

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Lisandra Santos del Castillo Day/Date: 12/5/2021

Today's specific assessment	WOC <p>This is a 77-year-old female with a history of diverticulitis, bowel resection, ileostomy placement, hypertension, rheumatoid arthritis, and depression. The 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. The patient had a RUQ loop ileostomy placed approximately eight weeks ago, along with a bowel resection. Independent in ostomy care with appliance changes every 3-4 days. A Hollister two-piece cut fits a flat skin barrier wafer with throw-away pouches. No additional accessories are in use.</p> <p>Patient's incision line to midabdominal region, superior to the umbilicus, non-healing with progression to a large abscess/wound. The patient has a newly formed fistula inferior to the abscess/wound within the last seven days. Pt performs daily wound care with home health care following.</p> <p>Home care nurse expressing concern for progressive abscess and fistula with a 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:

<p>This is an initial assessment to evaluate and manage a progressing abdominal abscess with a fistula and reevaluate loop ileostomy. A joint home visit was made with the home care nurse. The dressing was removed from the abdominal spot. The wound measures 8.2 cm x 9.3 cm with protruding 4 cm beefy red tissue. It appears to be hyper granulation tissue. Moderate effluent drainage with 80% of dressing saturated. Periwound skin to abscess intact and without irritation. No change from the previous nurse visit. Stomatized fistula is inferior to abscess measures 1 cm x 1 cm. Fistula with minor circumferential erythema, moderate foul-smelling exudate. Pain noted with palpation to perifistular area reports as 10/10. The patient denies fevers or chills. Patient changes are dressing daily. Discussed the option to pouch wound and fistula. Pt declined. Abscess wound cleansed with NS. Injury and fistula wrapped separately in xeroform gauze followed by abdominal pad as per current orders. Paper tape is utilized to secure dressings. Patient verbalizes ability to care for wound and fistula with daily dressing change. Explained need for daily temperature checks, signs, and symptoms of infection, including a shift to injury and fistula (increase drainage, foul-smelling, redness, heat to palpation) (Cressey et al., 2019). Notify MD of any changes to the site. Verbalized understanding. Pt has a follow-up visit with a physician in 2 weeks. They are encouraged to call MD and request an earlier appointment. The patient verbalizes understanding.</p> <p>Loop ileostomy with the 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. Stoma measures 1 1/4". Protrudes centrally located in beefy red. Stoma effluence dark brown, liquid stool noted to the pouch. States empties bags about six times per day. Peristomal skin denuded, weepy clear exudate from 1 to 4 o'clock and 7 to 9 o'clock. The patient denies pain in the area.</p> <p>Patient currently using Hollister two-piece <i>Ceraplus</i> skin barrier wafer, cut-to-fit with closed-end pouch.</p>
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No additional accessories are in use (Cressey et al., 2019). States wear time of 2-3 days. Denuded skin crusted using stomahesive powder and Cavalon skin barrier wipe. Two layers were applied. Demonstration and explanation are given to the 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 ¼" with patient instruction to do same. Verbalized understanding. Discussed appliance options. Patient unwilling to utilize drainable pouch. "I can't stand the odour." Discussed methods of odour control. Verbalizes understanding and states, "I'm good with what I am doing." Diet and fluid need to increase fluid intake, including electrolyte replacement fluids such as Gatorade or Pedialyte Goldwag et al. (2020). The patient verbalizes understanding of importance. Patient informed of the nursing plan to call physician regarding today's clinical findings with request management changes and a sooner office visit. The patient verbalizes understanding and plans to reach the office for a new appointment.

WOC specific medical & nursing diagnosis	WOC Directive Plan of Care (Base this on the above data. Include specific products)	Rationale (Explain why an intervention was chosen; purpose)
<p><u>Medical diagnosis</u></p> <ol style="list-style-type: none"> 1. Inflammatory bowel disease 2. Cancer 3. Obstruction (blockage) <p><u>Nursing diagnosis</u></p> <ol style="list-style-type: none"> 1. Progressive abscess and fistula. 2. Peri-lesional skin with abscess 3. Moderately foul-smelling exudate 	<p><u>1. For infection :</u></p> <ol style="list-style-type: none"> a. Care of Stoma by using the correct size pouch and skin barrier opening. b. Clean the skin around the Stoma with water. c. Watch for sensitivities and allergies. <p><u>2. For peri-lesional abscess:</u></p> <ol style="list-style-type: none"> d. Change the pouching system regularly to avoid leaks and skin irritation. e. Be careful when pulling the pouching system away from the skin, and don't remove it more than once a day. f. Daily temperature checks for symptoms and signs of infection. <p><u>3. For exudate and foully smell:</u></p> <ol style="list-style-type: none"> 1. Clean wound with normal saline. 2. Dress wound and fistula with xerophormic gauze separately. Secure dressings with paper tape Scabless skin 	<p>The surgery was necessary because the patient with a loop ileostomy is prone to infections which can deteriorate health. Although true, it shows no signs of infection at this time. The potential for infection appears to be more because the wound intervention aims to ensure that the patient receives or follows the procedures recommended for the safety and effectiveness of care management. According to Goldwag et al. (2020), health care and management of loop ileostomy are complicated because the chances of infection are high, and incisional hernia development is high. Interventions or strategies to prevent the problems are designed based on different techniques. A pre-existing systemic disease during ileostomy closure has severe medical complications and comorbidities or increased use of medication</p>

	<p>with ostomy powder and wipe protective skin Cavalon.</p> <p>3. Increase electrolyte replacement fluids, such as Pedialyte or Gatorade.</p>	<p>that affects the tissue healing process (Goldwag et al., 2020). According to Healthcare and Loop Management, the ileostomy is complicated because the chances of infection are high, and the risk of developing an incisional hernia is higher. Interventions or strategies for preventing problems are designed using different techniques. Pre-existing systemic disease during ileostomy closure leads to serious medical complications and co-morbidities or increases the use of drugs that affect the healing process of tissues (Cressey et al., 2019). Daily temperature monitoring is a health care strategy to watch for infections. The use of other products and intervention technologies can speed up the healing process. Caring for the Stoma and sounded skin from irritation and inflammation.</p>
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<p>What are the disadvantages of using this product(s)? What alternatives could be used and why?</p>	<p>The misplaced or loss of Stomahesive powder, Cavilon skin impediment to goal swab, electrolyte substitute fluids, and sound mind pungent are highlighted. Stomahesive powder demands help from the nurse; (Cressey et al., 2019). For that reason, the patient finds it a challenge to direct allure requests. The patient comes to pass having a preference show sensitivity to these rings overhead care results or merchandise develop in mind or physically. Based on what I have observed in over 25 years of clinical experience, I'm afraid I have to disagree with these statements. Patients can use skin barrier powders very well; the essential part is to carefully brush off the excess powder (it will adhere to the bare tissue, which provides a dry surface for the adhesives to adhere to the skin barrier. Although people may have sensitivities/allergies to ostomy products (Cressey et al., 2019), this is rare. I think it is good practice to be minimalist in using the product. This helps avoid high costs and makes learning a little easier for patients.</p> <p>Furthermore, raised intake of electrolyte substitute answer bear side effects, in</p>
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	<p>the way that raised pulse, proneness, and the potential of high ancestry pressure. The alternative exists utilizing different technologies that close-loop ileostomy upon accomplishing a secondary situation or recovery from a medical procedure Goldwag et al. (2020). Therefore, a conclusion method mix a lasting mesh fashionable the retro rectus place of residence or activity give to keep from happening or continuing the side effects of small aperture in skin result or goods created. The lasting mesh technique makes or becomes better the value of growth and protection from harm of loop ileostomy compared to typical armed interference care results or goods produced ((Cressey et al., 2019). This alternative happens a novel modification of the ostonomy conclusion order to the usual techniques. The result or goods made cause keep from happening or continuing the use of so many skins result or goods created associated with crabby and material political conservatism while reconstructing patient's prognosis.</p>
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Develop one learning goal for each clinical day, a document that on this form then share your goals with your preceptor.

<p>Were you able to meet your learning goals for today? Why or why not?</p>	<p>I can meet my knowledge aim today cause the chronicle and case study bestowed intuitiveness for understanding loop ileostomy differently.</p>
<p>What are your learning goals for tomorrow?</p>	<p>The knowledge purpose of an action for later is to believe the effect following in position or time the patient visits physicians for more results from an examination of the clinical judgment.</p>

Reference

Cressey, B. D., Belum, V. R., Scheinman, P., Silvestri, D., McEntee, N., Livingston, V., Lacouture, M. E., & Zippin, J. H. (2019). Stoma care products represent a common and previously underreported source of peristomal contact dermatitis. *Contact dermatitis*, 76(1), 27–33. <https://doi.org/10.1111/cod.12678>

Goldwag, J. L., Wilson, R. L., Ivatury, J. S., Pauli, M. E., Tsapakos, J. M., & Wilson, Z. M. (2020). Stoma closure and reinforcement (SCAR): A study protocol for a pilot trial. *Contemporary Clinical Trials Communications*, 19(100582), 1-6. <https://doi.org/10.1016/j.conctc.2020.100582>

Reviewed by: _____ Date: _____