

Daily Journal Entry with Plan of Care & Chart Note

Student Name:

Day/Date:

Directions: 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, select one patient each clinical day and complete *plan of care and chart note*.. This assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course dropbox for instructor review & feedback. **Journals should be submitted to your dropbox by no later than 48 hours following the clinical experience day.**

Today's WOC specific assessment	<p>Patient is a 36 year-old male with adenocarcinoma of the rectum. He underwent total neoadjuvant chemotherapy and radiation for locally advanced tumor. Post treatment imaging revealed regression of the tumor. He is s/p laparoscopic low anterior resection with loop ileostomy. He had an ostomy lesson yesterday which focused on anatomy review and pouch change. Over the last 24 hours he has had 1.4L bilious ostomy output. The surgeon started him on Immodium and Fibercon and diet was advanced from clear liquids to soft, low fiber. Per nursing report patient has been emptying pouch and recording ostomy output independently. Patient has been up and ambulating in the halls multiple times per day.</p> <p>Current pouching system: Small Eakin ring, Hollister FlexTend 2 ¼" Cut to fit barrier and 2 ¼" drainable pouch with lock n' roll closure.</p> <p>Medications- acetaminophen, oxycodone, immodium, Fibercon</p> <p>Recent labs- Hgb 13.1, Hct 39, Albumin 3.4, BUN 9, Creatinine 0.83</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: Ostomy evaluation and teaching

Patient is POD #2 s/p laparoscopic low anterior resection with loop ileostomy. Alert, cooperative, with no signs of distress. Reports pain in abdomen a "4 out of 10" with recent pain medication of Acetaminophen. Agreeable to assessment and teaching. Appliance intact and without signs of leaking. Pt encouraged to remove appliance using the push pull method. Stoma red, moist, round, edematous with centrally located os. Measures 2". Output of green, brown liquid stool noted in pouch. Peristomal skin without irritation, redness. Stoma and peristomal skin cleansed with warm water per pt with verbal cues. Demonstration and explanation of stoma sizing and cutting of skin barrier wafer, application of Eakin ring, and application of skin barrier wafer. Pt verbalized understanding. Able to secure pouch to wafer with verbal cues.

Explained diet, activity, and travel considerations, risks of parastomal hernia and or stomal prolapse with lifting more than 10 pounds; risks of dehydration with stool output greater than 1000cc in 24 hours and how to manage and report to surgeon. Explained UOAA, provided newsletter, WOC nurse list, and list of local ostomy suppliers. Patient has ordering information for ostomy supplies. Patient instructed to call or schedule follow up appointment for additional ostomy needs after discharge.

Recommendations:

Continue daily ostomy teaching while in hospital.

Patient to empty pouch routinely and record output.

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Patient to watch uploaded ostomy videos.

Patient verbalized agreement with plan of care. RN aware.

WOC specific medical & nursing diagnosis	WOC Plan of Care (include specific product used today)	Rationale (<i>Explain why an intervention is chosen; purpose</i>)
High output from ostomy	Take Immodium and Fibercon as prescribe. Eat 5-6 small meals per day, sip water between meals, and avoid water with meals. Avoid caffeine and alcohol.	High output is normal for a post-op ileostomy, but should still be managed. Consistent eating habits will promote more consistent peristalsis and effluent. These are good habits for the patient to have after the ileostomy is reversed as well.
Fluid and electrolyte imbalance	<ul style="list-style-type: none"> -Watch for symptoms of dehydration: headache, decreased or dark urine, fatigue, disorientation, lack of sweat, muscle cramps or weakness, and tingling in fingertips -Obtain daily weights -Set goal for drinking 8- 10 glasses of fluid (8oz each) -Dilute a sports dink with water to help meet fluid goal -Eat a salty snack to increase thirst and help meet fluid goal 	His ostomy output was 1400mL which is higher than normal. Although the pt is only POD #2, he should begin to work towards successful care routines
Edematous stoma	Pt should carefully assess stoma size at each appliance change. Increased edema will necessitate a bigger wafer cut-out to prevent ischemia, and decreased edema will necessitate a smaller cut-out to prevent leaking	Post-op appliances should be transparent, 2-piece, graduated, and drainable

What are the disadvantages of using this product(s)? What alternatives could be used and why?	<ul style="list-style-type: none"> -Eakin ring may function as a “crutch” and prevent the pt from learning how to properly cut to fit. An alternative would be to use stoma paste on the backside on a wafer after it has been cut appropriately. -The Flextend wafer of 2 ¼” is too small for a 2” stoma (the website says it fits up to a 1 ¾” stoma). The pt needs to use the Flextend wafer with a 2 ¾” ring that fits stomas up to 2 ¼” (of course pt will need 2 ¾” pouches as well) -Flat wafers may not fit obese patients or those with creases, folds, dips, or scars. A soft convex CeraPlus wafer may seal better in those cases
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

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Were you able to meet your learning goals for today? Why or why not?	Yes. I read a bit on adenocarcinomas, neoadjuvant chemotherapy, LAR syndrome, the listed products, and UOAA brochure for new ostomates
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I'll research the major terms and try to retain as much content as possible.

Reviewed by: _____ Date: _____

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