

Daily Journal Entry with Plan of Care & Chart Note

 Student Name: Adria Marcoux
 Day/Date: Thursday 9/24/2020

Today's WOC specific assessment	<p>Patient is a 72 year male patient that is s/p davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions on for bladder cancer. He had preoperative teaching via telephone and was marked the day of surgery by CWOCN. He received ostomy lesson yesterday and changed postoperative pouch with verbal cues.</p> <p>Past medical history: bladder cancer, enlarged prostate, hiatal hernia, hypertension</p> <p>Recent labs: albumin 4.3, WBC 9.2, Hematocrit 44, Hemoglobin 14.7</p> <p>Medications: oxycodone, hydroxyurea, aspirin</p>
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Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

Reason for consultation: Evaluation ileal conduit and teaching

Patient is a 72 year male patient now day 2 post op davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions. Lives with his wife who is willing to assist with ostomy care as needed. Has been independent in self care prior to this admission.

Assessment notes patient is up in chair, alert, oriented and attentive. Denies pain and has not required pain medication since 2100 yesterday. Lab values indicate patient remains stable both nutritionally and hemodynamically. Wife has been involved and attentive throughout this process and again is at bedside to participate in education. Patient confirms he has been emptying his pouch and measuring output independently since teaching yesterday. Patient has been able to return to a regular diet. Patient did have questions regarding dietary changes. Patient was able to verbalize understanding no need for change at this time, doctor may change diet in future if a more acidic environment is needed. Patient is able to demonstrate an assessment of his pouching system, bag and wafer, this morning. Able to explain what to look for for potential problems. There does not appear to be any since of leakage, patient denies any peristomal skin discomfort. Because appliance is dry and intact, we will not change system at this time. Instead we will plan for showering tomorrow along with changing the pouching system. Stoma in RLQ. Pouch was removed briefly to allow for stoma assessment. Red and blue stents remain in place. Draining yellow, clear urine. Mucocutaneous junction and peristomal skin is intact and without irritation. Brief review of supplies and steps needed for pouching system completed. Patient will continue to use the Eakin ring, Hollister Standard wear, flat skin barrier wafer at this time, as he is comfortable with these pieces. Other appliance options were discussed: Hollister extended wear barrier, as we look to extend wear time past 48 hours, one piece systems, as patient becomes more comfortable with his stoma and the process of changing appliances, pre-cut barriers, as stoma heals and stabilizes in size. Stents placed in pouch and pouch connected to wafer. Patient able to complete all cares today with minimal cues from wife. Patient will connect nighttime drainage system tonight with staff present for assistance if needed. Patient will continue to read provided literature. Goal for tomorrow is to shower and change pouching system independently, discuss S/S of UTI, and trouble shooting pouching systems outside of a hospital setting.

Recommendations:

Will continue ostomy teaching until discharged

Review provided information with a focus on tomorrow's goal. Write down any questions.

Patient and wife are in agreement with current plan of care.

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Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

WOC specific medical & nursing diagnosis	WOC Plan of Care (include specific product used today)	Rationale (<i>Explain why an intervention is chosen; purpose</i>)
Ileal conduit Cystoprostatectomy Lymphadenectomy Urethrectomy Lysis of adhesions Hiatal hernia Hypertension History of bladder cancer History of enlarged prostate Knowledge deficit in care of urostomy Risk of skin breakdown Risk of UTI Risk of poor body image	<p>Patient able to assess and demonstrate knowledge of the system currently being used. This includes Eakon ring, cut to fit Hollister standard wear flat barrier, and Hollister drainable pouch.</p> <p>Continue teaching assessment of system, stoma and peristomal skin, assessing for possible leaks and breakdown early.</p> <p>Assess for possible change to a Hollister long wear barrier as change of system become more standard and wear time is longer.</p> <p>Discuss future options for Hollister one piece systems or pre-cut barriers at follow up WOC nurse appointment.</p> <p>Increase independence with bathing and changing appliance.</p>	<p>Patient needs to know supplies used so he can order supplies and trouble shoot. Independent prior to surgery and we want to maintain his independence.</p> <p>It will be important to detect possible leaks and breakdown of system to avoid skin breakdown and mishaps with system.</p> <p>Changing products as condition improves and lifestyle returns to normal, allows for more control and better outcomes.</p> <p>Allows patient to know what other options are available. A one piece system or precut may reduce supplies and time needed for appliance change.</p> <p>Bathing and ADLs are an essential part of life. Patient was independent with these prior and we want to return to independence and comfort with ADLs, body image, and activities as he was prior to this surgery.</p>

What are the disadvantages of using this product(s)? What	Eakon rings may become an unnecessary piece adding an additional step and cost. Patient may not require this accessory once he is more familiar with his stoma and products. Patient may be able to get a barrier with mild convexity if required for a better fit or even a one piece system allowing for an all
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alternatives could be used and why?	<p>inclusive system rather than multiple pieces. Having the separate pieces fresh post op allows for easy adjustments as swelling decreases and surfaces change.</p> <p>Similar the disadvantages to a two piece system is that there are more pieces to master. However, the two separate pieces (wafer and pouch) do allow for easy stoma assessment without changing the entire system. Cut to fit wafers are complicated in that the patient does have to measure his stoma and the cut appropriate hole in the wafer. However, again this is a needed skill because stoma size can readily change during the next 4-6 weeks. If a patient has problems with dexterity or eyesight his wife could assist. Once the swelling has subsided a precut wafer system could be used.</p>
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

Were you able to meet your learning goals for today? Why or why not?	<p>I was able to meet all the goals for today. Patient has a great support system and at this time appears to be taking this process in stride.</p>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	<p>Goals for tomorrow are to have patient shower and change appliance. We will also begin to discuss life outside of a hospital setting to include clothing options, supplies to pack when leaving the house, and any concerns the patient may have about returning to his previous lifestyle.</p>

Reviewed by: _____ Date: _____

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