

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

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	2
Activity	4
Mobility	4
Nutrition	2
Friction/Shear	3
Total	

63-year-old male admitted to the hospital for AKI. Patients with past medical history of colon cancer, hypertension, hyperlipidemia, TIA, and benign prostatic hyperplasia (BPH). Patient seen previously by WOC for an ill-fitting ostomy pouch and peristomal irritation. The peristomal area was treated with the crusting technique; however, the patient continues with only 1-2 days of wear time and worsening of peristomal erosion. Patient with past surgical history of total colectomy with end ileostomy creation in July 2025. Patient greeted while in bed, and wife is at the bedside. Per his wife, ostomy is managed at home. The patient states he lost 70lbs and now has creases and folds interfering with adherence of the ostomy pouch and decreased wear time. The old pouch was removed to reveal a red, moist stoma, slightly budded with a flush bottom edge. Peristomal skin with open red scattered irritation circumferentially in various stages of healing. Skin is noticeably loose from weight loss and peristomal plain with a deep crease transversely at 3 o'clock and 9 o'clock. The peristomal skin was cleaned with warm water, then patted dry. Marathon skin protectant was applied to the peristomal skin on all areas of erosion and skin damage and allowed to dry. Eakins' cohesive strip rolled to fit into the crease at 3 and 9 o'clock, then a large Eakins ring placed circumferentially around the stoma. Coloplast SenSura high-output 1-piece drainable cut-to-fit barrier pouch applied. The patient tolerated the pouch change, and both the patient and his wife were made aware of pouching modifications. The patient agrees with the new plan of care. WOC communicated the wound care recommendations to the bedside RN. The goal wear-time for the ostomy pouch is 3 days. If any new ostomy-related issues arise, please contact the WOC team.

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

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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 your supplies, including pouch, Marathon skin protectant, Eakins small barrier ring, Eakins large barrier ring, ostomy scissors, and a bag for old appliance disposal
- *Remove the old pouch by pulling the bag toward the stoma using the push/pull technique
- *Clean the peristomal skin gently with warm water and allow it to dry completely
- *Measure your stoma and cut the pouch barrier wafer to fit around the stoma, allowing 1/8" of peristomal skin exposure from the barrier wafer's edge
- *Lay the patient on his back as flat as possible
- *Use one hand to smooth loose skin
- *Squeeze the Marathon skin protectant tube to release the liquid into the sponge
- *Apply a thin layer of protectant over the weeping and damaged skin, extending protection beyond the affected area by 1 inch and allowing the Marathon skin protectant to dry completely
- *Roll to fit Eakins cohesive strip and apply to the abdominal crease at 3 o'clock and 9 o'clock
- *Apply an Eakins barrier ring around the stoma
- *Apply Coloplast SenSura high-output 1-piece drainable cut-to-fit barrier pouch
- *Attach the pouch to the Foley gravity bag
- *When the bag is not attached to the drainage bag, empty the pouch when 1/3 full
- *Change every 3 days or as needed for leakage
- *Apply a new layer of Marathon skin protectant every 3 days with pouch change or as needed to protect peristomal skin from stoma effluent
- *Keep skin clean and dry
- *Encourage the patient to drink Ensure supplement shake with each meal
- *Contact WOC via Vocera for any issues with the pouch not adhering or further deterioration to the peristomal skin.

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

My day was long. I had to do ostomy teaching on a patient and his many family members. I never repeated myself so much in my life. It was hard on me, but I got through it. My patient with peristomal irritant dermatitis was very upset with his care. He felt as though he was not getting the care he needed, so he was really looking for the WOC team to be the end-all to his suffering. I had to explain to him that his skin was really damaged, and I would do my best, but it would not heal overnight. I wanted to handle my ostomy teaching better. Not sure how I could have made it easier on myself without either the patient or one of his family members getting upset.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals

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What was your goal for the day?

My goal again for the day was continence. My goal was met.

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

I am hoping to get another stoma marking. I might have to change my clinical day to fit the Ostomy clinic schedule to make sure I have a chance at doing a marking.

For instructor use only. Do not remove or edit:

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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