



Education Requirements & Competencies

One-Piece Ostomy Pouching System Change Established Urostomy with Ureteral Stent(s)

Competency Checklist

Document Indications for Use

This document establishes the educational requirements, as per Health Authority, for Licensed Practical Nurses (LPNs) who takes on the responsibility for doing a one-piece ostomy pouching system change for a client with an established (greater than 8 weeks post-op) urostomy which has ureteral stent(s) in place.

Note: a urostomy is also called an ileal conduit.

Practice Level

British Columbia LPNs:

- Entry level competency: may change a one-piece ostomy pouching system for a post-op or established ostomy without a rod or ureteral stent(s) in place.
- With Health Authority/agency approved education and achievement of competency, may change a one-piece ostomy pouching system for an established ostomy which has ureteral stent(s) in place

Yukon LPNs:

- Refer to organizational policies and practice in accordance with regulatory bodies.

Prerequisites

Competency in doing a one-piece pouching change for an urostomy which does not have ureteral stent(s) in place.

Learning Plan

The [learning plan](#) consists of activities to assist in knowledge acquisition and skill development in how to remove and apply a one-piece ostomy pouching system for an established urostomy with ureteral stent(s) in place. The plan also identifies resources to support the learning activities.

Competency Checklist

The checklist consists of both verbalization of theory and demonstration of skill to show competency related to the removal and application of a one-piece ostomy pouching system for an established urostomy with ureteral stent(s) in place. The use of the Competency Checklist is as per health authority/agency.

Definitions

Competency: The integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

Nurse Mentor: A Clinical Nurse Educator, NSWOC or a designated nurse (RN, RPN, LPN) competent in the skill being learnt.

References

British Columbia College of Nurses and Midwives. (June 2025). *LPN Scope of Practice*.

<https://www.bccnm.ca/LPN/ScopePractice/Pages/Default.aspx>

Document Creation/Review

Created By:	British Columbia Provincial Nursing Ostomy Committee & NSWOCs from across all Health Authorities.
Publication Date	2026 January
Revision Date(s)	
Review Dates(s)	



One-Piece Ostomy Pouching System Change Established Urostomy with Ureteral Stent(s) Competency Checklist

	Date Met	Mentor's Initials
Knowledge		
1. Describes the purpose of the ureteral stent(s).		
2. Describes the purpose for breaking the new pouch's anti-flux seal.		
3. Describes what action to take should the stent(s) fall out.		
Skills Demonstration		
Removing the Pouching System		
1. Reviews client's chart for documentation of previous pouching changes.		
2. Ascertains client's verbal consent (if possible) for procedure.		
3. Gathers appropriate supplies.		
4. Empties the pouch.		
5. Ensures client is appropriately positioned for the procedure.		
6. Sets up a safe workspace, performs hand hygiene and dons clean gloves.		
7. Using gloved fingers, carefully breaks the anti-reflux seal within the urostomy pouch.		
8. Prepares the flange as per the management plan.		
9. Gently frees the flange from the peristomal skin.		
10. Carefully lifts the top portion of the flange, and using two clean gloved fingers, holds the stent(s) at the point where they exit the stoma.		
11. Using the other hand, lifts the pouching system away from the stoma allowing the stent(s) to glide out of the flange opening.		
12. Places tips of the stent(s) onto sterile 10x10cm gauze to collect any urine.		
Applying the Pouching System		
13. Prepares the peristomal skin as per management plan.		
14. Positions the flange just below the stoma and using gloved fingers, places the stent(s) through the flange opening and then the anti-reflux seal opening, into the pouch.		
15. Applies the flange around the stoma.		
16. Cleans up the workspace and ensures client's comfort.		
17. Documents care provided appropriately.		

Learner

Print Name _____ Signature _____

Nurse Mentor (to be signed-off as per HA/agency process)

Print Name _____ Signature _____ Initials _____

Learning Plan for Unmet Skill(s)

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