

Basic paediatric stoma care guidelines: babies (neonates)

These guidelines provide basic information on paediatric stoma care for nurses and other healthcare professionals working with babies. The topics covered include peristomal skin care, product selection, pouch application, and information on discharge of the paediatric patient. As a rule, adult stoma care principles also apply to neonates. However, when it comes to skin characteristics and body profiles,

these particular patient groups are unique and call for special care. The Global Paediatric Stoma Nurses Advisory Board (GPSNAB) hope you will find these basic guidelines helpful. If you need more in-depth information, please consult Paediatric stoma care. Global best practice guidelines for neonates, children and teenagers.¹

Basic stoma care

Removing the stoma product

Baby skin is very fragile, so take great care when you remove the stoma product.

Gently release the adhesive, using a gauze and lukewarm water, and gently peel it off to protect the very fragile skin

Be careful when choosing adhesive removers, as they may contain noxious substances. As a rule, the use of adhesive removers should be limited and only used if:

- The epidermis would otherwise be damaged; and/or
- The removal of the product cannot be postponed

Protect the neonate's face when using powder. Inhalation of powder can harm the baby's pulmonary system

Document the reason(s) for changing the pouching system

Assessing the peristomal skin and the stoma

To care and manage the very fragile skin of babies it's important to conduct a thorough assessment of the peristomal skin as well as the stoma to identify what kind of intervention is necessary. Use the following questions to direct your assessment:

Intact	Macerated	Red	Eroded
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If you see peristomal skin complications, identify what the cause may be:

Leakage of stomal output on the skin and/or on the back of the adhesive	An allergic reaction	Mechanical damage (caused by stripping or pressure)	A pre-existing disease or condition	An infection
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Assess and document the child's stoma in terms of:

Size	Protrusion (above, in level with, or below skin level)	Shape	Colour	Appearance	Peristomal bulge/hernia
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Assess whether the muco-cutaneous junction (stoma at the suture line) is:

Intact	Separated
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Identify the characteristics of the child's effluents:

For stool, assess consistency, quantity, and colour	For urine, assess clarity, presence of mucous, and odour
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Cleansing the peristomal skin

Cleanse thoroughly with lukewarm water and a soft cloth

Dry gently by dabbing without causing friction

Avoid commercial wipes, as they may cause skin irritation and/or allergic

Selecting the right product

Always use drainable pouch systems for babies. Baby skin cannot cope with frequent changes of adhesive, and neonates react stressfully to frequent disturbances.

Convex products are usually not recommended.

Flexible convexity can be used in some cases.

Applying the pouch system

Warm the pouch adhesive with your hands, but **do not heat the product** with an external heat source (e.g. hair dryer).

Ensure a tight seal around the stoma. It is recommended to use a template to get the right size of the hole in the adhesive. As the child grows up the stoma may change in size and shape, hence, recommended to check regularly, if the template is correct.

If it's difficult to obtain a tight seal, consider using stoma product accessories such as a thin ring, strip paste or stoma paste.

Do not use alcohol-based stoma paste for premature neonates.

Wear-time of the stoma product

Acceptable wear time is initially 12-24 hours. This may increase to 2-3 days over time.

Discharge of patient

Pre-discharge

Make sure to provide all necessary information on:

Training in stoma care	Stoma and peristomal skin complications	The selected pouching system/ accessories	Prescription for the pouching system
Contact with a supply company	Financial resources	How and when to reach the stoma care nurse or surgeon (provide relevant phone number(s) and email address(es). <ul style="list-style-type: none">The date/time for the follow-up appointment	Inform parents specifically on: <ul style="list-style-type: none">which clinical signs of complications to watch out for (for example, prolapse of the stoma or peristomal skin complications such as eroded skin)

Post-discharge

Recommendations for follow-up contact:

Start with weekly follow-up calls with the parents	At the follow-up appointment with the surgeon, it is advised that the stoma care nurse is present	Use online applications – such as Skype or FaceTime – if the family lives far away from your healthcare centre (remember to check that local regulations allow for this)
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¹ Source: Paediatric stoma care. Global best practice guidelines for neonates, children and teenagers. www.ColoplastProfessional.com