Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Brittany Sluiter Day/Date: Saturday/January 10, 2026

Setting: Hospital • Ambulatory Care ☒ Home Health Care • Other: _____

WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	*Age/sex:* 37-year-old female *PMH:* Crohn's, diverticulitis, bowel resection, ileostomy placement, hypertension, rheumatoid arthritis, and depression. Patient with many reported allergies to foods and environment. Patient was experiencing symptom exacerbation related to her diverticulitis diagnosis to which she went to the ER 8 weeks ago. Work up discovered severe adhesion and patient had a RUQ loop ileostomy placed with a bowel resection. *CC:* Pain under ostomy appliance. *Meds:* Methotrexate, Prednisone, Sertraline, Hydralazine, Vicodin PRN, Tylenol PRN, Over the counter Probiotic *Social hx:* Denies smoking, ETOH or illicit drug use *Labs:* Labs drawn at last outpatient appointment and unremarkable. Patient had called ostomy clinic due to a new wound in her peristomal plane and was advised by the tech to come into the ostomy clinic.

Assessment/encounter:
Ostomy nurse visit today in the outpatient clinic.
LOC: Patient awake and alert
Interview with patient

- Independent in ostomy care
- Had a pinpoint area that "erupted" and has been "extremely" painful with lots of drainage under her pouch
- No further issues or other changes since her hospital discharge
- No missed ostomy clinic appointments
- Wears Convatec Sur-fit Natura 1 ¾" flat flange with drainable pouch
- Empties pouch 4-5 times per day.
- Appliance changes every 3-4 days
- Current 1-2 day wear time due to wound drainage disrupting seal

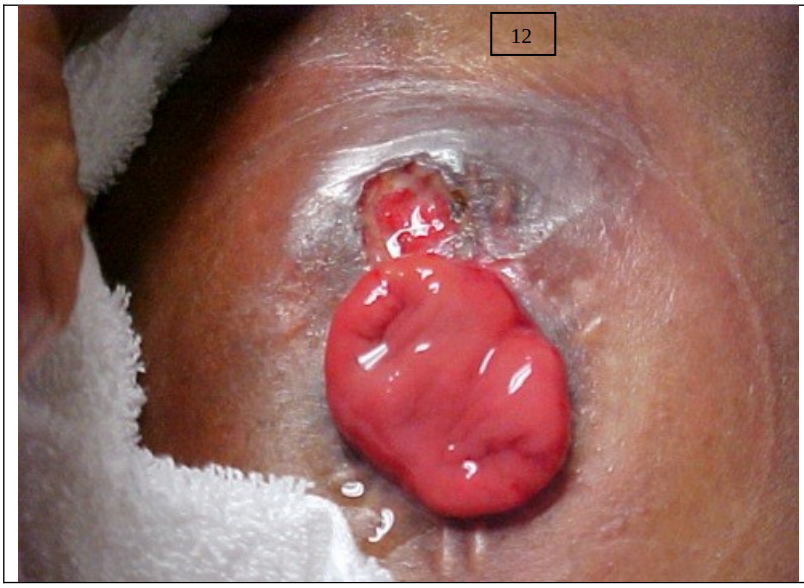
Stoma: Loop ileostomy, pink, moist,
Stoma size: 1.3x 1.0"
Shape: round
Peri-stomal skin: full thickness wound at 12 o'clock aspect noted with heavy serous drainage and violaceous edges.
Abdominal plane: semi-soft, flat, painful on palpation.
Education

- Develop education below

The patient is exasperated with the pain associated with her pouch change and feel she is in a "catch 22".
Patient will be returning home after this visit.

What specific interventions would you choose as the Ostomy provider? Make sure to include below, considering both short and long term plans for this patient.

Photo



Using critical evaluation of the provided encounter data, identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

1. Identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

Based on review of the encounter data, several opportunities exist to strengthen assessment, treatment, and education. A more comprehensive peristomal assessment could have included formal wound measurements (length, width, depth), drainage amount and differentiation between possible etiologies such as mucocutaneous separation, peristomal abscess, or pyoderma gangrenosum, particularly given the violaceous wound edges and the patient's history of Crohn's disease and immunosuppression with prednisone and methotrexate. Early consideration for the to the colorectal surgeon or dermatology could have been beneficial if pyoderma was suspected. Additionally, targeted pain management strategies related to pouching changes and use of atraumatic adhesive removal could have been reinforced earlier to reduce pain-related anxiety and pouch wear disruption. Further education on interim containment strategies during high-output or wound drainage episodes may have also reduced the patient's reported frustration and "catch-22" experience.

Using the information from the encounter and your critical evaluation 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. (For example: *What ostomy pouch change regimen would you recommend)?*

2. WOC Plan of Care (include specific products used)

Peristomal Wound Care:

- Cleanse peristomal skin and wound at the 12 o'clock position with sterile normal saline at each pouch change.
- Gently pat skin dry; avoid rubbing.
- Apply calcium alginate dressing (Alginate M) cut to size directly to the peristomal wound at 12 o'clock to absorb heavy serious drainage
- Cover alginate with a thin hydrocolloid (DuoDERM Extra Thin) cut to accommodate the stoma, ensuring wound coverage without occluding stoma lumen.
- If wound drainage increases or saturation is noted, change dressing and pouch immediately.

Skin Protection:

- Apply alcohol-free skin barrier wipe (Cavilon No Sting Barrier Film) to intact peristomal skin with each pouch change.
- Avoid use of powders unless active moisture-associated skin damage is present.

Ostomy Pouching System:

- Transition to a soft convex skin barrier (Convatec Sur-Fit Natura Soft Convex) cut to 1/8 inch larger than stoma size (1.3

cm x 1.0 com).
- Utilize ostomy barrier ring (Eakin Cohesive Seal) mold to fill peristomal contours and support seal integrity.
- Secure with drainable pouch compatible with convex flange.
- Change pouching system every 48 hours or sooner if leakage occurs.

Pain and Comfort Measures:
- Use adhesive remover wipes with pouch removal.
- Encourage patient to support peristomal skin during pouch removal to minimize trauma.
- Coordinate analgesic use prior to pouch changes as prescribed.

Monitoring and Escalation:
- Monitor peristomal wound for increased pain, erythema, purulence, or expansion of violaceous borders.
- Notify WOC nurse or provider if no improvement within 7 days or if wound worsens.
- Refer to colorectal surgery or dermatology if pyoderma is suspected.

Nutrition and Hydration:
- Encourage adequate protein intake to support wound healing (collaborate with dietician; consult dietician if provider is not already on case).
- Reinforce hydration strategies appropriate for ileostomy output.

Write a chart note giving careful consideration to the chart review information, how the patient was assessed, the problems, and the rationale behind the plan of care. The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for…, follow- up visit for…, evaluation and management of…, etc. Then, describe the visit. Be sure to include any physical assessment, interactions, and specific products used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

Reason for Visit:
Initial outpatient ostomy clinic visit for evaluation of painful peristomal wound and pouch seal failure.

History:
37-year-old female with PMH of Crohn's disease, diverticulitis, bowel resection with loop ileostomy placement 8 weeks ago, hypertension, rheumatoid arthritis, and depression. Patient reports new pinpoint peristomal area that "erupted" with severe pain and heavy drainage beneath pouch, resulting in reduced wear time (1-2 days). Current pouching system includes Convatec Sur-Fit Natura 1¾' flat flange with a drainable pouch. Patient is independent with ostomy care.

Assessment:
Patient is alert and oriented. Loop ileostomy noted, pink and moist measuring 1.3 x 1.0 cm, round in shape. Peristomal skin with full thickness wound at 12 o'clock position exhibiting heavy serous drainage and violaceous edges. Abdomen semi-soft and tender to palpation near wound site. Current pouch and seal compromised by wound drainage. Patient expresses frustration and pain related to frequent pouch changes.

Interventions:
Peristomal wound cleansed with normal saline. Calcium alginate applied to wound bed and covered with think hydrocolloid dressing. Convex pouching system applied with barrier ring to improve seal and offload wound area. Education provided on pouch and pouch change technique, oain-reduction strategies, and signs of complications requiring follow-up.

Plan:
Implement revised pouching and wound care regimen as outlined. Patient to return home following visit and follow up ostomy clinic in one week or sooner if worsening symptoms occur.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

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My goal was to strengthen my clinical reasoning related to complex peristomal wound management in patients with IBD and immunosuppression, while refining my ability to develop direct, staff-driven plans of care.

What was your goal for the day? Was it met? Why or why not?
Yes. This case reinforced the importance of early differential consideration, precise product selection, and clear nursing orders to manage peristomal wounds effectively while supporting patient comfort and pouch adherence.

Reviewed by: _____ Date: _____

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CRITICAL ELEMENTS	Completed	Missing
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
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	✓	
• 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:		
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	