WORCESTERSHIRE AREA PRESCRIBING COMMITTEE
Guidelines for Prescribing Stoma Appliances and Accessories in General Practice

Introduction

This guideline provides advice to GP practices on the issue of prescriptions for items that are supplied to stoma patients, to promote clinically appropriate use, reduce waste, improve communication and reduce over-ordering.

The guidance outlines the responsibilities of the stoma specialist, GP practice, dispensing contractor [dispensing appliance contractor (DAC), community pharmacy or dispensing doctor] and the patient/ carers or relatives and is designed to be used by all prescribers (medical and non-medical), GP practices, and specialist nurses.

The guidance provides advice on monitoring and review of stoma appliance and accessory use to ensure best practice.

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

General

A list of all stoma appliances available on FP10 can be found in the Drug Tariff, Part IXC.
This can be accessed online at http://www.ppa.org.uk/ppa/edt_intro.htm

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. If the manufacturer's code for the item description is entered, the EMIS Web system will select the specific product which saves scrolling through a long list.

Quantities should always be specified. Use of the term 'OP' (Original Pack) should be avoided. If the patient is trialling a new product, a small quantity should be prescribed to avoid waste although original packs cannot be split.

Patients requiring incontinence or stoma appliances can have these dispensed either by a dispensing appliance contractor (DAC), a pharmacy contractor or a dispensing doctor.

Responsibilities of the Dispensing Appliance or Pharmacy Contractor

- The dispensing appliance contractor or pharmacy contractor is required to ensure that appropriate advice is given to patients about any appliance provided to them in order to enable them to utilise, store and dispose of appliances appropriately.
- The dispensing appliance contractor/pharmacist must also provide appropriate advice to patients on the importance of only requesting on repeat those items which they actually need to ensure that unnecessary supplies are not made.
- 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. (A marker has been placed in the Drug Tariff next to those categories to indicate with which items wipes and disposal bags must be supplied).

- Appliances should not be supplied to a patient without a signed prescription.
- Emergency supplies must **not** be made unless a request is specifically initiated by the prescriber and as the prescription is provided within 72 hours.

Responsibilities of the Stoma Specialist

- Select and initiate the most appropriate product for treatment/management without pressure from any sponsoring company ensuring that patients have complete freedom of choice. Stoma appliance prescribing choices should be made based on individual patient needs.
- Prescribing quantities should be based on individual patient need and take into consideration recommended quantities for prescribing. Refer to attachment 1, '*Prescribing guidelines for stoma appliances accessories*'.
- Only stoma products listed in part IXC of the Drug Tariff should be initiated.
- Ensure that 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, date of next review.
    - Specialist nurse name and contact details in case there are any queries regarding the appliance use by the patient.
- Monitor response to treatment, or advise GP of monitoring requirements.
- If changes are made to the patient's prescription, advise both GP and dispensing contractor (where appropriate) of any modifications.
- Ensure clear arrangements for back-up, advice, and support including review at least annually for long-term stoma patients.

Responsibilities of the Practice

- To check that patients have been referred to the Community Stoma Care Service and if not complete the referral.
- All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail.
- Prescriptions should only be issued at the request of the patient/patient's carer or relevant healthcare professional.
- Requests for prescriptions should only be accepted from a stoma specialist nurse, hospital ward staff or district nurse if a prior agreement has been made with the GP.
- Initiate system for supply, and then continue prescribing, adjusting prescriptions for products(s) as advised by the specialist.
- Check quantities requested against information in Attachment 1 '*Prescribing Guidelines for Stoma Appliances Accessories*'. These provide suggested prescribing quantities and prescription directions and notes to assist the prescriber. Be aware of the normal usage rate by the patient and that any irregularities are flagged to the GP and reviewed with the patient/carer.
- Refer to the flow charts 1 and 2 at the end of this document to identify overuse of stoma appliances and accessories and the action to take in such cases. (Flow chart 1: *Overuse of stoma products flow chart*. Flow chart 2: *Overuse of stoma accessory products flow chart*).
- Be aware of the situations that may require referral to a stoma care specialist:
    - Routine over ordering of stoma supplies.
    - Long term use ≥ three months of skin protective products (wipes / films / paste / powders).

  - Current use of pressure plates or shields – patient may benefit from the use of newer products with built in convexity.
  - Old style reusable bags.
  - Current use of adhesive rings, discs pads or plasters – 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 hernias.
  - Patients having management difficulties, e.g. elderly.
  - At patient's request.
  - Patients having psychological difficulties adapting to their stoma.

- Be aware of advice in Attachment 2 '*Medicines use in Stoma Management'.*
- Products/quantities should not be altered without consulting the patient/carer.
- Issue prescriptions for stoma appliances on a separate form from other patient medication to avoid problems if a patient uses a DAC rather than a pharmacy contractor.
- Record DAC or pharmacy contractor details in the patient's medical records.
- GP practices **should not** issue retrospective prescriptions if requested by the Dispensing Appliance Contractor (DAC). 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, it risks not obtaining a prescription to cover the supply. In such cases, the GP is entitled to refuse to supply a prescription.
- 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 / issue the prescription for the patient/carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- Document any communication from the dispensing contractor and specialist in the patient's clinical record.
- Report to and seek advice from the 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 specialist or immediately if an urgent need to stop treatment arises.
- Copies of appliance use reviews (AURs) should be reviewed by an appropriate person in the practice and stored in the patient's medical records.
- Ensure clear communication with patient regarding the ordering process agreed between the practice and the contractor, e.g. regarding the interval prior to delivery when the regular prescription request should be submitted. Typically, patients with stoma request monthly prescriptions. If requests are more frequent, advice should be sought from the specialist nurse.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

Appliance use reviews (AURs)

Appliance use reviews (AURs) form part of the advanced services that can be carried out by community pharmacists or specialist nurses and are an effective way of assessing and correcting any problems with appliances. They are similar in concept to Medicines Use Reviews (MURS) but directed at use of appliances.

AURs are intended to improve the patient's knowledge and use of the appliance they are prescribed. A record of each AUR must be completed and forwarded to the appliances supplier, the patient's GP and any other healthcare professional, including any NHS nurse providing care for that patient. Each record must document any advice given to the patient or any intervention made.

Attachments

Attachment 1: *Prescribing Guidelines for Stoma Appliances and Accessories*.
Attachment 2: *Medicines Use in Stoma Management.*
Flow chart 1: *Overuse of Stoma Products.*
Flow chart 2: *Overuse of Stoma Accessory Products.*

Acknowledgement

These guidelines are based on documents produced by PrescQIPP:
https://www.prescqipp.info/our-resources/webkits/continence-and-stoma/

Attachment 1. Prescribing guidelines for stoma appliances and accessories

Appliance	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 bowel/stoma 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.
Irrigation (gravity systems)	1 kit/year	To wash out colostomy	The use of irrigation pumps such as Irypump is not supported in Worcestershire (see general notes below)
Irrigation sleeves	30/month	Use once every 1-2 days	Self-adhesive disposable sleeves
Stoma caps	30	For use on mucous fistulae or colostomy if irrigating	This may be in addition to original stoma bag
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)	10-20 bags	Drain as required throughout the day. Generally, replace bag every 2 days.	Bags are drainable
Urostomy bags (two piece systems)	10-20 bags + 15 flanges	Bag – change every 2 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
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

General notes

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma specialist.
- '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 by a stoma care nurse specialist who will advise on product choice.
- The use of irrigation pumps such as Irypump for stoma irrigation is not supported in Worcestershire. Patients should be referred to a stoma care nurse specialist for advice about an alternative gravity based irrigation system.
- Refer to patient's Appliance Use Review (AUR) for stoma nurse specialist advice. Refer to stoma nurse specialist if further advice needed or no AUR in last 12 months.

Prescribing guidelines for stoma accessories			
Accessory	**Usual quantity**	**Prescription directions**	**Notes**
Flange extenders (for one and two-piece systems)	3 packs per month	Change every time bag is changed. May require 2-3 for each bag change.	Often required for extra security if the patient has a hernia or skin creases as it increases adhesive area. If used as there is leakage around the stoma - refer for a review.
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re-usable.
Support belts	3 per year	1 to wear, 1 in the wash, 1 for spare	Only if deemed clinically required by stoma care nurse specialist (needs to be reviewed on an annual basis).
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	A spray product should be provided unless patient has a specific need for wipes e.g. for people who lack the manual strength or dexterity to use a spray. Silicone based, alcohol free products costing less than £6 for 50ml or wipes costing less than £9 for 30 should be used.
Deodorants	Not routinely required. Household air freshener is sufficient in most cases.	Use as needed when changing stoma bag	Should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Lubricating deodorant gels	Not routinely required. A few drops of baby oil or olive oil can be used as an alternative. If required 1-2 bottles per month.	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with 'pancaking'. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative.
Skin fillers	Follow directions of bowel / stoma nurse	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 (wipes, films, pastes and powders)	Follow directions of bowel/ stoma nurse	Apply when bag is changed as directed	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.
Thickeners for ileostomy	2 boxes/tubs per month	Use one with every new bag	Useful for Crohn's disease patients, useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied
Acute sports shield	1-2/year		Are not routinely necessary but may be prescribed for sporting activities if recommended by a stoma nurse specialist

Attachment 2: Medicines use in stoma management

Prescribing medicines for patients with stoma calls for special care[1]

- 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 sedative and not addictive/open to abuse.
- Patient 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.

Antidiarrhoeal (anti-motility) medicines used in stoma management.

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.

Several medicines should be used with caution or avoided in patients with stoma

Medicines to use with care or avoid in stoma management.

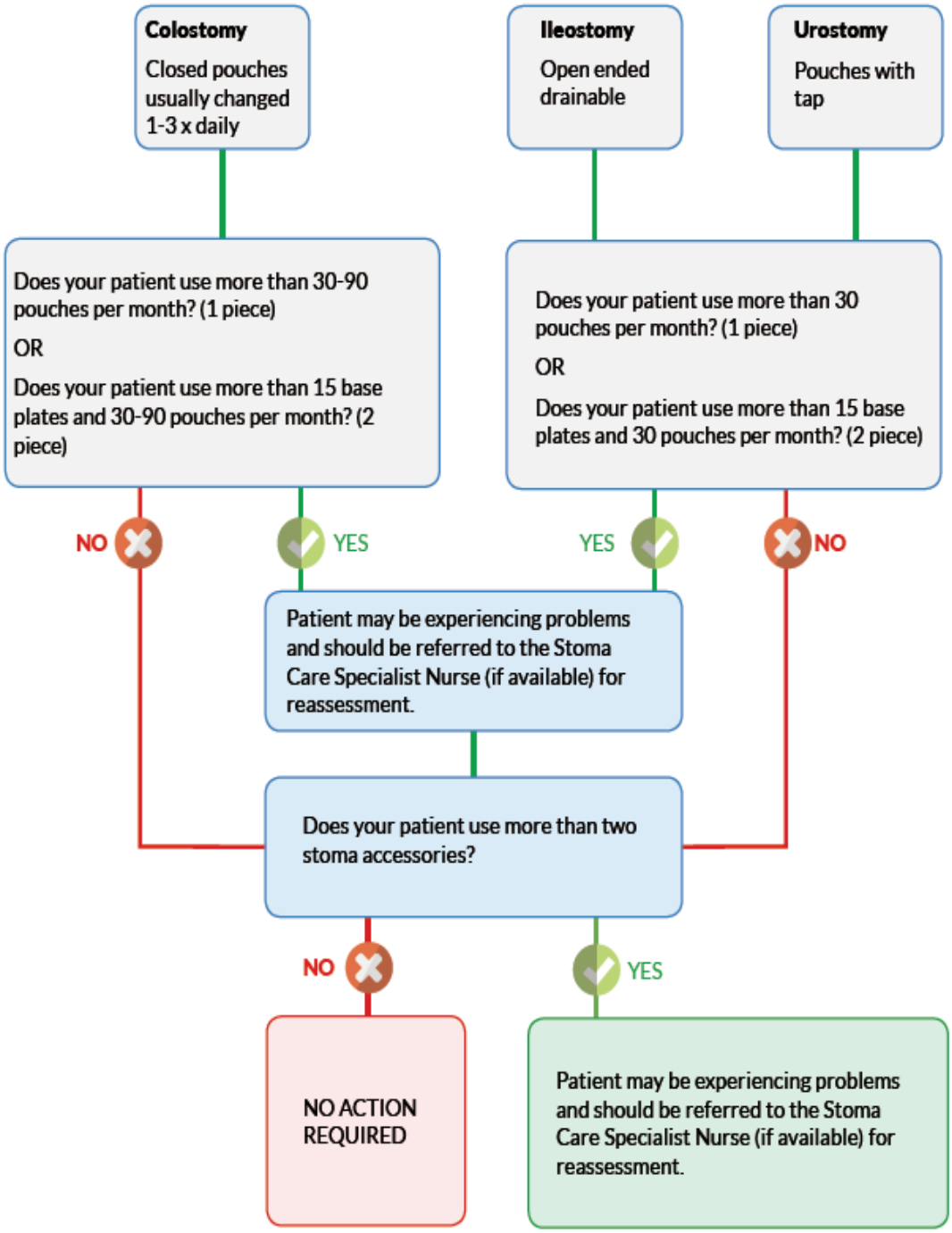
Drug	Reason
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution as may cause diarrhoea.
Digoxin	Stoma patients susceptible to hypokalaemia – monitor closely, consider supplements or potassium sparing diuretics.
Diuretics	Patients may become dehydrated. Use with caution in ilesostomy 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.

Drug	Reason
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[2]	Anal and peristomal ulceration – related to inflammatory disease
Opioid analgesics	Caution as may cause troublesome constipation.
Proton Pump Inhibitors	May cause diarrhoea
Routes of administration points of note	
• Please be aware that it may not be appropriate to use PR route for stoma patients, please check clinical records.	
• Medication cannot be administered via the stoma.	

References

1. Joint Formulary Committee. *British National Formulary* (online) London: BMJ Group and Pharmaceutical Press. Sept 2014. Accessed 06.0115. http://www.evidence.nhs.uk/formulary/bnf/current
2. Fake J, Skellet A, Skipper G. A patient with Nicorandil-induced peristomal ulceration. Gastrointestinal Nursing (2008; 5 (6): 19-23.

Flow chart 1. Overuse of stoma products



Flow chart 2. Overuse of stoma acessory products