



Stoma Teaching: Patient/Caregiver Checklist

The most common reasons for returning to the hospital can often be prevented. Nurses will provide you with education to care for your stoma, before you even have surgery. During your hospital stay, we will expect that you take on more responsibility for care of your stoma each day. There are three sets of skills you need to know before you can go home:

Skill set 1: Keeping your stoma healthy

Skill set 2: Preventing complications

Skill set 3: Emptying the stoma

The purpose of this form is to help keep track of your learning progress. Please write your initials and the date when each skill or knowledge item is reviewed, observed, practiced, and achieved.

Skill set 1: Keeping your stoma healthy

Knowledge	Reviewed	Achieved	Notes/Questions
I have a(n): _____ Ileostomy _____ Colostomy _____ Ileal Conduit	_____	<input type="checkbox"/>	
A healthy stoma should look like: _____ _____ _____	_____	<input type="checkbox"/>	
My stoma is not healthy if: _____ _____ _____	_____	<input type="checkbox"/>	
Normal output for my stoma is: _____	_____	<input type="checkbox"/>	
If my stoma has too little output I will need to do: _____ _____	_____	<input type="checkbox"/>	
If my stoma has too much output I will need to do: _____ _____	_____	<input type="checkbox"/>	

Skill set 2: preventing complications

Knowledge	Reviewed	Achieved	Notes/Questions
To prevent dehydration I will: (ileostomy and ileal conduit) _____ _____ _____	_____	<input type="checkbox"/>	
If skin around my stoma is irritated I will: _____ _____ _____	_____	<input type="checkbox"/>	
The signs of dehydration are (ileostomy and ileal conduit): _____ _____ _____	_____	<input type="checkbox"/>	
The signs and symptoms of a urinary tract Infection are: (Ileal conduit) _____ _____ _____	_____	<input type="checkbox"/>	
For questions about my stoma or the care of the stoma I will call: _____			Phone # for surgery department call center: _____

Skill set 3: Emptying your Stoma

Skills	Observed	Practiced	Achieved	Notes
I can open and close my pouch	_____	_____	<input type="checkbox"/>	Stoma Supplies _____ _____ Supply Company _____ Where to obtain _____
I can empty my pouch	_____	_____	<input type="checkbox"/>	
I can measure my own intake and output (ileostomy)	_____	_____	<input type="checkbox"/>	
I can perform a pouch change on my own	_____	_____	<input type="checkbox"/>	

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