

Stoma Appliance and Accessories Audit: Instructions

Aim	To identify stoma patients to determine whether patients are receiving appropriate care in line with recommended best practice. To reduce wastage associated with stoma appliance order and supply.
Objectives	To review appropriateness of prescribing of appliance and accessories for patients with stoma.
	To review prescribing of stoma products and accessories in line with recommended order quantities.
	To discontinue unnecessary or inappropriate requests.
	To ensure that patients are receiving appropriate monitoring in line with best practice recommendations.
	To identify patients with potential stoma related management problems and refer for specialist review if necessary.
	To ensure that stoma patients are identifiable (by Read Code) on practice system.
Patient identification	1. Perform a search all patients currently prescribed colostomy bags (one piece systems and two piece systems), ileostomy bags (one piece systems and two piece systems), urostomy bags (one piece systems and two piece systems) on either acute or repeat prescription. Include prescriptions for the last 12 months.
	2. Perform separate search to identify patients using irrigation systems.
Data collection	Patient identifier (Consider how data will be used. Do not use patient identifiable information if results will be taken out of practice. (Column A))
	Age (Column B)
	M / F (Column C)
	Type of ostomy (colostomy, ileostomy, urostomy) (Column D)
	Does the patient have a Read Code identified on the System Y/N (Column E)
	Date prescribing was started (Column F)
	Are ostomy prescription requests on a separate sheet from medication requests (Column G)
	Duration of prescribing in months (Column H)
	Number of prescriptions for ostomy products ordered in previous 12 months (Column I)
	Who initiates prescriptions? A. Patient/carer, B. Specialist Nurse, C. Appliance Contractor (Column J)
	Ostomy bags - monthly quantity prescribed (Column K)
	Is the monthly quantity of ostomy bags (and night drainage bags) supplied within recommended guidelines as indicated in prescribing recommendations? Y/N (Column L)
	For patients using irrigation systems, are prescription quantities for irrigation kits, sleeves and stoma caps supplied within recommended guidelines? (Column M)
	Are any stoma accessories prescribed Y/N (Columns N - U)
	Flange extenders prescribed? Y/N
	Are the quantities ordered within recommended guidelines? Y/N
	Adhesive removers prescribed? Y/N
	Are the quantities ordered within recommended guidelines? Y/N
	Belts / Support Belts / Sports Shield Y/N
	Are the quantities ordered within recommended guidelines? Y/N
Thickeners for ileostomy? Y/N	
Are the quantities ordered within recommended guidelines Y/N	
Skin fillers / skin protectives (Barrier creams, pastes, aerosols, lotions, gels, wipes) prescribed? Y/N	

	Have any of these products been used or supplied for longer than 3 months?
	Are any of these products on repeat? Y/N
	Are any of the products prescribed barrier creams? (Not routinely recommended)
	Deodorants / Lubricating Deodorant Gels (Not routinely recommended) Y/N
	Are any of these products on repeat? Y/N
	Has GP received notification of AUR previous 12 months? Y/N (Column V)
	Date of AUR (Column W)
	Who conducted AUR (A. Specialist nurse (NHS), B. Specialist nurse (DAC), C. Pharmacist (Column X))
	Has patient received specialist (stoma service) review in previous 12 months? Y/N (Column Y)
	Date of review (Column Z)
	Who conducted review (e.g. specialist nurse, NHS)? (Column AA)
Comments, actions and recommendations regarding appliance and accessory prescribing (including initiation or discontinuation of products) (Column AB)	
Analysis	100% of patients should have stoma appliances and accessories prescribed in line with recommended quantities (Refer to Prescribing Recommendations and Supplementary Flow Charts).
	100% of stoma patients should have regular review to assess appliance and accessory use in line with patient needs and prescribing recommendations.
	100% of prescriptions should be initiated by the patient/carer (not by the appliance contractor).
	100% of prescriptions should not be initiated by the appliance contractor.
	100% of short term use products (skin fillers and skin protectives) and accessories which are not routinely required or recommended (deodorants) should not be on repeat.
Suggested Action Plans	If quantities of Stoma Appliances (bags) ordered exceed recommendations listed, without good reason (e.g. increased use if diarrhoea), consider referral to stoma specialist.
	Ensure that only 'routinely recommended' Accessories are on repeat. Consider referral back to Stoma Care Nurse for review if over-ordering.
	Ensure that Skin Fillers and Skin Protectives are only prescribed for short term use only. Do not put on repeat. If used for > 3 months, refer back to the Stoma Care Nurse for review or if over-ordering.
	Query use of barrier creams (not recommended) and / or deodorant accessories which are not routinely required or recommended. Remove from repeat.
	If patient is over-ordering supplies and referral to specialist stoma care nurse is not considered appropriate in the first instance, invite patient for review of prescription and order quantities. Follow up with referral to specialist stoma nurse if stoma management issues are identified.
	Ensure that stoma patients have regular review to assess appliance and accessory use in line with patient needs and prescribing recommendations.
	The prescribing data received from the NHS Business Services Authority should be used to monitor the level of prescribing of home delivered items. Any large increases in the level of prescribing should be investigated.
	If requests for prescriptions are repeatedly received from suppliers and manufacturers, the practice should investigate why this is happening and report it if necessary.
	Action plans should be documented.
Suggested re-audit	After 12 months

Stoma Appliance and Accessories AUDIT

Practice name		Add practice name here																									
Date of Audit		dd/mm/yy																									
Audit lead		Add audit lead here																									
Patient Identifier	Age / DoB	M/F	Type of Stoma	Read Code identified? Y/N	Date prescribing was started	Is appliance request on separate form from medication? Y/N	Duration of prescribing in months	No. of prescriptions for ostomy products ordered in previous 12 months	Who initiates prescriptions? A. Patient/ carer, B. Specialist Nurse, C. Appliance Contractor	Ostomy bags - monthly quantity prescribed	Is monthly quantity of ostomy bags (and night drainage bags) within recommended guidelines? Y/N	If using irrigation systems, are quantities within recommended guidelines? Y/N	Are any stoma accessories prescribed? Y/N	Flange extenders, belts, adhesives removers, thickeners Y/N	Are these accessories ordered in appropriate quantities? Y/N	Are skin filters / protectives (barrier creams, pastes, aerosols, lotions, gels, wipes) prescribed? Y/N	Have any skin filters / protectives been used or supplied for > 3 months? Y/N	Are any accessories barrier creams? Y/N	Are any accessories deodorants? Y/N	Are any of these products on repeat? Y/N	Has GP received notification of AUR in previous 12 months? Y/N	Date of AUR	Who conducted AUR? (A. Specialist nurse (NHS), B. Specialist nurse (DASH), C. Pharmacist)	Has patient received specialist (stoma) review in previous 12 months? Y/N	Date of review	Who conducted review? (e.g. specialist nurse, NHS)	Comments, actions and recommendations regarding appliance and accessory prescribing (including initiation or discontinuation of products)

NB: Also refer to separate flowcharts to identify overuse of stoma appliances/accessories and recommended action

Prescribing guidelines for stoma appliances			
Appliance	Usual monthly quantity	Prescription directions	Notes
Colostomy bags (one piece systems)	30 -90 bags	Remove and discard after use.	Bags are not drainable Usual use: 1-3 bags per day. Flushable bags only to be used on advice of bowel/stoma nurse.
Colostomy bags (two piece systems)	30-90 bags + 15 flanges	Bag – remove and discard after use Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Irrigation	1 kit / year	To wash out colostomy	
Irrigation sleeves	30/month	Use once every 1-2 days	Self-adhesive disposable sleeves
Stoma caps	30	For use on mucous fistulae or colostomy if irrigating	This may be in addition to original stoma bag
Ileostomy bags (one piece systems)	15-30 bags	Drain as required throughout the day Use a new bag every 1-3 days	Bags are drainable
Ileostomy bags (two piece systems)	15-30 bags + 15 flanges	Bag – change every 1-3 days Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Urostomy bags (one piece systems)	10-20 bags	Drain as required throughout the day Generally replace bag every 2 days	Bags are drainable
Urostomy bags (two piece systems)	10-20 bags + 15 flanges	Bag – change every 2 days Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately
Night drainage bags for urostomy patients	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days	Bags are drainable

General notes

If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma specialist.

Stoma underwear is not necessary and should not be prescribed, unless a patient develops a parastomal hernia and has been advised to wear 'support underwear' or a belt.

Appliances which are listed in Part IXA and IXC of the drug tariff may be prescribed under the NHS.

Prescribing guidelines for stoma accessories

Accessory	Usual quantity	Prescription directions	Notes
Flange extenders (for one and two-piece systems)	3 packs per month	Change every time bag is changed. May require 2-3 for each bag change.	Often required for extra security if the patient has a hernia or skin creases as it increases adhesive area. If used as there is leakage around the stoma- refer for a review.
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re-usable.
Support Belts	3 per year	1 to wear, 1 in the wash, 1 for spare	For patients with manual jobs / hernia – require heavy duty belt. Must be measured – refer. For sports – use light weight belt
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	Sprays are more cost effective than wipes. 'Non-sting', silicone based products are recommended. Pelican® - use as adhesive remover and deodorant.
Deodorants	Not routinely required. Household air freshener is sufficient in most cases.	Use as needed when changing stoma bag	Should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Lubricating deodorant gels	Not routinely required. A few drops of baby oil or olive oil can be used as an alternative. If required 1-2 bottles per month.	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with 'pancaking'.