

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Aislinn Van Tyne Day/Date: Tuesday June 10, 2025Number of Clinical Hours Today: eightCare Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Adam ShawClinical Focus: Wound  Ostomy  Continence **Reflection: Describe your patient encounters & types of patients seen.**

Today we did a pouch change on a patient who was having leakage due to poor pouch adhesion. We saw another patient that did not want an assessment but enjoyed discussing their options, it gave them peace of mind to know that it is okay for a stoma to change in size when they feel inflamed compared to normal; We instructed the patient to measure their stoma and cut their pouch accordingly, we also provided them with a few Brav protective sheets to try around their stoma because the material is flexible and can move with the changes in the stoma size. Another patient did not want to see us as they felt their stoma was doing well and they only wanted to see their provider. One patient came in to get a new prescription and did not feel they needed a fitting but upon exterior assessment for proper pouch prescription it was found that their pouch was about to leak, we were able to provide the patient with a new pouch and added a soft barrier ring and a barrier wipe to allow the pouch to fully adhere to the patient's skin. A patient came in with concerns from multiple days ago of their pouch being unable to stay on due to their high output but at their appointment they felt they currently had a good seal and requested that we not remove their current pouch as they are happy with the seal and have a long drive home. One patient who felt that their pouch had not been sealing properly after being in the hospital, upon assessment their skin looked intact and clean, we replaced the patient's pouch with one they had brought from home and provided them with a new supply prescription and also attempted to but a binder to go around and appliance and pouch, however the patient was happier with his own hernia belt in the end. Lastly I went with another nurse and provided post operative teaching and a pouch change, the patient and their family member were very concerned about their system being incorrect and that they may not be using products properly, we were able to reapply a new pouch and provide product numbers for the patient to get more of the pouches they are using but in a smaller size and with disposable options.

**Chart note:**

Patient with a PMH of DM2, HTN, OSA, CKD3, and tobacco usage  
With a past surgical history of cholecystectomy and ileal conduit diversion

Today, patient presents for leakage from their appliance, stating that the homecare nurse assigned to them have been applying their pouch with different accessories and they feel that the inconsistency has led to leakage. Their current pouch is leaking and has tape around the exterior to increase wear time.

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**Assessment:**

Diameter- 1”

Location- RLQ

Protrusion- Budded, increased budding when convexity is applied.

Mucosal condition and color- Red and moist

Ureteral stents- one white stent present

Stoma foley present- no

Urine characteristics- Yellow with mucous

Mucocutaneous Junction- Separation between 12 and 3 o'clock

Peristomal skin- clear and intact, stitch for securement of stent still present

Supportive tissue- semi soft

Applied a Coloplast Mio Convex Lite uro, with stomahesive paste, a Hollihesive washer, Stomahesive powder, and a belt.

A follow up call to the patient later in the day included praise from the patient that they were happy to finally have an appliance with a good seal.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

**WOC Plan of Care (include specific products)**

Gather supplies.

Trace pattern onto the skin barrier.

Cut hole in wafer, be careful not to cut through pouch.

Place a thin line of Stomahesive paste around the border of the opening that you have just cut.

Cut the Hollihesive washer with the pattern made in the WOC offices.

Remove the old pouch-

Apply light pressure on the skin with one hand.

Use adhesive remover as needed.

Gently pulling the pouch with the other hand

Cleanse the skin-

Wash the skin around the stoma with warm water and a non-moisturizing soap.

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Then rinse with warm water.

Pat the skin dry

Use skin barrier powder on sore areas, if there is any excess left on skin brush off and apply a skin barrier.

Also fill in separation between 12-3 o'clock with skin barrier powder then apply Hollihesive cut washer paper side down (once removed) on top.

Apply the new pouch-

Center the pouch opening over the stoma and press into place.

Smooth the sticky surface of the pouch onto the Hollihesive.

Place hand or warm compress onto the face of the pouch for 20-30 seconds to ensure proper adhesion.

Then apply the belt.

The patient needs an appliance that has slight convexity and a washer and paste underneath as their current pouch is flat and has not been achieving a proper initial seal leading to poor pouch quality.

**Describe your thoughts related to the care provided. What would you have done differently?**

I was incredibly happy with the care that we provided to the patient, we provided them with all the tools needed for them and their care nurses to succeed with pouch changes. We even provided a number of cut washers to make the next change easier.

**Goals**

**What was your goal for the day?**

To get more experience with ostomies and soon get more wound experience as well. It was not fully met I had the opportunity to see more ostomies today and a small number of wounds, but I would like to see more.

**What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)**

My goal for tomorrow is to see and learn how to care for more wounds.

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CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	✓	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	✓	
• Completes Braden Scale for inpatient encounter	✓	
• Includes pertinent PMH, HPI, current medications and labs	✓	
• Identifies specific products utilized/recommended for use	✓	
• Identifies overall recommendations/plan	✓	
Plan of Care Development:		
• POC is focused and holistic	✓	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	✓	
• Braden subscales addressed (if pertinent)	✓	
• Statements direct care of the patient in the absence of the WOC nurse	✓	
• Directives are written as nursing orders	✓	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

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

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