

# NHSGGC Joint Adult Stoma Care Formulary

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# Contents

Scope

Responsibilities of Stoma Specialists in Acute Care

Responsibilities of the Primary Care Provider

Table 1:

NHSGGC Stoma Appliances and accessories suggested reasonable volumes required for personal patient use

Table 2:

NHSGGC preferred accessories: skin protectants

Table 3:

Contact Details NHSGGC Clinical Nurse Specialists Stoma Care

## Scope

The NHSGGC Joint Adult Stoma Care Formulary has been developed between NHSGGC Stoma Care Clinical Nurse Specialists and Prescribing Advisors. It is applicable to all prescribers working within Acute Services and Primary Care in NHSGGC.

The main aim of the NHSGGC Joint Adult Stoma Care Formulary is to promote safe, cost effective and patient centred prescribing in both general practice and hospital. Use of this Formulary will also help to ensure seamless prescribing for patients between Primary and Secondary Care.

## Responsibilities of Stoma Specialists in Acute Care

### Preparing a patient with a new stoma for discharge from hospital

1. Clinical Nurse Specialist Stoma Care (CNSSC) to agree with the patient the most appropriate stoma care appliances to suit their needs. Discuss expectations of wear time and quantity required on prescription. Ensure that appliances are available on [Scottish Drug Tariff](#)
2. Patients will be discharged with a week's supply of products however, patients new to the service may find that their requirement is greater in the initial days and an early request for an additional supply may be made. Once the patient is more confident with application and removal of products it will be clearer on reasonable volumes of bags and baseplates required.
3. Patients should not routinely require accessories (Tables 1 and 2). Exceptions may include products such as belts and seals which help to secure the bag and reduce the risk of leakage. If accessories are required, discuss expectations of wear time, usage and expected review timescales with patient.
4. Provide the patient with the opportunity to access products either through a Community Pharmacy or Dispensing Appliance Contractor (DAC).
5. Inform patient/carer how to obtain ongoing supplies and that all prescription requests should be initiated by the patient/carer
6. Make patient aware of the prescription turnaround time from placing a request to receiving products from DAC or community pharmacist.
7. Patients should be encouraged to order further supplies when they reach a defined threshold quantity to allow sufficient time for delivery (e.g. every two months unless change in condition).
8. Patients should be advised to avoid stock piling to avoid waste as products have a recommended shelf life and are influenced by changes in temperature.
9. Inform the patient's GP about their stoma appliance requirements, including any specific patient needs
10. Repeat prescriptions for bags and baseplates alone would be normal process for long term management plan.
11. Provide advice to patient what to do if they require further advice prior to first follow up assessment on discharge and ongoing contact details.

### When reviewing an established patient

1. Discuss the use of appliances and accessories to ensure these continue to meet their needs

2. Initiate product changes if required with proposed review date for practice
3. Alert patient's practice to change of product(s) or to highlight if they are accumulating excess products to facilitate review and adjustment of repeat prescription if necessary.
4. Ensure patient knows how to access their CNSSC in future or in the event of any change to condition (Table 3)

## **Responsibilities of Primary Care Providers**

1. General practitioners will liaise with CNSSC if there are any variances between original prescription request content or if the patient requests a change to products.
2. The CNSSC will inform the Primary Care Provider of the initial stoma care requirements either directly or via a DAC.
3. To enable the patient to self-care and maintain independence, the practice should be aware of patients "normal" usage to help highlight variances, which may be due to patient having challenges in managing their stoma and maintaining peristomal skin integrity.
4. Further prescriptions should be ordered by the patient via GP Practice as required.
5. The Primary Care Provider should not issue retrospective prescriptions requested by the Dispensing Appliance Contractor (DAC)
6. The DAC must receive the prescription PRIOR to the delivery of items. 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. The only exception to this might be in an emergency e.g. patient runs out of supplies over a holiday period; increased need between usual order deliveries due to unforeseen medical problem such as diarrhoea, with increased bag usage.
7. In the event of a replacement prescription request by DAC or Community Pharmacist, thorough checks should be undertaken to ensure the lost prescription has not been issued and that it is cancelled prior to a new prescription being issued. This should be documented in the patient's notes.
8. Print prescription for patient/carer or send to DAC within the agreed turnaround time and by the agreed method of dispatch.
9. Document any communication from the DAC and CNSSC in the patient's clinical record.
10. Stop or adjust treatment/management on the advice of the CNSSC and agreement of the GP.
11. Patient should be aware of the prescription turnaround time prior to receipt of DAC delivery.
12. When a patient dies in acute care, the CNSSC will cancel delivery and inform the DAC and/or community pharmacy 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

**Table 1: NHSGGC Stoma Appliances and accessories suggested reasonable volumes required for personal patient use**

**Open bags are drainable; closed bags are not drainable**

**Variances in prescribing volumes (above and below average use) may indicate patient needs a review of their stoma management plan.**

**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 use 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 use or patient preference

**Urostomy**

One piece closed bag with tap	Change every 1-2 days	15 - 30 bags	Unit 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.)

**Prescribing Advice for Stoma Accessories. These are not routinely required. Refer to Table 2 for more detail on use of skin protectants**

Product	Approximate frequency of use	Monthly quantity if required	Note
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 that makes adhesive contact difficult to remove. Apply sparingly to reduce risk of sensitivity or interference with adhesive properties of subsequent appliance application
Adhesive remover wipes	1 wipe for bag	30 wipes in one box	
Skin protective spray (silicone based)	Use sparingly	1 spray can x 6 per year	Short or long term use for broken or sensitive skin. Provides up to three day protective silicone layer to epidermis; reapply if bag changed. 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 used 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.	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.
Lubricating gels	Can be of value for periods when pancaking occurs and can be placed in bag prior to use.	Non formulary	<b>Alternatives:</b> 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 Blow 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 a 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 underlying dermatological conditions or infection.
Hernia support belts	If required; may be worn at all times or during exercise /activity	3 per year	Patients with clinical need, such as parastomal hernia, which has been confirmed by CT scan, Surgeon or CNSSC review, will be referred for fitting appropriate hernia support garments
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.

**Table 2: NHSGGC preferred accessories: skin protectants**

<b>1.ADHESIVE REMOVERS</b>		
<b>Product</b>	<b>Quantity/Scottish Drug Tariff cost</b>	<b>Per one ml actuation/ wipe/applicator</b>
Opus Lift Plus 360	50ml spray    £5.30	11p
Opus Lift Plus 360 Citrus	50ml spray    £5.30	11p
*Stocare wipes	30 wipes      £8.50	28p
Hollister Universal remover wipes	50 wipes      £13.80	28p
Smith and Nephew Sorbaderm film applicator	1ml x 5      £2.60	52p
	3ml x 5      £3.90	78p
Smith & Nephew Sorbaderm no sting barrier spray (no bag in can)	28ml          £4.80	17p
*Stocare Protect No Sting Barrier Film Spray (bag in can)	50ml          £7.90	16p
*Stocare Protective Barrier wipes	30 wipes      £12.95	43p
Smith & Nephew Secura Protective wipes	50 wipes      £19.41	38p

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

\*Stocare drug tariff prices prior to NHS discount

**Table 3: Contact Details NHSGGC Clinical Nurse Specialists Stoma Care**

<b>CNS Stoma Care</b>	<b>Base</b>	<b>Contact email</b>	<b>Contact telephone</b>
Caroline Miller	QEUH	<a href="mailto:Caroline.Miller3@ggc.scot.nhs.uk">Caroline.Miller3@ggc.scot.nhs.uk</a>	0141 451 5999
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