Child’s Name: _______________________________
Person Trained: _____________________________ Position: _____________________ Instructor: _____________________

**A. States name and purpose of procedure.**

B. Preparation:
   1. Reviews Universal Precautions
   2. Completes at ___________________ time(s)
   3. Identifies where procedure is done (consider privacy and access to bathroom)
   4. Position for ostomy care
   5. Identifies possible problems and appropriate actions

C. Identifies Supplies:
   1. Soap and water
   2. Soft cloth or gauze
   3. Skin preparation
   4. Adhesive
   5. Clean bag
   6. Belt, if needed
   7. Scissors and measuring guide
   8. Clean gloves
   9. Adhesive tape, if needed
   10. Container to clean/store bag
   11. Disinfectant solution to clean used bag

D. Procedure:
   1. Washes hands
   2. Assembles equipment
   3. Explains procedure to child and encourages participation
   4. Puts on gloves
   5. Empties contents of bag into toilet before removal
   6. Removes used bag
   7. Washes the stoma area
   8. Inspects skin for redness/irritation
   9. Dries stoma and skin
   10. Places skin barrier around stoma
   11. Applies adhesive to bag or removes backing from adhesive
   12. Centers new bag over stoma
   13. Presses bag firmly against skin barrier to prevent leaks
   14. Attaches belt, if used
   15. Disposes of used bag in appropriate receptacle
   16. Removes gloves and washes hands
   17. Documents procedure and problems
   18. Reports any problems to parents

<table>
<thead>
<tr>
<th>Demo Date</th>
<th>Date</th>
<th>Return Demonstration Date</th>
</tr>
</thead>
</table>

Checklist content approved by:

___________________________________________________
Parent/Guardian Signature    Date

(02/1998)