Sharon, I am underwhelmed by this care. Here are some thoughts on what should be in this note and plan of care. Unless I was absolutely drowning in work, I would ask staff to shower this patient now w me assisting. To say the least, it was very overwhelming. He was in the transfer unit ED. (I believe that is what she called it; she basically explained a holding bed for placement (bed) as none were available.) Showering him would have been the right thing to do. But unfortunately, it did not get done. Staff caring did not do it, and we did not offer to.

Assessment:
Patient alert and oriented x 3, pleasant and cooperative. The patient has a foul odor, poor hygiene, long, straggly hair and beard, and appears to be somewhat low-functioning. Patient reports symptoms began last week, including leg weakness and recurrent falls. He stated that he lay on the floor for 2 days and crawled on the floor until he was able to get himself onto his bed, and then he lay in bed for a couple of days. He reports fever, chills, and diarrhea from the stoma. He reports significant breakdown from the stoma site and the suprapubic catheter site, likely secondary to being unable to care for himself due to weakness. On assessment, noted red, moist erythema, denuded, from the RLQ to the suprapubic catheter around the catheter insertion site. He reports it is sore. Patient stated he lived with his parents until their passing, then he moved here to live with his older brother, but he passed last year. Now he is living in low-income housing that a social worker helped him get into. He did not know her name or how to get in contact with her. Consults placed for case manager and social worker to identify long term placement or home health. Discussed PT, OT, dietician consults w Dr. XX & ordered for strengthening exercises, ambulation assistance, food choices based on abilities & finances. Showered patient with staff before changing pouch & SP dressing. She did put in an order for consult of Social worker as she/we did feel he needs assistance/help.
Braden Risk Assessment Tool not meeting this patient I am guessing at these scores based on your writing. Looking at your Braden, I was basing my answers on what I saw and visualized him, not just what was in his paperwork. When I saw him, the staff had put a new pouch on that was sealed, but we needed to remove it to assess his skin thoroughly. I did not account for the leaking in the moisture calculation, as that was not what I observed. However, it is clear that the information gathered and what I visualized as a potential leak was a previous issue. I will make a mental note to include all gathered information in a Braden score.

Sensory Perception	3	
Moisture	2	Diarrhea & SP leaking
Activity	2	On floor & then in bed so not ambulating
Mobility	2	agree
Nutrition	2	At best since he was not up & caring for self
Friction/Shear	2	probably
Total	13	

SP catheter care
Cleanse abdomen with pH-balanced no-rinse cleanser (not usually called soap & I have no idea why a water rinse would be used). Strike out the no-rinse. Just cleanse with pH balanced cleanser
Apply Domeboro soak for 15 minutes, remove and gently dry skin (Did this)
Apply stomahesive powder to denuded areas around SP and stoma, dust off the excess. (Did this)
Spray powder w skin prep to provide additional protection & base for adhesive products Did this)

Use device (vertical tube holder, horizontal tube holder, general catheter tube holder or if none of these work, use trach foam w slit & apply (Did use device to secure tube and also put slit 4 x4 gauze around insertion site. around the insertion site of the suprapubic catheter and secure the suprapubic catheter in place, change daily and prn if leaking around tube. Connect SP to gravity drainage w drainage bag below bladder & emptied when 1/3 full. (Did hook up to drain bag).
Ostomy care
Did you change the ostomy pouching system? What should he use? We changed the pouching system and applied a full-sheet Hollishesive washer cut to fit, paste to caulk the seam, a 45mm NHI convex flange cut to fit, and a High Volume output pouch. Mefix tape picture frame and #7299 Belt fit snug. Wear Time Goal: 3-4 days. Also added the order to use adhesive remover to remove the old pouch. Also, if the paste was not fully set to a dust powder, let it set for a couple of minutes before removing. This will reduce the need for scrubbing, as it will basically flake off.
Turn patient Q 2 hours R/L/back R/L/back using turn sheet & wedges to offload coccyx.
Keep heels off bed w Tru Vue heel protectors, remove daily for bathing feet & each shift for heel inspection
I was advised to focus on incontinence rather than the ostomy portion, as that was not the primary focus of the journal article. This is why I didn't approach the pouching system much, but yes, we did write orders for it as well. The incontinence of the ostomy and the SP both contributed to the skin breakdown. We accomplished a great deal, but hindsight suggests we could have done more.