



# Northern Lincolnshire Area Prescribing Committee Guidelines for the Prescribing of Stoma Care Appliances in Primary Care

Date Approved	14/06/2018
Approved By	Area Prescribing Committee
Date Reviewed	
Review Date	14/06/2020
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Version	VERSION 1

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## **Introduction**

### **Aim**

The Northern Lincolnshire Area Prescribing Committee Guidance for the Prescribing of Stoma Care Appliances in Primary Care have been developed:

- To ensure Patients with stomas receive consistent, evidence based, high quality, clinically, cost effective appliances and accessories in line with their clinical need.
- To provide guidance on issuing prescriptions for items that are supplied to stoma patients
- To help reduce over-ordering, wastage, poor communication and inappropriate use.

The document outlines the responsibilities of the Colorectal/Stoma Specialist Team, GP, dispensing contractor (dispensing appliance contractor (DAC), community pharmacy and dispensing doctor) and the patient/carer or their relatives.

New stoma products should only be prescribed on the advice of the Colorectal/Stoma Specialist Nurse, who is available to assess/ re-assess all stoma patients and provide appropriate support and advice.

The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

### **Scope of the guidance**

This guidance is designed to be used by all prescribers, GP practices and Colorectal/Stoma Specialist Nurse.

## Key messages

### Responsibilities of Colorectal/Stoma Specialist Nurse

Assess the patient, then select and initiate the most appropriate product(s) for treatment/management without pressure from any sponsoring company. Product selection should be made to meet patient needs on an individual basis as not all products are suitable for everyone. .

### New patients

On discharge from Hospital, all patients will be supplied with a minimum 7 days' supply of stoma product

Following discharge, patients will be reviewed by the stoma care specialist Nurse. Several products may be tried during this period.

- Communicate promptly with the patient's GP regarding:
  - Product initiation (including product codes)
  - Expected monthly usage
  - Either expected duration of treatment or date of next review
- Ensure the patient has an established treatment plan that they fully understand.
- Patients should be advised to allow two weeks for their prescription to be processed and dispensed in order to ensure that they still have sufficient supplies.
- Patients should also be advised that, over-ordering should be avoided to reduce waste.
- Only products listed in the Drug Tariff should be initiated.
- Monitor response to treatment, or advise GP of monitoring requirements.
- Following any change to prescription, advise both GP and dispensing contractor (where appropriate) of any modifications.
- Ensure clear arrangements for back-up stock, advice and support.
- [Appendix One](#) provides guidance to prescribers for cost effective first line products. It is not intended to restrict patient choice.

## Responsibilities of the Practice

Ensure there is a system for supply i.e repeat template if appropriate. Then continue prescribing, adjusting prescriptions for product(s) as advised by the specialist.

- Check quantities requested against information in The recommended list. This gives suggested quantities, directions and notes to assist with prescribing.
- Be aware of the normal usage rate by the patient and ensure that any irregularities are flagged to the Colorectal/Stoma care team and reviewed with the patient/carer.
- Be aware of information under [“seek advice from Colorectal/Stoma Specialist Nurse Team”](#)
- The practice should not issue retrospective prescriptions requested by the dispensing appliance contractor.
  - The dispensing contractor must receive the prescription PRIOR to the delivery of items.
  - If the dispensing contractor delivers item(s) prior to receiving a prescription, a prescription may not be issued to cover the supply if it is not considered necessary/appropriate.
  - The only exception to this might be the first prescription following discharge to ensure the patient has a supply of products at home. In these circumstances supply is initiated by the Acute Trust specialist team.
- Print prescription for patient/carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- If using Electronic Prescription Service (EPS), the patient can nominate a pharmacy for the dispensing of medicines AND an appliance contractor for the dispensing of continence appliances.
- Document any communication from the dispensing contractor and specialist in the patient’s clinical record.
- Report to and seek advice from the Colorectal/Stoma Care Specialist Team on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the Colorectal/Stoma Care Specialist Team immediately if an urgent need to stop treatment arises.
- Copies of the Appliance Use Review (AUR) should be reviewed by an appropriate person in the practice and stored in the patient’s medical records.
- Ensure clear communication to the patient with regard to the process agreed between the practice and the contractor e.g. the interval prior to delivery when the regular prescription request should be submitted.

- When a patient dies, the practice must inform the Colorectal/Stoma Care team and the dispensing contractor so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed can be retrieved and destroyed.
- The practice should ensure that the patient/carer:
  - Understands the treatment.
  - Is aware of how to raise any concerns and report any problems in relation to the treatment.
  - Understands the ordering process and reports any problems with supply to the specialist or GP.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

### **Responsibilities of the patient or carer**

- To order when they reach a defined threshold sufficient to allow time for the processing of the prescription.
- Ensure they attend their annual review
- To avoid stock piling:
  - Products have a recommended shelf life and are influenced by changes in temperature.
  - Product choice may change over a period of time.

## Points to consider

- '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.
- All requests for prescriptions should preferably be initiated by the patient, direct to the GP practice to enable a robust audit trail and should be for ONE MONTH'S supply at a time.
- GP practices should not issue retrospective prescriptions for any Dispensing Appliance Contractor (DAC). The dispensing contractor must receive the prescription PRIOR to the delivery of items. If the DAC delivers items prior to receiving a prescription they risk not obtaining the prescription to cover that supply if the item is not considered necessary or appropriate.
- Stoma appliances should always be prescribed by brand and not generically; this generally takes the format of the manufacturer's name, a description of the product and the manufacturer's code.
- Dispensing contractors must also supply a reasonable quantity of wipes and disposal bags with ostomy products free of charge which do not need to be added to the prescription.
- Ensure that only 'routinely recommended' accessories are on repeat.
- Do not routinely prescribe bag covers or deodorants.
- Do not add 'occasionally required' accessory products to repeat, unless recommended by the Colorectal /Stoma Specialist Nurse.
- Where possible, agree a named person at the GP practice for managing prescription requests.
- If possible, agree a named contact with the dispensing contractor. All prescription requests should come from the patient/carer, however the contractor may need to be contacted to clarify the delivery schedule, product availability etc.
- Consider frequency of supply and the turnaround time from request of prescription by dispensing contractor to dispatch of prescription from surgery (e.g. 48 hours)
- Consider method of receipt of prescription by contractor e.g. fax, email, post or EPS. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).
- It is strongly recommended that requests for emergency prescriptions should only be accepted from the patient/carer.

## **Situations that may require advice or advice of the Colorectal/stoma specialist care team**

- Routine over ordering of stoma supplies
- Long term use  $\geq 3$  months of skin protective products (wipes / films / paste / powders)
- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to Colorectal /Stoma Specialist Nurse.
- Patients who have not received a review in the last 12 month period
- Old style reusable bags
- Current use of adhesive seals and flange extenders – newer products may be more appropriate
- Current use of products that are to be discontinued
- Patients that are experiencing leakage
- Patients experiencing dietary problems
- Patients that have developed hernia's
- Any request for 'Stoma underwear' (these should only be prescribed at the request of a Colorectal /Stoma Specialist team).
- Patients are experiencing physiological difficulties adapting to their stoma
- Patients with sore/excoriated skin and/ or adhesive reaction
- New Patients with existing stoma



## Prescribing medicines for patients with a stoma

Prescribing medicines for patients with with a stoma calls for special care. Some ileostomy patients can experience occasional problematic, high-volume liquid stomal output, which can cause dehydration, potential renal impairment, body image problems and increased product usage.

Anti-motility agents (loperamide or codeine), can be used to treat this. They slow down gastrointestinal transit time, allowing more water to be absorbed thus thickening and decreasing the stoma output.

Loperamide is preferred as it is a not sedative and not addictive/open to abuse.

Patients are usually able to self-manage ad hoc dosing according to requirements.

Longer-term use with higher doses may be necessary if patients have a 'short-bowel syndrome'

Loperamide should be taken half an hour before food for maximum effect.

Some patients experience constipation. With the exception of ileostomy patients, an increase in fluid intake or dietary fibre (wherever possible) should be tried first before initiating bulk forming or osmotic laxatives.

Ileostomy patients may benefit from loperamide melts

Drug	Dose
Loperamide 2mg capsules	2mg (up to 4mg) four times a day as required (Max 16mg daily)
Codeine Phosphate 15mg and 30mg tablets	15mg to 30mg four times a day (Max 240mg daily)

Colostomy patients may suffer from constipation and whenever possible should be treated by increasing fluid intake or dietary fibre. Bulk forming drugs should be tried. If they are insufficient, as small a dose as possible of Senna should be used.

Medicines that should be used with care in stoma patients

<b>Drug</b>	<b>Reason</b>
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution as may cause diarrhoea.
Digoxin	Stoma patients susceptible to hypokalaemia – monitor closely, consider supplements or potassium sparing diuretics.
Diuretics	Patients may become dehydrated. Use with caution in ileostomy patients – may become potassium depleted.
Enteric-coated and modified-release preparations	Unsuitable, particularly in ileostomy patients, as there may not be sufficient release of the active ingredient. Consider non-EC/MR preparations first choice.
Iron e.g. ferrous fumarate, ferrous sulphate	May cause loose stools and sore skin in these patients May cause diarrhoea – ileostomy or constipation – colostomy. Stools may be black – important to reassure/warn patients.
Laxative enemas and washouts	Avoid in ileostomy patients – may cause rapid and severe loss of water/electrolytes.
Nicorandil	Anal and peristomal ulceration – related to inflammatory disease
Opioid analgesics	Caution as may cause troublesome constipation.
Proton Pump Inhibitors	May cause diarrhoea
<b>Routes of administration points of note</b>	
Please be aware that it may not be appropriate to use the PR route for stoma patients, please check clinical records.	
Medication cannot be administered via the stoma.	

## Appendix One: Recommended product list

**Note: the term bag and pouch are synonymous and will be used interchangeably throughout this document.**

**Prices correct as of Drug Tariff April 2018**

### Cut Outs

Although there are many pre-cut pouches these are mainly circular. The majority of stomas are oval and therefore there is a requirement for pouches to be cut to shape for the individual. The Colorectal/stoma Nurse Specialist will measure and template approximately 6 weeks post operatively and order accordingly. The delivery company will offer a cutting service for patients. Some dispensing GPs or community pharmacies offer this service too.

Products	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 Colorectal /Stoma Specialist 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.
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)	30 bags	Drain as required throughout the day. Generally replace bag daily.	Bags are drainable
Urostomy bags (two piece systems)	30 bags + 15 flanges	Bag – change every day 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

## BELTS

- Ostomy/Stoma belts are used to secure the stoma product to the skin.
- These belts are usually 1 inch wide, adjustable and made of stretch elastic.
- Not all stoma products can have a belt fitted to them and advice from the Colorectal Nurse Specialist should be sought if the prescriber is unsure.
- These products attach to the stoma appliance directly.

Support belts	3 per year	1 to wear, 1 to wash, 1 spare	
Belts (For convex Products)	Suggested upto 6 per year	1 to wear, 1 to wash, 1 spare	
<b>Deodorants</b>	<b>As a general rule deodorants are not recommended for use.</b> <b>It is recommended that ordinary household deodorants should always be used in the first instance.</b>		

## Accessories

- Patients using older accessories or who experience any problems or when products are discontinued, should be referred back to the Colorectal/Stoma Specialist Nurse for support in changing products.
- Advances in pouch production means that many of these accessories are not required and are often used either out of habit or lack of confidence

Adhesive Removers					
<ul style="list-style-type: none"> <li>• Recommendations on the use of accessories are only made by the Colorectal /Stoma Specialist Nurse on an individual need basis.</li> <li>• As general rule recommendations for wipes, deodorants and other accessories are not made unless necessary.</li> <li>• The delivery company give away free dry wipes and disposal bags.</li> <li>• In order for accessories to be prescribed appropriately patients should be in discussion with the colorectal/Stoma nurse to ensure that there is a clinical need. If no clinical need is proven then the product should not be prescribed</li> </ul>					
Adhesive Removers Sprays/solutions					
Product codes	Accessories Product	Price	Usual Monthly Quantity	Prescription Directions	Notes
083-01	Dansac EasiSpray adhesive remover	£6.62 (50ml spray)	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.
OPA50	OstoMart OstoPEEL No Sting Medical Adhesive Remover – Apple	£6.67 (50ml aerosol)			
OPB50	OstoMart OstoPEEL No Sting Medical Adhesive Remover – Blackberry	£6.67 (50ml aerosol)			
OPM50	OstoMart OstoPEEL No Sting Medical Adhesive Remover - Mint	£6.67 (50ml aerosol)			

Adhesive Removers Wipes/sachets					
Product codes	Accessories Product	Price	Usual Monthly Quantity	Prescription Directions	Notes
OM 30	Peak Medical Ltd Offmate Stoma Adhesive Remover	£9.06 (30 wipes)			Wipes only advised for patients with dexterity issues and this needs to be communicated to the patients GP practice
STC 200	Rhodes Pharma Ltd StoCare Remove Non Sting Medical Adhesive Remover Wipes	£8.60 (30 wipes)			

**Skin protectives and fillers (wipes, films and powders) - If paste is needed the Colorectal/stoma nurse will provide what is needed following a full assessment**

**SHORT TERM USE ONLY (acute prescription):**

- may be used on skin that is broken, sore or weepy to promote healing.
- If used for >3 months, refer.
- Barrier creams are NOT recommended as they reduce adhesiveness of bags/flanges.
- Either wipes or powder – not both

**Paste**

Product codes	Accessories Product	Price	Usual Monthly Quantity	Prescription Directions	Notes
S103	Convatec Orabase paste 30g	£2.16	Follow directions of Colorectal /Stoma Specialist Nurse	Apply when bag is changed as directed	
<b>Powder</b>					
S106	ConvaTec Orahesive Powder	£2.50 (25g)	Follow directions of Colorectal /Stoma Specialist Nurse	Apply when bag is changed as directed	

## Appendix Two: Abbreviations

Abbreviation	Definitions
HCP	Healthcare professional
AUR	Appliance Use Review
DAC	Dispensing Appliance Contractor
EPS	Electronic Prescription Service

## References

1. PrescQIPP
2. Drug tariff April 2018