Peristomal skin irritation: referral

Original independent practice. The patient details, observations and care chronology are fictional. Assume that today's date is 3 November 2026. You have assessed Ms Makoni during a community nursing visit. Allow 45 minutes: 5 minutes reading and 40 minutes writing. You are a community registered nurse. Using the case notes, write to Ms Chipo Nyamadzawo, Stoma Specialist Nurse, requesting assessment of Ms Makoni's recurrent leakage, appliance difficulties and irritated skin. Address the letter to Ms Chipo Nyamadzawo, Stoma Specialist Nurse, Specialist Outpatient Clinic, 42 High Street, SW19 1AA, United Kingdom. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Simudzai Makoni	☐	☐	☐
2. DOB: 25/01/1968 (58 yrs)	☐	☐	☐
3. Community nursing assessment: 03/11/26	☐	☐	☐
4. Home: 12 High Street, SW19 1AA, UK	☐	☐	☐
Social background			
5. Lives with partner; manages pouch changes herself	☐	☐	☐
6. Receptionist; avoiding work because she fears leakage	☐	☐	☐
7. Partner willing to attend education session with her consent	☐	☐	☐
8. Complained previous nurse was careless; requests this allegation be repeated	☐	☐	☐
9. Disclosed sister's financial dispute; unrelated to her care	☐	☐	☐
Medical history and earlier progress			
10. 18/08: end colostomy following perforated diverticulitis	☐	☐	☐
11. Abdominal wound healed; surgical review completed 29/09	☐	☐	☐
12. Uses one-piece cut-to-fit pouch; supply unchanged since discharge	☐	☐	☐
13. 12/10: peristomal skin intact; comfortable with usual appliance	☐	☐	☐
14. No previous diagnosed adhesive allergy	☐	☐	☐
Recent symptoms and current assessment			
15. 27/10: recurrent leaks began beneath lower adhesive edge	☐	☐	☐
16. 30/10: burning soreness reported; appliance changes becoming difficult	☐	☐	☐
17. 03/11: stool seen tracking beneath lower edge on removal	☐	☐	☐
Recent symptoms and current assessment			
18. Skin immediately below stoma red and superficially broken; outer adhesive area unaffected	☐	☐	☐
19. Stoma pink/moist; output unchanged from usual	☐	☐	☐
20. Current opening leaves peristomal skin exposed; crease appears on sitting	☐	☐	☐
21. No abdominal pain, vomiting or fever; eating normally	☐	☐	☐
22. Unable to inspect lower seal without mirror; no mirror used previously	☐	☐	☐
23. Patient suspects adhesive allergy; cause unconfirmed, no allergy diagnosis	☐	☐	☐
24. Leakage now disrupts sleep; worried about further skin damage	☐	☐	☐
Care provided and response			
25. 30/10 nurse remeasured stoma and refitted appliance	☐	☐	☐
26. Refitting reduced leaks briefly → leakage recurred by today	☐	☐	☐
27. Pouch replaced after each leak; spare supplies available	☐	☐	☐
28. Today: cleansed skin gently; replacement fitted; seal initially dry	☐	☐	☐
29. Advice: urgent medical assessment for severe abdominal pain, vomiting or markedly reduced output	☐	☐	☐
Referral plan			
30. Consent given for referral; can attend next available clinic appointment	☐	☐	☐
31. Request specialist stoma/fit assessment in different positions; appliance and skin-protection advice	☐	☐	☐
32. Request practical fitting education, including mirror use to inspect lower seal	☐	☐	☐

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