

Stoma Care Prescribing Guideline 2017/20

Primary Care

A guideline is intended to assist healthcare professionals in the choice of therapeutic options for patient-centered care. Clinical judgment should be exercised on the applicability of any guideline, influenced by individual patient characteristics.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Stoma care Guideline, product data and prescribing guidance developed by Stoma Care Clinical Nurse Specialist Team, the ADTC Therapeutics Sub Group and Mantej Chahal, Prescribing Support Pharmacist. Stoma Care Guideline to be monitored by the Therapeutics subgroup of the Area Drugs and Therapeutics Committee.

Review date November 2020

Foreword

This document has been developed by the Clinical Nurse Specialist Stoma Care (CNSSC) team with the ADTC Therapeutics Sub Group for primary care. However, the contents may also be of value to other health care settings.

This document is designed to offer guidance when prescribing Stoma care products and information on the different types of appliances and accessories that may be used by patients with a Stoma; and if prescriptions for items should be acute for short term use and review or repeat prescriptions for regular use.

The aim is to provide advice on responsibilities of the multi-disciplinary team with guidance on reasonable quantities when prescribing provided in tables at the end for quick referral. Detailed information about all ranges of products or advice on selection of specific products is out with the scope of this document; however clinicians should refer to Acute Stoma Appliances Formulary; Scottish Drug Tariff; and Table 3 on cost effective choices.

Implementing a Stoma guideline provides assurance that the products being used in practice have been assessed as suitable for use, effective both clinically and in terms of cost, acceptable to patients/clinicians and are supported by base.

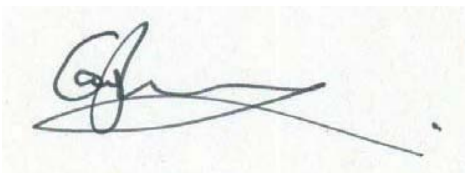
When using the guideline prescribers should follow the principles of mindful prescribing, taking into account the volume and duration of products prescribed.

The guideline will provide a tool for measuring prescribing practice; identify the products required to support patient independence in primary care and make best use of resources. The guideline can be used as an integral part of an education tool for clinicians to support patient care across NHS GGC, Primary Care.

Signature

Gavin Gorman

NMP Lead

A handwritten signature in black ink, appearing to read 'Gavin Gorman', is written on a light-colored background. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

NHS Greater Glasgow and Clyde Stoma Guideline
Primary Care

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ADTC Therapeutics Group: Stoma Appliances & Accessories Guideline (Adults) Primary Care

Key messages provide guidance for HCPs involved in the management of a patient with a Stoma to deliver a high quality service, which will in turn support the patient to maintain independence and well being.

Key messages:

Responsibilities of the Clinical Nurse Specialist Stoma Care (CNSSC) whilst in acute care in preparation for patient discharge to community or on follow up appointments

New Stoma patient on discharge from hospital

Appliances and accessories on repeat prescription product choice

1. Agree with the patient the most appropriate stoma care appliances to suit their needs, including expectations of wear time and quantity required on prescription
2. Agree with the patient if accessories are required and appropriate wear time, usage and expected duration of use prior to review
3. It would not be expected that patients would routinely require accessories at this stage; however exceptions may include products such as belts which can help secure appliances for those with dips in the skin.
4. Wherever possible, agree a named person at the GP practice for managing prescription requests.
5. Ensure patient has DAC contact details if required. Consider method of receipt of prescription request e.g. electronic transfer, fax, email, post. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).

Access to products

1. Ensure that appliances are available on the Drug Tariff.
2. Provide the patient with the opportunity to access products either through a community pharmacy or dispensing appliance contractor (DAC). With clear guidance on role of each to prevent replicating scripts and reduce waste
3. Inform patient/carer how to obtain ongoing supplies and that all prescription requests should be initiated by the patient / carer
4. Make patient aware of the prescription turnaround time and further time taken for receipt by DAC before delivery will be despatched
5. Inform the patient's GP about their Stoma appliance requirements, including any specific patient needs.

Established patient after CNSSC

Ongoing assessment

1. Discuss with patients use of appliances and accessories to ensure these continue to meet their needs or changes
2. Initiate product changes if required with proposed review date for practice and alert change to regimen
3. Ensure patient knows how to access their CNSSC in future or in the event of any change to condition to ensure patient well being

Patients should be encouraged to order when they get to a defined threshold quantity to allow sufficient time for delivery.

Patients should be advised to avoid stock piling as products have a recommended shelf life and are influenced by changes in temperature.

Key messages:

Responsibilities of the GP Practice prescribing products to meet patient needs

1. The CNSSC will inform the GP of the initial stoma care requirements either directly or via a Dispensing Appliance Contractor (DAC).
2. Prescriptions thereafter should be initiated by the patient via GP or a DAC as required.
3. The practice should not issue retrospective prescriptions requested by the dispensing contractor.
4. The dispensing contractor must receive the prescription **PRIOR** to the delivery of items.
5. Nb If the dispensing contractor delivers item(s) prior to receiving a prescription, they risk not obtaining a prescription to cover that supply if the item(s) is not considered to be necessary/ appropriate. The only exception to this might be in an emergency. E.g. patient runs out of supplies over a holiday period or due to increased need between usual order delivery due to unforeseen medical problem such as diarrhoea with increased bag usage.
6. To support the patient in “mindful prescribing” the practice should be aware of patients “normal” usage to help highlight variances which may be due to patient having challenges in managing Stoma and maintenance of peristomal skin integrity.
7. If patient encounters any challenges the practice should have a consultation in the first instance to explore these and provide support (Tables 1-3).
8. If symptoms persist or patient/GP wishes a referral can be made to the Stoma Team (Table 3).
9. Print prescription for patient/carer or send to dispensing contractor within the agreed turnaround time and by the agreed method of dispatch.
10. Document any communication from the dispensing contractor and CNSSC in the patient’s clinical record.
11. Stop or adjust treatment/management on the advice of the CNSSC and agreement of the GP. (Maintain patient’s records)
12. Patient should be aware of the prescription turnaround time prior to receipt of DAC delivery.
13. When a patient dies, the prescriber should inform the dispensing contractor so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed may be retrieved and destroyed, to prevent distress to family and waste of resources.

Key messages: (cont)

*Key messages for **all HCPs** to promote safe, cost effective prescribing to support the patient to self manage their stoma*

Aim: Keep stoma care as simple as possible to minimise the impact of having a stoma for the individual. Use of accessories needs to be assessed on an individual basis and only prescribed when required.

Consideration should be made to the following patient needs prior to prescribing:

Barrier sprays/wipes and adhesive removers

- Peristomal skin on removal of appliances may initially be pink in appearance; similar to appearance of skin after removing a plaster. This is transient and produced by action of hydrocolloid content promoting blood flow to the skin. It is important to distinguish between a normal physiological response and sensitivity to a product and reassure the patient accordingly
- Prior to initiating barrier products ensure that any underlying causes for skin reaction have been explored e.g. ensure appliance is a good fit and there is no reaction to adhesive
- Barrier wipes/sprays/creams are used as skin protection when an adverse reaction occurs to the peristomal skin e.g. due to an ill fitting bag or reaction to adhesive
- There will always be exceptions when patients' skin is easily compromised and skin barrier sprays/wipes and adhesive removers may still be required for either short or longer term use e.g. patient has fragile skin due to long term steroid use
- Patient should have skin care products introduced one at a time to determine which is most effective.
- Patient should be advised to use sparingly to ensure subsequent appliances adhere to skin and prevent leakage.

Table 1: - APPLIANCES AND ACCESSORIES:

(nb open bags are drainable: closed bags are not drainable)

Nb: Variances may indicate acute or long term patient challenges in self managing their stoma

Ileostomy

Product	Prescription direction	Usual monthly quantity	Notes
One piece drainable bag	Change every 1-2 days	20 – 30 bags	Unit of issue varies usually 30 per box
Two piece Base plate	Change base plate every 2-3 days	10 - 15 base plates	Unit of issue varies 5 – 10 per box
Two piece drainable bag	Change bag every 2-3 days	10 - 15 bags	Unit of issue 30 per box

Colostomy

One piece closed bag	Change 1-3 times daily	30 – 90 bags	Unit of issue varies usually 30 per box
One piece drainable bag	Change every 1-2 days	20 – 30 bags	Unit of issue varies usually 30 per box Recommended if stool is loose this may be long or short term or patient preference
Two piece Base plates	Change base plate every 2-3 days	10 – 15 base plates	Unit of issue varies usually 5 – 10 per box
Two piece closed bag	Change bag 1-3 times daily as required	30 - 90 bags	Unit of issue 30 per box
Two piece drainable bag	Change every 1-2 days	15 - 30 bags	Unit of issue varies, usually 30 per box Recommended if stool is loose this may be long or short term or patient preference

Urostomy

One piece closed bag with tap	Change every 1-2 days	15 - 30 bags	Units of issue varies 10 -30 per box
Two piece urostomy Base plate	Change base plate every 2-3 days	10 - 15 base plates	Unit of issue varies 5 – 10 per box
Bag	Change bag every 2-3 days	10 - 15 bags	Unit of issue varies 10 -30 per box
Night drainage bags with tap	1-2 per week	10 - 15 bags	Bags are drainable and reusable Usually 10 per box
Night drainage bags single use	1 per night	30 bags	Bags are not reusable 10 per box

Table 1(cont): APPLIANCES AND ACCESSORIES

Prescribing Guidelines for Stoma Accessories. These are not routinely required. Refer to Table 3 for more detail on use of skin protectants

Product	Approx freq of use	Monthly quantity if required	Notes
Adhesive remover spray	Use sparingly	1-2 cans per month	For use when there is discomfort with bag removal due to sensitive or hairy skin which makes adhesive contact difficult to remove.
Adhesive remover wipes	1 wipe for bag	30 wipes in one box	*Apply sparingly to reduce risk of sensitivity or interference with adhesive properties of subsequent appliance application
Skin protective spray (silicone based)	Use sparingly	1 spray can x 6 per year	Short or long term for broken or sensitive skin. Provides a protective silicone layer to epidermis; which can be effective for up to three days. Use in conjunction with general cleansing with tap water and dry wipes or non perfumed soap. Do not use with barrier creams as these serve a similar function
Skin protective wipes	Use sparingly	30 wipes x 12 per year	
Barrier creams	Use sparingly	1 – 2 tubes for acute script with three monthly review	May be use short or long term for broken or sensitive skin. Use sparingly; excess use can inhibit adhesion of appliance.
Skin fillers (washers, paste, seal)	As per bags used	Usually 1 washer/seal per bag change. Paste is variable 1-3 tubes. Use each time bag is changed	If skin creases or dips are present, making a seal difficult to achieve and risking leakage then fillers pastes/ washers can be used to provide a seal between base plate and skin.
Deodorants	Spray with bag removal or when draining bag	1 spray; up to 12 a year	To assist with dispersing odour at bag change. Alternatives -household air freshener can be used at home.
Lubricating gels	Can be of value for periods when pancaking occurs and can be placed in bag prior to use.	1 bottle per month or one sachet per bag . A small amount of fluid is inserted into bag to provide lubrication, .	Individual sachets are helpful for patients who require bag change outside their home Alternatives: A few drops of baby oil or cooking oil can be used as an alternative. Place small piece of screwed up tissue inside pouch to keep the sides apart Blowing some air into pouch before applying
Baseplate extenders (for one and two-piece systems)	1 – 3 extenders	1-3 extenders Use each time bag is changed	Required for extra security if the patient has a hernia or skin creases as it increases adhesive area. Unit of issue varies
Stoma powder	Apply sparingly to moist excoriated peristomal skin	1 bottle as one off script in first instance and review	Will be used in the short term to dry moisture on excoriated skin. Do not use with barrier creams or sprays. Assess skin to exclude any underling dermatological conditions or infection.
Cotton pouch covers	Used when perspiration is problematic for patient	1 bag and one spare Units of issue varies	Used in hot weather or for more active patients when perspiring. Washable and reusable. nb, older bags do not have a soft covering and the plastic can cause sweat rash/discomfort
Hernia support belts	If required; may be worn at all times or during exercise /activity	3 per year	Following CNS review support belts are fitted for correct size. Provides support for parastomal; hernias; can be used to help prevent hernias occurring; and, improve aesthetic appearance for patient.
Belts: first belt to be provided by acute sector	One worn most of the time may be removed at night	1 per month	Washable and reusable. Use when necessary to allow bag to conform into dips, reducing risk of leakage. May be required for long term use.
Stoma underwear Have pockets for Stoma bag in place and a higher waistband	Pouch can be left over underwear; tucked in or use of lycra type clothing as per patient preference.	9 per year. general advice provided by CNSSC on clothing worn when stoma is formed	Not recommended for routine prescribing; may be considered on a case by case basis.

Table 2: Accessories: skin protectants and deodorants

Accessories for maintenance of skin integrity and odour control in stoma care; treatment of excoriation around peri wound margins and incontinence dermatitis; when required. Below is a selection of some of the recommended cost effective options available. Always be aware when assessing a patients' needs to supply items that are cost effective.			
1. ADHESIVE REMOVERS			
Product	quantity	cost	per one ml actuation
Adhesive remover bottles /sprays			
Opus Lift Plus 360	50ml Spray	£6.40	12p
Opus Lift Plus 360 Citrus	50ml Spray	£6.40	12p
Adhesive remover wipes			one unit
Universal removal wipes, Hollister	50 wipes	£13.06	26p
2. SKIN PROTECANT BARRIERS			
Barrier applicators in line with acute care and national contract			one applicator
Aspen no sting barrier foam applicators	1ml x 5	£2.60	52p
Medicare Plus Medi Derm S	1ml x 5	£3.70	74p
Barrier sprays			one ml actuation
Aspen Sorbaderm no sting barrier spray	28 mls	£4.80	17p
Medicare Plus Medi Derma S aerosol	50 mls aerosol	£8.95	18p
	30 mls pump	£5.35	17p
Barrier skin wipes			
Clinimed Clinisheild wipes(small wipe)	50 wipes	£14.17	28p
Smith & Nephew Secura protective wipe (large wipe)	50 wipes	£19.41	38p
3. DEODORANTS			
Prescribing of deodorants has been removed from the NHSGGC formulary. Over the counter products could be purchased as an alternative.			
Barrier creams have not been included			

Nb. Products noted are alcohol free with silicone base when relevant to minimise risk of patient discomfort

Summary guidance and triggers for referral pathway to CNS Stoma Care

- The Stoma care nurse specialist (CNSSC) will advise on type and quantity of products which should reasonably be prescribed on discharge from hospital or following review.
- If quantities ordered exceed those listed without good reason, discuss with patient and thereafter refer to CNSSC if unresolved or there are areas of concern.
- If patient presents with challenges review to ensure correct fit of appliance and good skin integrity.
- If unable to resolve following advice in guidance refer to CNSSC.
- Note in most instances patient will self refer to their CNSSC.

Appliances which are listed in chapter 23 Scottish Drug Tariff may be prescribed on the NHS

Table 3: contact details of NHS GGC Acute Care Clinical Nurse Specialists Stoma Care

CNS Stoma Care	Base	Contact email	Contact telephone
Carol Donaldson	QEUH	carol.donaldson@ggc.scot.nhs.uk	0141 451 5999
Karen McCracken	IRH	karen.mccracken@ggc.scot.nhs.uk	01475 505 207
Claire Hastings	RAH	claire.hastings@ggc.scot.nhs.uk	0141 314 7058
Liz Dannfald	QEUH	elizabeth.danfald@ggc.scot.nhs.uk	0141 451 6001
Elaine MacLeod Caroline Miller	GRI	elaine.macLeod@ggc.scot.nhs.uk caroline.miller3@ggc.scot.nhs.uk	0141 211 5499
Dierdre Leckie	QEUH	dierdre.leckie@ggc.scot.nhs.uk	0141 451 6000