

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Aislinn Van Tyne Day/Date: Tuesday June 10, 2025 **Resubmit submitted 7/26/2025**Number 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 with an ileostomy who was having leakage due to poor pouch adhesion, we added wedges to the sides of her stoma and a deeper convexity pouch. 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 Brava 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.

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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.

The patient states that their current pouch was placed by their homecare nurse yesterday morning, upon assessment the pouch is only maintaining partial adherence due to use of Coloplast strips around the exterior of the pouch. There is clear yellow effluent seeping from the bottom of the pouch between 8 o'clock and 4 o'clock. The patient notes that their skin has been painful near the seepage area stating that they think it is due to the "urine that has been sitting on my skin." During removal of the appliance the patient notes some discomfort, and we utilized extra Coloplast adhesive remover wipes and encouraged the patient to also make sure that whoever assists with pouch changes also uses enough adhesive remover to prevent the pouch from pulling on the skin during removal.

Assessment:

Urostomy

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, with a miniscule amount of urine coming out

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

The patient's stoma measured at 1" we cut a Holliheisive washer to 1" and also cut out extras to make the next few pouch changes easier and provided a pattern. The patient was previously in a flat Coloplast appliance, we now measured and cut a Coloplast Mio Convex Lite Uro to provide the small amount of needed convexity. We then cleansed the patient's skin with soap and warm water during which the patient noted areas of tenderness around the stoma but there were no current open area, and applied a no sting barrier wipe. The patient has a separation of the mucocutaneous junction ***Be objective for location from x to x.*** that we filled with Coloplast Stomahesive powder, the patient was also educated that if there are any open sore areas the powder can be applied to those places as well. Then applied the holliheisive washer, and placed a small amount of Coloplast barrier paste to prevent leakage, then applied the appliance and provided the patient with a warm compress to hold on the pouch to help with adhesion.

Due to the patient's stoma budding more when convexity is applied we suggested the use of an ostomy belt to provide extra support and reassurance. The patient asked if they would be required to wear it all the time and they were told that the decision is based on their comfort, a good bud has been achieved with the current

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appliance setup but the belt is more necessary on days when the stoma is not protruding well. The patient stated that they felt that the current pouch felt more secure compared to the pouch they arrived in. They also stated that if they are able they will return in a few weeks to make sure the new pouch is “working right.”

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.

Much improved from previous submission. Try to be objective with note stating only pertinent information: Indicated will try to return for follow-up in 2 – 3 weeks. Post visit follow-up call yielded finding of without pouching system leakage and praise from family.

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 *Do you mean skin barrier wafer?*

Cleanse the skin-

Wash the skin around the stoma with warm water and a non-moisturizing soap. *Is tis the only type of soap we are concerned with?*

Then rinse with warm water.

Pat the skin dry

~~As discussed~~ use the Coloplast skin barrier powder in the area of separation between your ostomy and your skin between 12 and 3 o’clock, and on any sore **open** areas as needed, if there is any excess left on skin brush off and apply the no sting skin barrier wipe.

Then apply Hollihesive cut washer paper side down (once removed) on top. *To be more clear maybe: Remove paper from Hollihesive. Place onto peristomal skin paper side down.*

Apply the new pouch-

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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. **Can you? Maybe: to promote adhesion.**

Then apply the belt.

~~You should~~ wear your belt when you are going out for the day or when you are in an area that may be warm and cause you to sweat, as this can cause you pouch to not adhere as well to your skin.

~~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. Statements do not direct care as read as a rational for pouching system.~~

~~You have a~~ follow up ~~appointment scheduled~~ with your Urologist in 2 weeks, they will decide when your stent can be removed and **they will also continue to monitor the separation near your ostomy. This does not normally occur as the urologist will not remove the pouch. Typically, the WOC/ostomy nurse monitors separation with follow-up calls and/or visits.**

We have provided step by step instructions and patterns to make changing your appliance easier **This information belongs in your note: Provided step by step care instructions and cutting patterns.**

If you have any concerns or encounter new leakage ~~please do not hesitate to~~ call our office to schedule another appointment with the WOC nurses.

~~If you have no issues with your current pouch we would still like you to~~ return to the WOC office in the next 4-6 weeks so that we can monitor your skin and make sure that the pouch is maintaining a proper seal and your skin is healing properly.

This POC should be holistic. What else should be addressed with the pt knowing the history of tobacco use and being diabetic.

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. **If this pt has care nurses, any consideration to calling them and sharing new pouching system procedure?**

Goals

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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. *<- is there a specific area you would like to focus on? Is there a reason? There are many components to this. Please elaborate so we can best get a picture of your goals.*

No changes noted

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CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> Identifies why the patient is being seen 	✓	
<ul style="list-style-type: none"> Describes the encounter including assessment, interactions, any actions, education provided and responses 	✓	
<ul style="list-style-type: none"> Completes Braden Scale for inpatient encounter 		✓
<ul style="list-style-type: none"> Includes pertinent PMH, HPI, current medications and labs 	✓	
<ul style="list-style-type: none"> Identifies specific products utilized/recommended for use 	✓	
<ul style="list-style-type: none"> Identifies overall recommendations/plan 	✓	
Plan of Care Development:		
<ul style="list-style-type: none"> POC is focused and holistic 	See comments	
<ul style="list-style-type: none"> WOC nursing concerns and medical conditions, co-morbidities are incorporated 		✓
<ul style="list-style-type: none"> Braden subscales addressed (if pertinent) 		✓
<ul style="list-style-type: none"> Statements direct care of the patient in the absence of the WOC nurse 	✓	
<ul style="list-style-type: none"> Directives are written as nursing orders 	✓	
Thoughts Related to Visit:		
<ul style="list-style-type: none"> Critical thinking utilized to reflect on patient encounter 	✓	
<ul style="list-style-type: none"> Identifies alternatives/what would have done differently 		✓
Learning goal identified	See comments	

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R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Hi Aislinn – see my comments throughout – please address/elaborate on the highlighted areas prior to satisfactory status of this journal. Make sure your plan addresses more than just physical pouch change – we must direct care from the specialist standpoint when designing a plan. Updates can be done right in this journal – return to the drop box whenever complete.

*If you would like to review anything further, don't hesitate to reach out.
-Mike*

Reviewed by: Mike Klements 6/13/25 received Date: 6/13/2025

Resubmit Reviewed by Kelly Jaszarowski 7/28/2025

Submission improved from previous review. Continue to strive to develop a holistic, directive POC. Note comments throughout.

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