

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Heather Bengtson

Day/Date: 7/13/2022

Today's WOC specific assessment	Patient is 30-years-old and has past medical history positive for Crohn's disease of the colon and rectum, status post total proctocolectomy and end ileostomy placed in RLQ in 2012. Pt is here today for annual visit and notes some irritation to stoma and peristomal skin. Pt currently taking fluoxetine and multivitamin.
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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:

Pouching system removed using skin adhesive remover. Evaluation of system found slight hydration to aperture, otherwise seal is intact. Peristomal skin cleansed with soap and water then patted dry. Assessment of stoma found stoma is fairly protruded, rounded, red and moist, darker maroon/purple hue to apex, small pseudoerrucous lesion at 1 o'clock, and abrasion along stoma at 6 o'clock. Mucocutaneous junction intact. Supportive tissue around stoma is semisoft. Output is mushy, yellow-brown effluent. Pt reports emptying bag 5-6 x per day and changing pouching system every 3-5 days.

Discussed pseudoerrucous and stomal abrasion with pt. Stoma size fluctuates, causing 1 1/2" aperture to be too small at times, however, pt is having minor leakage. Stoma is elongated and pt does report that she often will run her hand along the top of the stoma to squeeze the effluent towards the bottom of the bag, rubbing the stoma against the edge of the flange. To address the pseudoerrucous, ConvaTec Stomahesive powder was applied to all areas of skin breakdown prn until healed, a 1 1/2" flange was still used but cut slightly larger and skin barrier ring applied to peristomal skin first to protect the skin from hydration while allowing more room for stoma. Pseudoerrucous was also treated with silver nitrate. For the stomal abrasion, pt was encouraged to avoid rubbing/hitting the stoma to prevent further trauma. A larger flange opening was discussed but the apex of the stoma would still likely hit the flange edge in the biggest size available and the pouching footprint would be greatly increased and reach into creases and pt's umbilicus so this was not used.

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)
Stomal abrasion Pseudoerrucous lesion	Remove pouching system using skin adhesive remover. Cleanse peristomal skin with soap and water, pat dry. Apply ConvaTec Stomahesive powder to all areas of skin breakdown prn until healed and dust off excess. Apply 3M Cavilon skin barrier wipe overtop of powder. Cut Coloplast Brava Moldable Ring then wrap around base of stoma and apply to skin. Then place HNI	Stomahesive powder and skin barrier wipes will help protect any open areas from the adhesion as they heal. Wiping off excess powder aids in getting a proper seal. Wrapping the barrier ring around the stoma instead of applying directly to wafer will help protect peristomal skin from effluent while

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	flexwear 2 ¼” no tape barrier, flat, precut to 1 ½” (cut aperture slightly larger) with opaque lock’n’roll pouch. Pouching system should be changed every 3-5 days (depending on integrity of the seal). Pt to avoid rubbing or hitting stoma.	allowing more room in larger aperture of wafer for stoma to expand (preventing leakage and stomal abrasion). It will be important to avoid trauma to the stoma to allow abrasion to heal and prevent future abrasions.
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<p>What are the disadvantages of using this product(s)? What alternatives could be used and why?</p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p>	<p>Applying skin barrier ring directly to skin then wafer on top may weaken the seal. The pt may experience leakage or skin barrier may wear down more quickly and she will have to perform more frequent pouch changes.</p> <p>Pt could possibly use skin barrier paste to help seal where the ring and wafer meet or try a wafer with a larger aperture and apply skin barrier ring directly to wafer then skin.</p>
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Develop one learning goal for each clinical day, 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>Yes – we saw 6 patients with stomas today who had varying characteristics and issues. Was able to participate in assessment of these as well as use critical thinking to develop plan of care for pts.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>Continue to develop wound assessment skills.</p>

Number of Clinical Hours Today: 9

 Care Setting: Hospital Ambulatory Care Home Care Other: _____

Number of patients seen today: 7 Preceptor: Sarah Yount

Reviewed by: _____ Date: _____

**References are not generally required for daily journals

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