

## Staff Survey on Ostomy Care

The following brief Ostomy Care Survey is designed to identify current gaps in knowledge and services provided to our ostomy patients post operatively. Information you provide will assist the organization in designing an educational program to update your knowledge and skills.

### Demographic Information

- What patient care area are you assigned to?
- Years as RN.
- Years in oncology.
- Years at COH.
- Highest nursing degree.
- How many patients with colostomies/ileostomies have you cared for in the last 6 months?  
0-3 months      4-6 months      7-9 months      10 or more months

### Knowledge Questions

1. Which of the following structures are responsible for the highly absorptive nature of the small bowel's surface?
  - a. Villi
  - b. Rugae
  - c. Peyer's patches
  - d. Taeniae coli
2. The small intestine plays an important role in maintenance of fluid-electrolyte balance.
  - a. True
  - b. False
3. When assessing a new post-operative patient with a new fecal diversion (e.g. colostomy, ileostomy) the nurse should obtain the following information except:
  - a. Procedure, pathology and expected outcomes
  - b. Stoma location
  - c. Mucocutaneous separation
  - d. Presence of Jackson Pratt drain
4. How is the type of stoma ascertained?
  - a. Visualization
  - b. Noting the abdominal location
  - c. By examining medical record
  - d. Assessing the type and consistency of the output
5. One indication of the return of bowel function is:
  - a. Decreased abdominal pain
  - b. Decrease of drainage from the closed suction drain
  - c. Resumption of oral intake
  - d. Presence of flatus

6. Pain management in the postoperative period is important to:
  - a. Assist in patient mobilization and hasten bowel function
  - b. Assist in pouch change procedure
  - c. Stop patient from being noncompliant
  
7. Assessment of a newly created stoma includes the following:
  - a. Stomal edema
  - b. Color of the mucosa
  - c. Height of the stoma
  - d. All of the above
  
8. The height of the stoma above skin level should be:
  - a. 5-10 cm
  - b. Greater than 4 cm
  - c. At skin level
  - d. 1-3 cm
  
9. The amount and type of output from a newly created fecal stoma is related to:
  - a. The time of day
  - b. The amount of parenteral fluids
  - c. The location in the intestinal tract
  - d. Fluid and electrolyte absorption
  
10. The skin around the stoma should be:
  - a. Denuded because of the shaving and surgical scrub
  - b. Pale as compared to the rest of the abdomen
  - c. Erythematous because of the presence of the pouch adhesive
  - d. Intact and healthy
  
11. The solid skin barrier (wafer) should be cut to fit at the base of the stoma.
  - a. True
  - b. False
  
12. Initially to make sure the patients ostomy appliance fits properly, the stoma should be measured:
  - a. Daily
  - b. Every other day
  - c. At least weekly
  - d. Bimonthly
  
13. If the wafer is cut too small,
  - a. The stoma could be traumatized
  - b. Leakage is more likely
  - c. The peristomal skin could easily break down
  - d. None of the above

14. The patient has agreed to a temporary ileostomy. The surgeon will bring a segment of the ileum to the skin surface and will open its' anterior wall to allow fecal diversion. This type of ileostomy is called
  - a. A double-barrel ileostomy
  - b. A loop ileostomy
  - c. An end ileostomy
  
15. You would expect the fecal output from an ileostomy to be
  - a. Formed stool
  - b. Semi-solid stool
  - c. Semi-liquid to very soft stool
  - d. A continuous soft to watery effluent
  
16. Colostomy output depends on the location; the more distal to the small intestine the thicker and less frequent the output.
  - a. True
  - b. False
  
17. Which of the following should be a **priority** when developing a teaching plan for an elderly person with a colostomy?
  - a. Provide a video and education booklet
  - b. Arrange for an ostomy visitor
  - c. Schedule short teaching sessions
  - d. Use a flip chart for the surgical procedure
  
18. When teaching a patient who only speaks Spanish and has no family available; which of the following interventions would be the best approach?
  - a. Show a video
  - b. Arrange a UOA visitor
  - c. Arrange to use the services of an interpreter
  - d. Provide an education booklet
  
19. Prior to discharging a patient home from the hospital with an ostomy, it is important to teach all the following except
  - a. When and how to empty the pouch
  - b. How to open and close the clamp
  - c. How to order supplies
  - d. When to call the physician or WOC nurse
  - e. Community resources
  - f. How to change the wafer and pouch
  
20. Which of the following stoma symptoms must be addressed with the physician immediately?
  - a. Bleeding during cleaning
  - b. Postoperative edema
  - c. Dark purplish color and decrease output

21. A low anterior resection (LAR) is the surgical treatment of choice for patient with colorectal cancer of the upper and middle third of the rectum.
  - a. True
  - b. False
  
22. The operative procedure is determined by the anatomic site of the lesion including blood supply and the presence of absence of adjacent organ involvement.
  - a. True
  - b. False

**Attitude Questions**

Please answer the following questions on a scale of 1-5 according to the scale given below:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
strongly disagree	disagree	neither agree nor disagree	agree	strongly agree

1. I feel confident that I have the background knowledge and experience in ostomy care to sufficiently care for my patients at this time.
 

1	2	3	4	5
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2. I feel confident that I can assess my patient's ostomy sufficiently well enough to care for my patient with an ostomy at this time.
 

1	2	3	4	5
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3. I feel confident that I know enough about the different types of appliances for the various ostomies and patients' condition to adequately select the proper ones for my patient at this time.
 

1	2	3	4	5
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4. I feel confident that I have the skills to size, fit and apply an ostomy appliance at this time.
 

1	2	3	4	5
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5. I feel confident that I can teach my patients sufficiently well enough to care for themselves at home at this time.
 

1	2	3	4	5
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6. I feel confident that I can advise my patients on community resources for supplies, education and support sufficiently well enough at this time.
 

1	2	3	4	5
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7. I care for ostomy patients often enough to keep up my skills in ostomy care.
 

1	2	3	4	5
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8. There is adequate staff education or in-service opportunities at City of Hope to keep my knowledge up-to-date on ostomy care.
 

1	2	3	4	5
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9. If I am unsure about any aspect of ostomy care, there is someone available who can answer my questions.
- 1 2 3 4 5
10. I have the proper patient teaching materials (booklets, pamphlets, videos, etc.) to teach my patients/family about ostomy care.
- 1 2 3 4 5
11. I have enough time during my shift to teach ostomy care to my patient/family.
- 1 2 3 4 5
12. Patients are well prepared to care for themselves at home at the time they leave the hospital.
- 1 2 3 4 5
13. Patients are well informed about what to expect regarding their condition, expected changes and care at home at the time they leave the hospital.
- 1 2 3 4 5
14. I feel that patients will get adequate follow-up care and teaching after they leave the hospital.
- 1 2 3 4 5
15. I know who to call for answers about ostomy care should I encounter a problem.
- 1 2 3 4 5

What patient teaching resources do you think would be helpful?

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What are some barriers to patient teaching?

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Further comments or suggestions for improvement.

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