

Eminta Sunny
NURSING CARE 1

Date: 02/28//2023

Patient Initial: M.H

Nursing Diagnosis: P: Risk for impaired skin integrity

E: to flow of leaked fecal drainage from stoma secondary to colostomy

S: N/A s/s for risk

Expected Outcome	Nursing Intervention	Rationale	Evaluation
<p>Short Term Goal: The client will display intact skin surrounding the stoma during hospitalization.</p> <p>Long-Term Goal: The client will demonstrate proper behavior and techniques to prevent skin irritation and develop healing and stoma care by discharge.</p>	<ol style="list-style-type: none"> 1. Assess the peristomal skin for redness, excoriation, tenderness, drainages, bleeding, or rashes. Take note of the characteristics of drainage. 2. Maintain intact peristomal skin by: <ul style="list-style-type: none"> - Clean the stoma with warm water and pat dry. Use mild soap if a sticky stool is present. 3. Choose the appropriate pouch by evaluating the skin's condition, size and shape of the abdomen, and stoma site. Apply proper skin barrier and use adhesive backing of the pouch. 4. Get measurements of the stoma's width and length periodically. 5. Support surrounding skin when gently removing the appliance. Apply adhesive remover as indicated, then wash thoroughly. 6. Empty the pouch when it is one-third to one-half full. Keep the pouch emptied routinely. Change the skin barrier every 3 to 4 days. 7. Provide education on changing the pouch and caring for the colostomy site. 8. Provide education about diet plans. 	<ol style="list-style-type: none"> 1. Regular monitoring of the stoma's condition is important for the effectiveness of treatment and prevention of any complication that may arise. The stoma should be bright red and moist. 2. Skin preparation is important to keep the area surrounding the stoma clean of leakage, which prevents skin breakdown and irritation. 3. Properly fitting the pouch with a skin barrier will promote skin integrity. A minimal gap between the pouch opening and the stoma prevents effluent leakage onto the peristomal skin. 4. During the first six weeks, the postoperative edema resolves, resulting in the stoma shrinking, and the size of the appliance must be checked for proper fitting to prevent drainage leaks. 5. Prevents tissue irritation or destruction associated with "pulling" pouch off. 6. More frequent changes in the skin barrier can cause mechanical trauma to the skin. Emptying the pouch when it is one-third to one-half full reduces the risk of leakage and odor and removes bacteria. 7. To identify irritations, assess the stoma and skin surrounding the stoma. Ensures the understanding of how to perform colostomy care to prevent skin breakdown. 8. Diet will return to the normal diet. Swallowing larger pieces of leafy green vegetables will prevent blockage at the stoma opening, which may cause irritation. 	<p>The client maintained the skin integrity around the stoma on 2/28. The colostomy site was assessed, and no signs of skin breakdown surrounding the stoma. The ostomy pouch was emptied, the skin barrier was removed, and the area was cleaned. The area was dried, and a new appliance was applied.</p> <p>The patient participated in the teaching on changing the pouch and caring for the site on 2/28. Ongoing care: the patient could not demonstrate techniques for the stoma care on 2/28. The patient will be reassessed for a demonstration of techniques for stoma care.</p>
<p>Objective Data:</p>			
<ul style="list-style-type: none"> - Vital signs are stable, with minor pain present. 1 out of 10 - Ostomy pouch is half full of brown liquid stool. - Stool leakage was present between the skin and skin barrier. 			