

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Procedure Protocol
OSTOMIES

Initial Date:

Revised Date: June 2020 Draft

Section 11-31

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to evaluate efficacy and either rectify or make a referral for ineffective ostomies.

Aliases: Colostomy, ileostomy, urostomy.

- I. Indications
 - a. Complaints including blockage, damage, need for replacement or signs of infection.
 - b. Consult with referring physician prior to irrigation of any ostomy unless it is explicitly written in the physician's orders.
- II. Contraindication
 - a. Signs of infection or active bleeding
- III. Equipment
 - a. Irrigation sleeve
 - b. Water-soluble lubricant
 - c. Sterile fluid
- IV. Procedure
 - a. Obtain medical direction prior to procedure
 - b. Identify the type of ostomy.
 - c. Examine the ostomy tube for patency, functionality, herniation, and signs of infection.
 - d. Fill the irrigating container with about 16 to 50 ounces (500 to 1500 mL) of lukewarm water.
 - e. Attach the irrigation sleeve to the stoma
 - f. Release air bubbles from tubing
 - g. Lubricate end of the cone
 - h. Place tip of cone in stoma
 - i. Release clamp on tubing and allow water to flow into the stoma
 - j. Duration of procedure is generally 5-10 minutes
 - k. Remove cone, keep irrigations sleeve in place for additional 10 minutes.
 - l. Concerns that present threats to the patient's immediate health and well-being must be reported to the referring physician at the conclusion of the visit, all other concerns within 24 hours.
- V. Documentation **see CIP Documentation protocol**