

## Enterostomy Tube Stoma Assessment Clinical Practice Guideline

Version: 3

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### Introduction

Stoma infection is a common complication of enteral feeding tube (G tube, GJ or combination G/GJ and J tube) placement. Wound infections occur on a continuum, from mild to severe, with accurate assessment, diagnosis and treatment leading to optimal outcomes. The impacts of misdiagnosis of stoma infection include:

- Unnecessary antibiotic use, increasing the risk of medication adverse effects and the development of antibiotic-resistant organisms.
- Unnecessary health care use (e.g., clinic and emergency department visits) and hospital admissions.
- Patient pain, trauma, and risk of exposure to nosocomial infection during hospital visits.
- Unnecessary cost to families for a visit, including transportation, medications, dressings, and missed work.
- Over-testing (swabs).

This Clinical Practice Guideline (CPG) supports the practice of health care providers while managing stoma issues in patients with a G, GJ, combination G/GJ and/or J tube. The purpose of this CPG is to:

- Provide a standardized approach to the assessment and management of common stoma issues, including comparisons between different skin issues such as infection, hypergranulation tissue, and contact dermatitis.
- Offer an interactive, visually focused tool that promotes streamlined care and ongoing clinical thinking related to appropriate wound swabbing, the use of antibiotic therapies, documentation, and follow-up practices.
- Optimize the patient experience by being able to quickly identify stoma issues.

[Click here for the  
Enterostomy Tube Stoma Assessment Pathway](#)

**Definitions** (additional relevant definitions may be found [here](#))

- **Stoma:** As it relates to enteral feeding tubes, a stoma is an incision or hole created by a General Surgeon, Interventional Radiologist or Gastroenterologist that leads to the stomach or jejunum.
- **Hypergranulation tissue:** Hypergranulation is an increase in the proliferation of granulation tissue such that the tissue progresses above or over the wound edge and inhibits epithelialization (the process of covering raw tissue with new skin). It presents as raised, soft/spongy, shiny, friable, red tissue.
- **Infection:** When the quantity of microorganisms in a wound becomes imbalanced, such that the host response is overwhelmed, and wound healing becomes impaired. Transition from a non-infected to infected wound is a gradual process determined by the quantity and virulence of microbial burden and the individual's immune response. Transient redness and irritation may be commonplace and not always a sign of infection.
- **Failed first line of treatment:** Stoma infection that persists despite completing first line treatment.
- **Recurrent infection:** Multiple new stoma infections within a short period of time. At SickKids, more than 3 new infections within 1 year is considered recurrent.

**If you require assistance with stoma assessment:**

**For SickKids Patients:**

*Providers outside of SickKids:* Contact the G Tube Resource Nurse Monday – Friday 8:30 am – 4:00 pm by phone (416-813-7177) or email ([g.tubenurse@sickkids.ca](mailto:g.tubenurse@sickkids.ca)). After hours, email a photo and the G Tube Resource Nurse will follow-up within 1-2 business days.

*Providers at SickKids:* Contact the G Tube Resource Nurse Monday – Friday 8:30 am – 4:00 pm by Epic Secure Chat. Please upload a photo of the stoma to Epic. After hours, email the G Tube Resource Nurse ([g.tubenurse@sickkids.ca](mailto:g.tubenurse@sickkids.ca)) and they will follow-up within 1-2 business days.

*Home and Community Care Providers:* Contact a Connected Care Resource Nurse via [Connected Care Live](#) for support after hours, on weekends, and on holidays.

**For non-SickKids Patients:** Contact your local provider or G Tube Specialist

**Other Clinical Considerations**

[Antimicrobials](#)

[Infection prevention](#)

[Managing the wound biofilm – chronic wounds affecting enteral feeding tubes](#)

[Wound cultures and treatment](#)

## **Statement of Evidence**

The authors performed an extensive literature review and benchmarked practice to other pediatric tertiary care centers. The recommendations found within this CPG and the Enteral Tube Stoma Assessment Pathway were adapted from guidelines established in the Wound Infection in Clinical Practice: Principles of Best Practice (International Wound Infection Institute, 2022) and the Best Practice Recommendations for the Prevention and Management of Wounds (Wounds Canada, 2017). Medication recommendations are based on the Anti-Infective Guidelines for Community-Acquired Infections (2019). There was no conflict of interest among the guideline group and reviewers.

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### **Simulation**

Simulation was used as a quality improvement tool to test and validate the usability and functionality of the CPG.

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### **Supporting Documents**

[Dressing Options](#)

[Assessing exudate](#)

[Levine Wound Swab Technique](#)

[SickKids e-Formulary](#)

[Therapeutic Wound and Skin Cleansing](#)

[About Kids Health Feeding Hub](#)

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**Attachments:**

[Additional Definitions.pdf](#)

[Antimicrobials.pdf](#)

[Assessing Exudate.pdf](#)

[Biofilm.pdf](#)

[CPG FINAL June 2026.pdf](#)

[Dressing Options.pdf](#)

[Infection Prevention.pdf](#)

[Levine wound swab.pdf](#)

[Therapeutic Wound and Skin Cleansing.pdf](#)

[Wound Cultures.pdf](#)