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Old pouch with brown liquid stool was removed, the skin cleaned, dried and the partial thick area of denudement around the stoma was crusted. Stoma size was measured and a new one-piece pouch was placed. The stoma is located on the right lower quadrant of the abdomen and is beefy red, moist, and protuberant. It is oval in shape and measures 1 ½” by 1 1/8”. The Os which is the proximal limb is productive with brown liquid stool. The distal limb is the mucous fistula. Peristomal skin is red, and moist with partial thickness denudement. Abscess drain to JP drainage located on the right hip is draining serosanguinous fluid. Her pouching preference is the Hollister 8931 one-piece cut-to-fit pouch, and a pattern was given to her.

Recommendation

Hollister 8931 one-piece cut-to-fit pouch.

Crust peristomal area of denudement

1. Remove the old appliance.
2. Gently clean the stoma and surrounding skin using a soft wash cloth and water only. Do not use moisturized wipes.
3. Measure stoma size and cut to fit the new Hollister 8931 one-piece pouch.
4. To the denuded area around the stoma, sprinkle a layer of Stomadhesive powder. Gently brush off excess using 4x4 gauze.
5. Spray 3M No Sting barrier spray and allow to dry.
6. Attach a new pouch.
7. Use Velcro to close the drainage end of the pouch.
8. Empty the pouch when 1/3 to ½ full.
9. Change every 3 days and PRN with leakage.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p>Impaired skin integrity related to leaking pouch as evidenced by peristomal denudation.</p> <p>Deficient knowledge related to large barrier opening as evidenced by inappropriate barrier size.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Remove the old appliance. Clean the denuded area with a soft washcloth and water only. Do not use moisturized wipes. Sprinkle a layer of ConvaTec Stomadhesive powder on denuded skin. Brush off excess. Spray 3M No Sting barrier spray and allow to dry. Do this until irritated skin heals.</p> <p>Use stoma measuring guide to measure size of stoma. Allow only about 1/6 to 1/8 inch gap around the stoma. Trace the measurement on the back of the adhesive barrier and cut</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>It is important to crust the denuded area to facilitate healing and also to allow for the barrier to adhere to the skin.</p> <p>Cleaning the skin with moisturizing soaps will prevent the barrier from sticking to the skin so non-moisturizing wash or water only is preferred.</p> <p>This will allow for more appropriate and accurate sizing of the barrier.</p>

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

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Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>ConvaTec Stomadhesive powder, if not applied correctly or too much is applied to the denuded skin can prevent the skin barrier from adhering to the skin. Alternative could be antimicrobial powder.</p> <p>3M No Sting barrier spray – This may prevent some barriers from adhering to the skin. Alternative could be hydrocolloid.</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.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	The goal was to satisfy the need of the patient and provide relief for issues related to the stoma/pouching system
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Identify alternative products/strategies to be used in helping ostomy patients.

Reflection: Describe other patient encounters, types of patients seen. Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Other patient encounters involved a new ostomy patient who was quite eager to learn about the management of a new stoma. He was very different from other patients that I've seen. Most patients were more concerned about abdominal pain and were not interested in learning about stoma management.
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Reviewed by: _____ Date: _____

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