

Bedfordshire and Luton Guidance on Prescribing of Stoma Appliances in the Community

April 2016

These guidelines are designed for use across all healthcare settings in Bedfordshire and Luton by any suitably trained healthcare professional.

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Introduction and acknowledgements

This document aims to provide guidance on the issue of prescriptions for items that are supplied to stoma patients, to help reduce over-ordering, wastage, poor communication and inappropriate use.

This document sets out to ensure that patients receive the most appropriate products to manage their stoma by providing advice to prescribers and other healthcare professionals. During the financial year 2015/16 Bedford Clinical Commissioning Group spent £1.9 million and Luton Clinical Commissioning Group spent £715k on stoma appliances in primary care.

The document outlines the responsibilities of the Stoma Nurse Specialist, primary care practices, dispensing contractors (which include community pharmacies, dispensing doctors and dispensing appliance contractors – DACs) and provides information for the patient/carers or relatives.

The healthcare professional who prescribes the treatment/appliance assumes the clinical responsibility for the treatment/appliance and the consequences of its use.

Many thanks to Herefordshire Clinical Commissioning Group Medicines Optimisation Group and Wye Valley NHS Trust Colorectal team for their guidance on prescribing stoma appliances in the community. This together with the PrescQIPP Bulletin 105: Stoma were adapted by the Stoma Nurse Specialists at Bedford Hospital and Luton & Dunstable Hospital to produce this guidance. This Bedfordshire and Luton Guidance on Prescribing of Stoma Appliances in the Community has been ratified by the Bedfordshire and Luton Joint Prescribing Committee (JPC) in June 2016 and will be reviewed approximately every two years.

Many thanks to all health care professionals who have inputted to and commented on this guidance. We hope you find these helpful in your health care setting.

Clinical queries should be directed to the Stoma Nurse Specialists. Contact details:

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We welcome any comments on the guidance, please contact the editor: Darshna Gokal, Pharmaceutical Adviser, Suite 2, Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR. E-mail: Darshna.gokal@bedfordshireccg.nhs.uk Tel: 01525 864430 ext. 5911.

These guidelines are based on the best available evidence but their application can always be modified by professional judgement.

General prescribing advice

- Only those stoma appliances listed in the Drug Tariff, Part IXC can be issued on FP10. Details can be accessed via www.drugtariff.nhsbsa.nhs.uk
- Stoma appliances should be prescribed by brand to avoid confusion. This will usually include the manufacturer's name, a description of the product and product code.
- Ensure appropriate quantities are prescribed to minimise waste. Refer to the section below on 'prescribing guidance for stoma appliances and accessories' for further details.
- Quantities should be specified as actual number of appliances and the use of the term original pack (OP) avoided. NB. some packs cannot be split.

Responsibilities of stoma nurse specialists

- Select and initiate the most appropriate product for treatment/management without the influence of the manufacturing company or Dispensing Appliance Contractor (DAC).
- Ensure patient has an established treatment plan that they fully understand.
- Communicate promptly with the GP regarding product initiation (including product codes), expected monthly usage, expected duration of treatment or if long term the date of next review.
- Monitor response to treatment or advise GP of monitoring requirements and advise of any changes to prescriptions.
- Monitor closely those patients with high output stomas, titrating the use of medicines to maintain independence and avoid unintended admissions.
- Ensure clear arrangements for back up advice and support for patients and prescribers.

Responsibilities and information for practices

GP practices should **not** issue retrospective prescriptions for appliances to any DAC. The DAC must receive the prescriptions PRIOR to the delivery of the 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. The only exception to this might be the first prescription following discharge to ensure that the patient has a supply of products at home. In these circumstances the supply is initiated by the Acute Trust Specialist Team.

- 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. There may be cases where this is not practical

and in that situation the DAC may request the prescription on behalf of the patient.

- Primary Care based prescribers should initiate a system for supply and then continue prescribing, adjusting prescriptions for products as advised by the Stoma Nurse Specialist.
- Check quantities requested against the information in the section below on 'prescribing guidance for stoma appliances and accessories'. Be aware of the normal usage rate by the patient. Any irregularities should be flagged to the prescriber to either review the patient/carer or refer to the Stoma Nurse Specialist for review.
- Patients are usually discharged from hospital with a 2 week supply (usually through the hospital Stoma Nurse Specialist Team) with no accessories (unless deemed essential). The first order should be for one month's supply and repeat orders should be no more than one month's supply to reduce wastage – stoma sizes can reduce following surgery and take time to settle in size.
- Some patients prefer drainable bags and others prefer closed bags – which should be guided only by the Stoma Nurse Specialist.
- Be aware that companies may 'sample' patients with new, expensive and usually unnecessary products. Patients can also obtain information regarding available accessories over the internet and through fellow patients. Patients wanting accessories should be informed that their GP will not prescribe the item if they consider it inappropriate and the Stoma Nurse Specialist has not recommended it.
- **Stoma Nurse Specialists recommend that stoma patients should use a plain and simple procedure when changing their bag, thus avoiding the need for expensive accessories.**
- Prescribers and persons involved in repeat prescribing systems should be aware of supportive information contained in this guidance:
 - Prescribing guidance for stoma appliances and accessories
 - Stoma patient pathway – situations that may require referral to Stoma Nurse Specialists
 - Advice on managing high volume liquid output in patients
 - Medicines to use with care or avoid in stoma patients
 - Information for stoma patients – key messages and advice

Practices must:

- Generate a prescription for patient/carer (or send to dispensing contractor) within the agreed turnaround time and by the agreed method of dispatch.
- Document any communication from the dispensing contractor and Stoma Nurse Specialist in the patient's clinical records.
- Report to and seek advice from the Stoma Nurse Specialist on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the Stoma Nurse Specialist or immediately if an urgent need to stop treatment arises.

- Copies of AUR (Appliance Use Reviews) should be reviewed by an appropriate person in the practice and scanned into the patient's medical records.
- Ensure that there is clear communication to patient with regards to the process agreed between practice and the dispensing contractor e.g. the interval prior to delivery when the regular prescription request should be submitted.
- Set up a recall system to remind patients they are due an annual review with the Stoma Nurse Specialist.
- Inform dispensing contractors (community pharmacist / DAC) when a patient dies so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed can be retrieved and destroyed.

Practices should:

- Have their own agreed protocol for how they deal with DACs.
- Nominate a named person at the practice for managing requests for appliances.
- Obtain a named contact with the DAC, if possible.
- Consider issuing prescriptions for stoma appliances on a separate FP10 form to the patient's other medication. This will avoid problems if a patient uses a DAC for stoma appliances and a community pharmacy/dispensing doctors for their other items.
- Consider frequency of supply and turnaround time from request to dispatch or prescription from the surgery.
- Consider a method of receipt of prescription by dispensing contractors e.g. fax, email, post, electronic prescribing. A record should be kept if prescription is posted to dispensing contractors.
- Have a system in place for dealing with requests for emergency prescriptions, which should only be accepted from the patient/carer.
- Understand that some ostomists will need more ileostomy bags if they prefer to use midi bags during the day and maxi bags at night (mainly younger persons for body image).
- Not accept patient requests for new products without checking with the Stoma Nurse Specialist. Refer to contact details included on page three of this guidance.
- Understand that more than the recommended amounts may be ordered under some circumstances e.g. suffering with gastro-intestinal symptoms, dietary problems or skin issues i.e. ulceration or undergoing chemotherapy.
- Not enter into any arrangements for reviews led by manufacturers of stoma products or other companies unless this is authorised by the Medicines Management Team before commencement.

Audit and monitoring

Refer to the 'stoma patient pathway – situations which may require referral to Stoma Nurse Specialists' below to ensure a prompt referral to the Stoma Nurse Specialist is made as indicated in the pathway.

If requests are continually received from the suppliers and manufacturers for prescriptions after dispensing, the practice should report the details to the Medicines Management Team.

Monitoring of prescribing data will be used to monitor the level of prescribing of stoma appliances.

Prescribing guidance for stoma appliances and accessories

Appliance Type	Typical Usage	Suggested Monthly Prescribing Quantity	Suggested Directions	Notes
Colostomy Bag (1 piece or 2 piece)	Usual 1-3 bags per day	30-90 bags (1-3 boxes of 30)	Remove and discard after use	Bags are not drainable or reusable. Flushable bags only to be used on advice of Stoma Nurse Specialist
Colostomy Flange (use with 2 piece bag)	One flange typically remains in situ for 2-3 days. The bags are clipped to the base flange in practice.	10-15 flanges	Change 2-3 times per week	Flange is not usually changed at every bag change

Please note that convex products come in boxes of 10 not 30

Ileostomy Bag (1 piece or 2 piece)	1 bag every 1-3 days	10-30 bags (2 boxes of 30 for 1 st order Followed by 1 box per month)	Drain as required throughout the day. Use a new bag every 1-3 days	Bags are drainable
Ileostomy Flange (use with 2 piece bag)	One flange typically remains in situ for 2-3 days. The bags are clipped to the base flange in practice.	10-15 flanges	Change 2-3 times per week	Flange is not usually changed at every bag change

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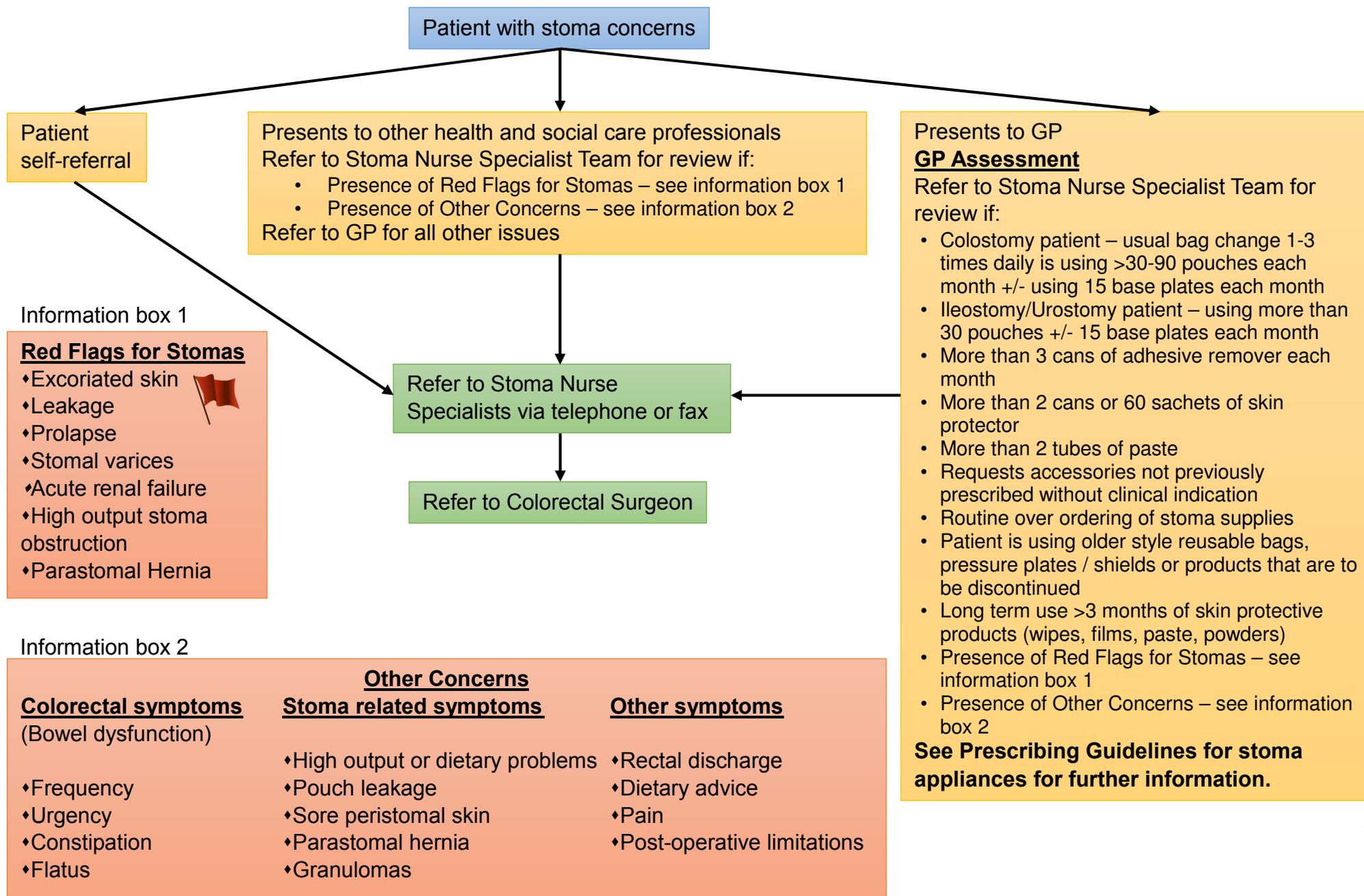
Urostomy Bag (1 piece or 2 piece)	1 bag every 2 days.	10-20 bags (1-2 boxes of 10)	Drain as required throughout the day. Use a new bag every 1-2 days.	Bags are drainable
Urostomy Flange (use with 2-piece bag)	One flange typically remains in situ for 2-3 days	15 flanges	Change 2-3 times per week	Flange is not usually changed at every bag change
Urostomy Overnight Bag	1 bag every 7 days if required	4 bags (1 box of 10 every 2-3 months)	Use a new bag every week	Bags are drainable

Appliance Type	Typical Usage	Suggested Monthly Prescribing Quantity	Suggested Directions	Notes
Routinely Recommended				
Adhesive Removers	Will depend upon frequency of bag change.	1-3 cans of spray per month or 30 wipes for every 30 bags	Use each time stoma bag is changed	Sprays are more economical than wipes to reduce skin stripping. Non-sting silicone sprays are recommended.
Belts (for convex pouches)	3 will last for 12 months	3 per year	1 to wear, 1 in the wash and 1 for spare	Washable and re-usable. Should correspond to the manufacturer of the bags used.
Occasionally Recommended				
Flange Extenders (for 1 and 2 piece systems)	1 each time bag or flange is changed. Check with Stoma Nurse Specialist regarding frequency of use.	10-90 extenders only on Stoma Nurse Specialist's recommendation	Change each time the flange or bag is changed	May be required where the patient has a hernia or skin creases and there is leakage around the stoma
Lubricating Deodorant Drops/Gels	Not routinely required, but may be useful where patients experience 'pancaking'. Contact Stoma Nurse Specialist for advice.	1-2 bottles	Put 1 squirt/drop into each stoma bag before use	Bottles are more cost effective than sachets. A few drops of baby oil or olive oil may be used as an alternative.
ONLY on advice of Stoma Nurse Specialist				
Deodorant Sprays	Not routinely required (household air freshener is a suitable alternative).	Maximum of 1 spray	Use as required when changing stoma bag	If bag is fitted correctly, odour should only be apparent when bag is changed or emptied. May need review if required at other times.
Discharge solidifying agents/thickeners for ileostomy	Absorbent strips, gel, capsules/tablets and sachets	15-30	Use with every new bag	May be useful for Crohn's disease patients or only if faeces are watery

Appliance Type	Typical Usage	Suggested Monthly Prescribing Quantity	Suggested Directions	Notes
Irrigation/washout appliances	Irrigation sets + accessories. For colostomy irrigation as advised by the Stoma Nurse Specialist.	1 set every 6 months	Use with warm tap water or bottles if abroad	
Skin Fillers	Only upon directions from Stoma Nurse Specialist		Change each time bag is changed	Filler pastes/washers are used to fill creases or dips in the skin to ensure a seal. Alcohol containing products may sting.
Skin Protectives (e.g. wipes, films, pastes, powders, sprays, creams)	For <u>short term usage only</u> (acute prescription). Follow instruction of Stoma Nurse Specialist.	30 wipes or 1 paste or 1 spray	Apply when bag is changed as directed	Promotes healing where skin is broken or sore. If used for >3 months refer patient to Stoma Nurse Specialist. Barrier creams are not recommended since they may reduce adhesiveness and prevent bag from securely adhering to skin.
Support belts	Used for patients with parastomal hernia who have been advised to wear a belt by Stoma Nurse Specialist.	Max of 3 items per year (1 to wear, 1 to wash and 1 for spare)	Check with Stoma Nurse Specialist regarding need or refer if necessary.	Patients with manual jobs/hernia require a heavy duty belt. For sports use a lightweight belt may be required. Support appliances are washable and re-usable.
Not Recommended				
Bag Covers	Cloth fibre or non-woven			Can be washed and reused many times
Non-Woven Swabs	Will depend on frequency of bag change.	300-400 swabs	Use each time bag is changed	For washing and cleaning skin (supplied complimentary by DAC)
Support garments/underwear (e.g. knickers, pants)	Not routinely necessary and should not be prescribed.	Max of 3 garments per year (1 to wear, 1 to wash and 1 for spare)	Check with Stoma Nurse Specialist regarding need or refer if necessary. Patients can purchase via mail order.	Support appliances are washable and re-usable.

Refer to page three of this guidance for contact details of Stoma Care Departments at Bedford Hospital and Luton & Dunstable Hospital

Stoma patient pathway – situations which may require referral to Stoma Nurse Specialists



Advice on managing high volume liquid output in patients

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 not a sedative and not addictive or subject to abuse.

If their output exceeds 1000ml per day, these patients will need regular urea and electrolyte tests and may become depleted in magnesium very quickly. These patients will also need to be closely advised by the Stoma Nurse Specialist Team. Loperamide should be taken half an hour before food for maximum effect. If not effective initially, i.e. the patient still has high volume output, loperamide oral solution should be considered.

Patients with high output ileostomies are advised to drink dioralyte and isotonic drinks and they will be given advice regarding foodstuffs to thicken output.

Patients are usually able to self-manage ad-hoc dosing according to requirements. Longer term use with higher doses may be necessary in patients who have a short bowel.

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

St Mark's solution can be used to manage potential dehydration and patients will be advised accordingly on its use by the Stoma Nurse Specialist Team.

Please be aware that it may not be appropriate to use the PR route for some stoma patients, check clinical records. Medication cannot be administered via a stoma.

Medicines required for stoma management (NB. off-label use of medicines)	
Drug	Dose
Loperamide 2 mg capsules Occasionally loperamide 1mg/5ml oral solution will be recommended.	Take ONE capsule THREE times a day. Up to TWO capsules FOUR times a day can be taken as a maximum dose. There may be exceptional circumstances where higher doses may be required. This should only be on the advice of the Stoma Nurse Specialist.
Codeine phosphate 15mg and 30mg tablets	Take ONE to TWO tablets up to FOUR times a day. (Maximum 8 tablets in 24 hours).

Medicines to use with care or avoid in stoma patients

Medication type	Reason
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution as antibiotics may cause diarrhoea.
Digoxin	Stoma patients are susceptible to hypokalaemia and need to be monitored closely. Hypokalaemia can increase digoxin toxicity. Consider supplements or potassium sparing diuretics to avoid hypokalaemia.
Diuretics	Patients may become dehydrated. Caution when used in patients with an ileostomy as they may become potassium depleted.
Enteric coated and modified release preparations	May be unsuitable, particularly in patients with an ileostomy as there may not be sufficient release of the active drug. Consider preparations that are not enteric coated or modified release as first choices.
Iron, i.e. ferrous sulphate and ferrous fumarate	May cause diarrhoea in patients with an ileostomy or constipation in patients with a colostomy. Stools may be black – important to warn and reassure patients.
Laxative enemas and washouts	Avoid in patients with an ileostomy as these may cause rapid and severe loss of water and electrolytes.
Nicorandil	This can cause anal and peristomal ulceration.
Opioid analgesics	These may cause constipation which may be troublesome.
Proton pump inhibitors	These may cause diarrhoea.
Topical creams/ointments	The stoma bags may not adhere to skin where topical creams and ointments have been applied. Avoid or consider lotion where indicated.

Information for stoma patients – key messages and advice

The aim of this key message document is to provide relevant information to encourage appropriate prescribing and support for stoma patients. There are a growing number of stoma patients which can often pose challenges around prescribing.

General issues and advice for stoma patients

Community pharmacist – Please make sure that patients make their community pharmacist aware that they have a stoma since they can advise on suitable medicines, both prescribed and purchased over-the-counter.

Diet – Ileostomy patients need to be very careful with high fibre diets. All foods containing high amounts of fibre need to be chewed very well before swallowing. If experiencing problems then advice should be sought from the Stoma Nurse Specialists.

Concurrent illness – if stoma patients become unwell, particularly ileostomy patients, they can become dehydrated very quickly and patients should report to their Stoma Nurse Specialist or GP.

Patient support groups

Colostomy Association: (0800 328 4257) www.colostomyassociation.org.uk

Ileostomy and Internal Pouch Support Group: (0800 0184724 or 01702 549859) www.iasupport.org

Urostomy Association: (01889 563191) www.urostomyassociation.org.uk

Macmillan Cancer Support: (0808 808 00 00) www.macmillan.org.uk

Sexual Advice Association: (0207 486 7262) www.sexualadviceassociation.co.uk

Ostomyland: www.ostomyland.com/ostomyland

Bowel surgery: www.allaboutbowelsurgery.com www.meetanostomate.com

Clinical queries should be directed to the Stoma Nurse Specialists.

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Reference sources

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3. NHS PrescQIPP Bulletin 105: Stoma. September 2015. Accessed on 18 April 2016 via www.prescqipp.info
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5. UK Medicines Information Q&A 185.3 Can high dose loperamide be used to reduce stoma output? 10 Sep 2013. Accessed on 17 May 2016 via www.evidence.nhs.uk