



R.B. Turnbull, Jr., M.D. School of WOC Nursing

**Reason for Consult:** Follow up for patient with an existing colostomy and mucous fistula

**Pertinent History:**

Hx of imperforate anus

12/29/22: exploratory laparotomy and colostomy creation with mucous fistula

**Pressure Redistribution Support Surface:** crib with z-flo positioners

**Nutrition:** continuous tube feeds (Fortini)

**Wound Team Summary Assessment:**

Patient assessed with Mother and RN, and P.Clay RN, CWOCN at bedside. The current pouching system appears to be intact, however the open appears to be too small for the stoma's current size, therefore a pouch change was initiated. There is a moderate amount of mixed liquid and semi-formed stool noted within the removed pouch. The stoma is pale pink, moist, and prolapsed. There appears to be a possible stricture at the base of the stoma around the site that the ostomy telescopes. Per mom, patient has had intermittent stooling and the patient appears to be "straining", Peds Surgery Team is aware and monitoring. The peristomal skin is intact without breakdown. Due to the large diameter of the prolapsed stoma, recommend placing patient in a Hollister Pouchkins Pediatric Pouching system. Pouch change provided without difficulty.

The mucous fistula was cleansed and assessed. The mucous fistula is pink, moist, and flush with the skin. The area was patted dry and a small piece of gauze was placed over the mucous fistula to collect any drainage and secured with Mepilex lite.

**Wound Team Plan:**

Plan: Continue ostomy care, continue ostomy instruction/education, continue to monitor skin, WOC nurse to follow as needed and supplies left for patient in room

Discussed With: RN and Family

**Wound-Specific Plan:**

Colostomy care: Change pouch every 3 days or PRN for leakage

Supplies: Hollister 1-Piece Pediatric Pouch, Stomahesive powder, Cavilon no-sting barrier film (approved for use in PICU), Eakin dough, scissors, gauze

1. gather supplies and cut wafer to size
2. gently remove the old pouch, may use a normal saline wipe
3. cleanse skin with saline wipe only, dry thoroughly
4. dust any reddened/open areas with Stomahesive powder, then dab/spray with No Sting Barrier Film to form a protective crust.
5. place a ribbon of Eakin dough on the skin, around and snug to the stoma.
6. apply the wafer/pouch
7. cover the pouch with hand for at least 2 minutes to better activate adhesive

Mucous fistula care, daily and PRN:

1. Cleanse with saline, pat dry
2. Protect peristomal skin with Cavilon No-Sting Barrier film
3. Cover with gauze and Mepilex lite

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Possible stricture formation at the base of stoma	Closely monitor and document stoma output and immediately report any changes in output to pediatric surgery such as little to no output or deviations from their baseline.	The purpose of early identification of improperly functioning stoma allows for early interventions if required

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

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<p>Colostomy care</p>	<p>Change pouch every 3 days or PRN for leakage</p> <ol style="list-style-type: none"> <li>gather supplies and cut wafer to size</li> <li>gently remove the old pouch, may use a normal saline wipe</li> <li>cleanse skin with saline wipe only, dry thoroughly</li> <li>dust any reddened/open areas with Stomahesive powder, then dab/spray with No Sting Barrier Film (approved for use in PICU) to form a protective crust.</li> <li>place a ribbon of Eakin dough on the skin, around and snug to the stoma.</li> <li>apply the wafer/pouch</li> <li>cover the pouch with hand for at least 2 minutes to better activate adhesive</li> </ol> <p>If unable to achieve a seal or for questions or concerns please contact WMST</p>	<p>The purpose of routine colostomy care is to prevent pouch leakage, assess stoma, assess peristomal skin, and make necessary changes such as modifying wafer size or adding accessories.</p> <p>The WMST consult is still active and we are here to assist</p>
<p>Mucous fistula care</p>	<p>Change dressing daily and PRN when soiled</p> <ol style="list-style-type: none"> <li>Cleanse with saline, pat dry</li> <li>Protect peristomal skin with Cavilon No-Sting Barrier film</li> <li>Cover with gauze and Mepilex lite</li> </ol>	<p>Providing daily dressing changes to the mucous fistula allows for daily assessments of drainage characteristics and skin around the MF</p>
<p>Nutrition</p>	<p>Continuous tube feeds as ordered</p> <p>Nutrition team is actively following patient, please direct comments or concerns to them</p>	<p>Pt is receiving necessary nutritional support</p> <p>Allows for the proper team to be reached</p>

<p><b>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?</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>Initially patient was in Hollister 2-piece newborn pouch, this was switched to Hollister 1-piece pediatric pouch due to stoma size. There are additional pediatric pouches, however these are the products we have direct access to.</p> <p>Eakin dough: can be removed from the POC but helps provide a better seal in my experience. There is also an Eakin paste.</p> <p>Mepilex lite: gaze secured with tape could be used or a small mepilex border</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><b>What was your goal for</b></p>	<p>My goal was to learn how to wrap lower extremities. I was able to observe and assist in wrapping</p>
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<b>the day? Were you able to meet your learning goal for today? Why or why not?</b>	<p>lower extremities wounds to help facilitate healing. I do feel I was able to meet my daily goal, finally. This experience helped me see what happens after a patient is discharged.</p>
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	<p>Tomorrow my goal is to learn more about pelvic floor muscle training for the pediatric population.</p>

<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	<p>One thing I would do differently is to have the primary nurse remain at the bedside for the entire pouch change. The patient's mother is typically the one to routinely change the pouch, but if she is not there and say it's the weekend, the bedside nurses should feel confident in their ability to preform a pouch change.</p>
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	<p>I spent the morning at an outpatient wound healing center where I was able to observe and assist with many different wounds and healing methods. I was also able to see a patient being treated for a diabetic ulcer undergo HBOT.</p>

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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