remove the towel and dispose of supplies.
Remove the gloves and wash your hands.
Provide for the child's comfort and safety. Praise the child.
Wash hands and document the session prior to leaving the room.

Name: _____ Class: _____

Pediatric Ostomy Quiz

Fill in the blanks with the correct answer.

1. There are approximately _____ people in the United States who have an ostomy.
2. Stomas should be dark-pink or red and _____.
3. When the small intestine is used to create a stoma, it is called an _____.
4. Ostomies can be temporary or _____.
5. _____ are common reasons for an ostomy in a child.
6. Wear _____ during ostomy care to reduce exposure to bodily fluids.
7. Empty the ostomy pouch if it is _____ to _____ full.
8. The stoma has no _____ endings, but a gentle touch is still crucial when cleaning.
9. Ostomy surgery can have a significant impact on a person's body image and self-esteem. One way to better understand these changes is to teach and promote _____.
10. Report any abnormal findings to the healthcare provider or wound ostomy _____.

Pediatric Ostomy Quiz Answer Key

Fill in the blanks with the correct answer.

1. There are approximately 1 million people in the United States who have an ostomy.
2. Stomas should be dark pink or red and moist.
3. When the small intestine is used to create a stoma, it is called an ileostomy.
4. Ostomies can be temporary or permanent.
5. Birth defects are common reasons for an ostomy in a child.
6. Wear gloves during ostomy care to reduce exposure to bodily fluids.
7. Empty the ostomy pouch if it is 1/3 to 1/2 full.
8. The stoma has no nerve endings, but a gentle touch is still crucial when cleaning.
9. Ostomy surgery can have a significant impact on a person's body image and self-esteem. One way to better understand these changes is to teach and promote self-care.
10. Report any abnormal findings to the healthcare provider or wound ostomy nurse.

Sources

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