OSCE checklist for colostomy care

An OSCE checklist for colostomy care covers consent and privacy, removing the old bag gently, checking the stoma and skin, cleaning with warm water, measuring and fitting a new bag, reporting any worrying signs and teaching the patient.

OSCE checklist for colostomy care: steps to practise

1. Wash your hands, introduce yourself, confirm identity (name, date of birth and wristband), explain the procedure and gain consent.
2. Close curtains or the door to protect privacy, and ask about allergies or skin reactions to adhesives or stoma products.
3. Collect a new bag and flange of the right type, a measuring guide, scissors, warm tap water, soft gauze or wipes, any prescribed skin protection, gloves, an apron and a disposal bag.
4. Wash your hands, put on gloves and an apron, and help the patient into a comfortable position where the stoma can be seen.
5. Empty the bag if needed, then remove it gently from the top down, supporting the skin as you peel, or using an adhesive remover if your setting uses one.
6. Inspect the stoma. It should be pink or red and moist. Report a dark, purple, black or very pale stoma, bleeding that does not stop, swelling or retraction to the nurse in charge straight away.
7. Clean the skin around the stoma with warm water and pat it dry. Do not rub, and do not use alcohol wipes, soap or creams unless prescribed.
8. Check the skin for redness, rash, broken skin or leakage marks.
9. Measure the stoma and cut the flange opening to fit closely, as the product guide says, without touching the stoma with the scissors.
10. Apply the new flange and bag, press gently round the flange for a short time and check the seal and that the outlet is closed.
11. Put the old bag in the disposal bag and clinical or household waste as your policy says, remove gloves and apron and wash your hands.
12. Record the stoma colour, output, skin condition and any concerns, and refer to the stoma nurse if needed. Encourage the patient to look and take part.

What candidates commonly forget

- Cutting the opening too large or too small
- Not checking and reporting the stoma colour
- Rubbing the skin or using alcohol wipes
- Not checking the seal
- Not asking about allergies to products
- Not teaching the patient to take part

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Changing a stoma bag after bowel surgery. Back to the medical surgical nursing OSCE page: medical surgical nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for colostomy care?

Wash hands, confirm identity, gain consent and privacy, remove the bag gently, check the stoma and skin, clean with warm water and dry, measure and cut the flange, apply the new bag, check the seal, dispose, wash hands and record.

What should a healthy stoma look like?

Pink or red and moist. A dark, purple, black or very pale stoma needs urgent review, so tell the nurse in charge straight away.

Should the patient take part?

Yes. Teaching and encouraging them to look and help is part of the care, at their own pace.

Sources

- NMC: standards of proficiency for registered nurses
- NHS: colostomy

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.