

Stoma Type: End colostomy
 Diameter: 1 1/8" when rounded
 Location: RLQ
 Protrusion: Protrudes slightly
 Mucosal condition and color: Red and moist
 Mucocutaneous junction: Intact
 Peristomal Skin: Pseudoverrucous and Ulceration
 Location of Skin Impairment: Pseudoverrucous noted from 3-7 o'clock area, also 10-12 o'clock at the edge. Ulcer noted at the 7 o'clock area, size only 0.5 cm x 0.4 cm, circle shape with a depth of 0.5 cm with moderate drainage.
 Peristomal contour: Flat
 Supportive Tissue: Semi-soft
 Character of output: thick brown stool
 Emptying frequency per day: 2-3 times per day
 Current pouching system: ConvaTec Sur Fit Natura 1 3/4" durahesive with convex-it 1 1/8" opening flange, closed end pouch
 Current wearing time: Flange: 1 week, pouch 2-3 times per day

Recommendations:
Skin and wound care:

1. Cleanse the skin and wound with warm water.
2. Thoroughly dry the peristomal area.
3. Place a piece of Aquacel dressing, cut to fit the ulcer wound bed, into the wound bed.
4. Place a wedge of Hollister Hollishesive over the ulceration.
5. Apply pouching system list below.

Pouching System: Coloplast SenSura Mio Flex Cut-to-Fit two piece system with closed ended pouch.

Wear Time: requested to change every 2-3 days until skin heals.

Midline Abdominal Incision: Healed scar

Comment: Discussed plan with the patient. If it is getting worth, come back to see the WOC nurse with Colorectal surgery provider. Recommended to establish the GI doctor for his underline diagnosis, Chron's disease.

WOC next scheduled visit: 2 week follow up to assess wound.

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>1. Impaired skin integrity related to ulceration beneath ostomy appliance.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>1. Change appliance and dressing under flange every 2 to 3 days until skin is healed. -Utilize ConvaTec Stomahesive powder on irritated skin and brush off the excess as needed. -Continue to use the Coloplast SenSura Mio Convex Light system. -Patient to return to the WOC outpatient clinic if</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>1. Increasing frequency of pouch changes can increase assessment of the wound to determine if the skin is improving. -Stomahesive powder will help cover irritated skin which can help in maintaining a seal.</p>

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

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<p>2. Self-care deficit related to not seeing a GI doctor for managing their Crohn's disease in 6 years.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p>	<p>wounds were to worsen, or if the patient experiences continued leakage, otherwise patient to follow up in 2 weeks for a wound assessment.</p> <p>2. Provide the patient with the hospital appointment line phone number to establish with a Gastrointestinal doctor. -Educate the patient on the importance of following up for maintenance care with the primary doctor as well as specialists for their Crohn's disease.</p>	<p>-The new pouching system with decreased convexity can reduce some pressure on the ulcerated area. -Following up is important to determine if healing is occurring, or a different plan needs to be initiated.</p> <p>2. Provided the appointment line number is important so the patient can make follow up appointments to be seen. -Maintenance care is important in a potentially progressive disease such as Crohn's.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. <u>Alternatives should be from a different category or classification.</u> In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>ConvaTec Stomahesive powder- one disadvantage to the product is that if used improperly, there may be challenges with maintaining a seal. An alternative to this is Coloplast Brava Barrier sheet.</p> <p>Coloplast SenSura Mio Flex Convex Light- one disadvantage is that it may not be covered by some insurances. An alternative to this could be the Hollister New Image Soft Convex flange.</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>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal for today was to help with creating an ostomy order form for a patient. I was able to obtain the goal today when we had to change a patient's appliance.</p>
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What are your learning goals for tomorrow? (Share learning goal with preceptor)	This was my last clinical, but I will continue to apply what I have learned to my practice and continue to follow updated evidenced based practices as they improve and change.
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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I think it was important to encourage this patient to continue to schedule health maintenance as Crohn's is a disease that often causes re-current challenges in patients with this disease. I think that we should continue to emphasize the importance of health maintenance with our patients.
Reflection: Describe other patient encounters, types of patients seen.	We saw many patients today that were post-surgical that were doing well after previous changes to their pouching system. I was good to see how WOC nursing can improve our patient's quality of life.

Reviewed by: _____ Date: _____

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