

Daily Journal Entry with Plan of Care & Chart Note

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 Setting: _____ Acute Care _____ Outpatient X HHC _____ Other _____

Directions: WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse’s absence. For this assignment, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

Today’s WOC specific assessment	<p>Patient is a 70-year-old female with past medical history of hypertension, OSA and Crohn’s disease with ileocolic resection. She subsequently had worsening severe strictures of her anus and underwent a proctectomy and permanent end colostomy in May, 2023. Patient presented to the clinic today for follow up with ostomy nurse and LIP for management of peristomal Ulcers. There were four (4) open areas with different sizes. The cause of the wounds is questionable pyoderma vs epidermolysis bullosa. Pt. reports she and her brother have had epidermolysis bullosa since childhood. She states that it worsens in the summer months. She denies pain and states “the wounds look better and smaller”. The ostomy nurse assessment noted that one area is resolving while one decreased in depth but increased in circumference. There is minimal drainage to the wounds. The stoma is red, budded, and beefy with no output during this visit. Patient stated she had changed it the previous night.</p> <p>Current pouching system: ConvaTec Sur Fit Natura 2 3/4" stomahesive flat skin barrier flange, paste, drainable pouch with clip closure.</p> <p>Medications- acetaminophen, Clobetasol spray, Vitamin B-12 Injection, Levothyroxine, Losartan, Potassium chloride.</p> <p>Recent labs- K 4.0, Na 141, Mg 2.3, Phos 2.7, Hgb 10.6, Hct 32.6, Albumin 3.4, BUN 10, Creatinine 0.78</p>
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Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

Reason for consultation: Attention to Colostomy – Peristomal Wounds.

Patient is approximately 2 months post-op. She has an End Sigmoid Colostomy to the LUQ. Pt. is alert and oriented x4 and cooperative, with no signs of distress. Pt. denies pain but is concerned about the peristomal ulcers. States “the wounds are better” Agreeable to assessment and teaching. Appliance intact and without signs of leaking but noted with undermining between the 3-6 o’clock area. Four peristomal wounds noted from the 2-5 o’clock area. A denuded irritated skin noted between the 3-6 o’clock area. Patient states she likes to shower daily and mostly leaves the flange on but removes the pouch. Stoma nurse educated on patient assessing appliance and changing as needed after shower to ensure no seepage of water to avoid further skin issues. Well healing abdominal incision with a scabbed area noted to distal area of the incision. Ostomy nurse removed the appliance using adhesive remover with gentle push and pull method. Stoma red, rounded, budded and moist. No Output noted but patient reports its thick and brown and that she empties her pouch 2-3 times a day.

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Stoma and peristomal skin cleansed with warm water. Demonstration and explanation of stoma sizing and cutting of coloplast Brava sheet washer, SenSura Mio click flat, CTF flange (cut off center), wafer, application of Brava sheet washer, smear of stomahesive paste to aperture, drainable pouch, elastic barrier strips x2 over exposed brava sheet. The peristomal wounds were cleansed with water, dusted with stomahesive powder and no sting liquid barrier, small piece of aquacel was cut to size and placed on each wound opening and stomahesive skin barrier hydrocolloid applied over the ulcers. Pt. verbalized understanding on caring for the peristomal ulcers and her stoma. She was provided with the Brava sheet washer and the cut-off template was given to the patient.

Patient has ordering information for ostomy supplies. Patient instructed to call or schedule follow up appointment for additional ostomy needs as needed. She has HHC nurse who helps with ordering supplies.

Recommendations:

It was recommended that the patient should continue peristomal wound care 2-3 times per week and as needed as explained and demonstrated above and briefly as follows: Remove the appliance using adhesive remover with gentle push and pull method, Cleanse Stoma and peristomal skin with warm water. Dust the peristomal area with stomahesive powder, seal the open areas with no sting liquid barrier, apply aquacel on each open wound place brava sheet over the wound, then apply SenSura Mio click flat flange, wafer and drainable pouch as well as elastic barrier strips around as explained above.

Discontinue clobetasol spray since she doesn't feel it was "helpful" and reported "burning". A different form of topical steroid may need to be tried such as hydrocortisone cream or ointment.

The patient is advised to protect the colostomy and wounds from undue wetness from her showers.

The patient is instructed to call the office if the wounds get worse or she has any concerns.

She was sent to front desk to make an appointment with Dr. Lashner.

Follow up CORS and stoma for wound check in 6 weeks or sooner with issues.

Patient verbalized agreement with plan of care.

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 epidermolysis bullosa</p> <p>Ineffective adherence to provider orders AEB patient reporting that she stopped using clobetasol spray after only two uses.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Perform peristomal wound care using Aquacel, and adhesive peristomal powder to promote moisture balance and healing. Protect the Peristoma area with brava sheets so as to protect the open areas as well as provide a dry surface for the pouch seal.</p> <p>Recommend that the patient follow provider orders and call the office prior to stopping ordered treatments.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Aquacel has antimicrobial as well as excellent wound healing properties and it is important to promote healing while managing the wound drainage.</p> <p>Recommend that the LIP possibly change the clobetasol spray r/t pt. reporting burning and possibly request order for topical hydrocortisone. With this being a new Ostomy and the peristomal</p>

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		wounds and the patient only using the spray twice it is the use was not enough to quantify effectiveness.
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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. Alternatives should be from a different category or classification. 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>Aquacel is an appropriate treatment option for dressing of the ese wounds which have some drainage. It is noted that this patient has multiple allergies. Some patients do react to silver dressings. Should this be suspected in this case, or if Aquacel appears ineffective, or not available, a change of dressing may be considered. An alternative would be Hydrofera Blue (HFB) which has excellent absorptive components and and useful in wounds with noticeable drainage as in this case.</p> <p>Adhesive peristomal powder: a disadvantage of the adhesive peristomal powder is that an excessive amount may crust on the area and could lead to skin damage if not removed with care hence causing further skin damage. An alternative product to the powder would be Ostomy skin barrier spray.</p> <p>Brava sheets: 4” x 4 “Hydrocolloid Dressing: A major disadvantage to the Brava protective sheet is cost – they are expensive and based on the duration it will take to heal and the insurance this may be prohibitive to the patient. An alternative product would be ceramide infused skin barrier such as Ceraplus.</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 choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goals for choosing this mini case study were:</p> <ol style="list-style-type: none"> a. To understand how to manage a colosy complicated by peristomal wounds and learn to learn the possible causes of such peristomal wounds. b. To understand the different approaches and dressings for such wounds. c. To learn about some of the available products for such wound dressing d. To understand the impact of suboptimal compliance and how to address them. e. The case also stimulated my learning of skin manifestations associated with Crohn’s Disease. <p>Yes, I met my goal mainly by using the resources my preceptor gave me or pointed me to.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>Differential consideration is stoma appliances (e.g. flat vs convex, etc.) To continue to understand the impact of suboptimal patient compliance in wound, ostomy and continence.</p>

<p>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>This was the first patient I met during this clinical rotation. As the day went by I saw more complex stoma’s but I still went back to this as I was fascinated with the epidermolysis bullosa which may complicate this patient’s life with an ostomy. Although the patient was diagnosed with Crohn’s at age 12, and she has had a few surgeries, this is her first ostomy and the ostomy started developing peristomal ulcers in less than 2 months. In the future I will consider asking my preceptor the rationale behind the products selected as well as the plan of care and also interviewing the patient more.</p>
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Reviewed by: _____ Date: _____

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