

**Daily Journal Entry with Plan of Care & Chart Note**

 Student Name: Kristina Rautenberg Day/Date: 5/4/21

<b>Today's WOC specific assessment</b>	<p>This is a 77-year-old female with a history of diverticulitis, bowel resection, ileostomy placement, hypertension, rheumatoid arthritis, and depression. Patient was experiencing symptom exacerbation related to her diverticulitis diagnosis to which she went to the ER. Work up discovered part of her bowels had fused together. Patient had a RUQ loop ileostomy placed approximately 8 weeks ago along with a bowel resection. Independent in ostomy care with appliance changes every 3-4 days. Using a Hollister two-piece cut to fit, flat skin barrier wafer with throw away pouches. No additional accessories in use.</p> <p>Patient's incision line to midabdominal region, superior to the umbilicus, non-healing with progression to a large abscess/wound. Within the last 7 days, patient has a newly formed fistula inferior to the abscess/wound. Pt performs daily wound care with home health care following.</p> <p>Home care nurse expressing concern for progressive abscess and fistula with request for evaluation and reevaluation of ileostomy. Requested consult from WOC nurse.</p>
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**Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:**

This is an initial assessment for the evaluation and management of a progressing abdominal abscess with a fistula and reevaluation of loop ileostomy. A joint home visit was made with the home care nurse. Dressing removed from abdominal abscess. Wound measures 8.2 cm x 9.3 cm with protruding 4 cm beefy red tissue. Appears to be hypergranulation tissue. Moderate effluent drainage with 80% of dressing saturated. Periwound skin to abscess intact and without irritation. No change from previous nurse visit. Stomatized fistula inferior to abscess measures 1 cm x 1 cm. Fistula with small circumferential erythema, moderate foul-smelling exudate. Pain noted with palpation to peristomal area. Reports as 10/10. Patient denies fevers or chills. Patient changing dressing daily. Discussed option to pouch wound and/or fistula. Pt declined. Abscess wound cleansed with NS. Wound and fistula dressed separately with xeroform gauze followed by abdominal pad as per current orders. Paper tape utilized to secure dressings. Patient verbalizes ability to care for wound and fistula with daily dressing changes. Explained need for daily temperature checks, signs and symptoms of an infection including changes to wound and fistula (increase drainage, foul smelling, redness, heat to palpation). Notify MD of any changes to site. Verbalized understanding. Pt has follow-up visit with physician in 2 weeks. Encouraged to call MD and request earlier appointment. Patient verbalizes understanding.

Loop ileostomy with appliance in place and without leakage. Skin barrier wafer noted to be window taped. Pt states "I feel better with the extra tape". Stoma opening noted to be cut larger than stoma. States "been cutting appliance to 2 1/4". Appliance removed. Back of skin barrier wafer assessed and without evidence of drainage/leakage. Stoma measures 1 1/4". Protrudes with centrally located os. Beefy red in color. Stoma effluence dark brown, liquid stool noted in pouch. States empties pouch about 6 times per day. Peristomal skin denuded, weepy clear exudate from 1 to 4 o'clock and 7 to 9 o'clock. Patient denies pain to area. Patient currently using Hollister two-piece *Ceraplus* skin barrier wafer, cut-to-fit with closed end pouch. No additional accessories in use. States wear time of 2-3 days. Denuded skin crusted using stomahesive powder and Cavalon skin barrier wipe. Two layers applied. Demonstration and explanation given to patient. Verbalized understanding of how to perform and need to do with each appliance change until areas resolved. Skin barrier wafer opening cut to 1 1/4" with patient instruction to do same. Verbalized understanding. Discussed appliance options. Patient unwilling to utilize drainable pouch. "I can't stand the odor". Discussed methods of odor control. Verbalizes understanding and states "I'm good with what I am doing". Discussed diet and fluid needs with need to increase fluid intake including electrolyte replacement fluids such as Gatorade or Pedialyte. Patient verbalizes understanding of importance. Patient informed of plan for nursing to call physician regarding clinical findings today with request management changes and sooner office visit. Patient verbalizes understanding and plan to call office for new appointment.

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<b>WOC specific medical &amp; nursing diagnosis</b>	<b>WOC Plan of Care (include specific product used today)</b>	<b>Rationale (<i>Explain why an intervention is chosen; purpose</i>)</b>
<p>1. Hypovolemia/electrolyte imbalance related to high output from stoma and fistula.</p>	<p>1. Dietician referral.</p> <p>Instruct patient on signs and symptoms of dehydration, including fatigue, decreased energy, light headedness, dizziness, thirst, dark-colored urine, and high ileostomy output.</p> <p>Encouraged patient to drink liquids with meal and snacks, including Gatorade or Pedialyte to aide with electrolyte replacements as mentioned in case study.</p>	<p>1. Patients with a loop ileostomy have a higher likelihood of becoming dehydrated and having electrolyte imbalances due to the high output from the ileostomy. This patient has both an ileostomy and a fistula with a moderate amount of drainage that will need to be monitored to help ensure the patient does not become dehydrated. With both instructing on signs and symptoms of dehydration as well as encouraging fluids and types of fluids, it will help prevent dehydration an electrolyte imbalance. A dietician will be helpful with helping the patient with meal and food selection to help aide with wound healing as well.</p>
<p>2. Altered Body Image related to ileostomy placement, fistula and complex wound.</p>	<p>2. Encourage patient to take about difficulty coping with wound and ileostomy.</p> <p>Discuss with patient advantages of drainable pouch and pouches for fistula. Consider a short-term trial to see how patient feels about them after use.</p> <p>Assess patient's coping with new modifications to lifestyle and support from family or significant other.</p> <p>Consider medications that may thicken stool, antidiarrheals, to help cut down on number of times.</p>	<p>2. It is not uncommon for individuals that require pouching systems to have difficulty coping and concerns related to body image, including difficulty tolerating the smells of emptying bags. I would recommend a drainable bag that was compatible with her current wafer pouch system, a Hollister drainable two-piece drainable pouch. This type of Hollister pouch has a filter and deodorizes gas. While this patient has demonstrated positive coping behaviors by independently performing wound and stoma care, it is still observed that patient is having difficult time adjusting current selfcare. The case study does not mention any support from family or a</p>

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<p>3. Impaired Skin integrity related to break down at peristomal denuded skin, additional adhesive usage and abdominal wound.</p>	<p>3. Discuss options for other accessories that can be used with pouch application that can help aide skin care and help elongate wear time. Options could include skin barrier powder or a liquid skin barrier with application using a no sting skin prep. Considering avoiding adhesive removers.</p> <p>Discuss benefits of drainable pouch for both fistula and ostomy as related to skin integrity.</p> <p>Instruct patient on measuring stoma and cutting holes in wafers to be closer to soma site to help prevent further skin breakdown from skin break down due to skin contact with effluent.</p> <p>Suggest a change in wound care for abdominal wound be changed from xeroform to a calcium alginate with silver impregnated dressing covered with a dcd with barrier</p>	<p>significant other. When taking a holistic approach to patient care, it is important to assess the emotional aspects of the patient as well as the physical. It would be helpful to incorporate family involvement in understanding of ostomy and wound care. The patient would benefit from a drainable pouch for her ileostomy and fistula by less frequent dressing changes, shorten emptying times, longer wear times for dressings and more cost effective with supplies. Ileostomies have a high output and as stated, the patient is having to change bags 6 times a day. By incorporating a drainable pouch, the patient would not have to spend time changing bags and using as many supplies. Additionally, considering adding a medication that would thicken the stool would also aide in cutting down on the frequency of draining or bag changes.</p> <p>3. Accessories are useful with ostomy pouches to help elongate wear time and help with treatment and prevention of peristomal skin breakdown. Since this patient already had skin breakdown due to the size the wafer was cut being too large, it is important to utilize skin barrier powders or liquid skin barriers to help prepare the skin for adhesives and also protect the skin from further breakdown. The patient would need to be instructed to brush off excess barrier powders as to not prevent adhesion with too much of the product. No sting barrier preps can also help protect the skin and aide</p>
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<p>4. Risk for infection related to abscessed wound and recent surgeries.</p>	<p>between wound and fistula.</p> <p>Assess patient's barriers to healing, including medications for rheumatoid arthritis.</p> <p>4. Assess medications patient is currently prescribed.</p> <p>Frequent monitor lab values for CBC and BMP.</p> <p>Instruct on infection prevention using hand hygiene and clean wound dressing changes.</p>	<p>in help adhesion to the wafer to the skin. Wafers are typically made of hydrocolloid products so this will help aide in the healing of the denuded weeping peristomal skin. If this method does not show effectiveness after 2 wafer changes, consider other treatments. Adhesive removals should be avoided during the healing time due to risk for further skin irritation. Size of the hole in the wafer should be cut to close to the stoma without out contact the stoma as possible during the healing stage of the peristomal skin. Benefits of drainable pouch for fistula area in effort to help keep effluent away from healing wound areas and surrounding skin. Current dressing is an occlusive dressing and is keeping the moisture from the wound and the fistula in place. By replacing the dressing with a calcium alginate with silver it will have absorbing and antimicrobial properties for the wound bed. Additionally, a barrier between the wound and fistula will provide suppuration from fistula effluent from delating healing to the wound bed. Often times patients with autoimmune diseases have medications that can inhibit or slow wound healing, such as steroids. Assessing medications can give better insight to potential barriers to wound and fistula healing.</p> <p>4. With this patient having a previous diagnosis of rheumatoid arthritis, she may be prescribed steroids or immunosuppressants. If these are medications that are part of</p>
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<p>5. Acute pain related to patient reporting 10/10 pain at peristomal area.</p>	<p>Instruct on signs and symptoms of infection and how to monitor or note changes.</p> <p>5. Encourage patient to premedicate prior to dressing changes and pouch changes for ileostomy.</p> <p>Discuss and instruct on pain treatment.</p>	<p>the patient's current medication list, they are more at risk for infection. Consider collaborating with rheumatologists during wound healing period. Frequent labs will also help establish a baseline for values as well as aide in early identification of dehydration, electrolyte imbalances and infection processes.</p> <p>Since the patient is independent with daily wound changes and ostomy pouch changes, it is important that she is instructed and voiced understanding using teach back signs and symptoms of infection. Also, she should be able to demonstrate clean technique for wound changes with proper hand hygiene.</p> <p>Pain can compromise wound healing so by patient being encouraged to premedicate during a necessary activity that causes pain, it can help relieve some the patient's discomfort.</p> <p>Encourage use of non-narcotic pain medications, such as Tylenol and non-sustained released. By using non-narcotic pain medications, it will help prevent constipation</p> <p>Discuss treatment of pain with non pharmacological approaches such as mediation, music, distraction and mindfulness.</p>
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<p><b>What are the disadvantages of using this product(s)? What alternatives could be used</b></p>	<p>The current disadvantage to the patient's two piece non drainable pouch is the overutilization of supplies and more difficulty with frequent pouch changes. Also, the disadvantage of the current wound treatment of a non-occlusive dressing is keeping the moisture of both wound and fistula effluent within the wound bed.</p>
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<b>and why?</b>	
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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