

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Michelle Pignone RN_____ Day/Date: _____July 18, 2021_____

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:

<p>Reason for consultation: Ostomy evaluation and teaching</p> <p>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.</p> <p>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.</p> <p>Recommendations: Continue daily ostomy teaching while in hospital. Patient to empty pouch routinely and record output. Patient to watch uploaded ostomy videos.</p>
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Patient verbalized agreement with plan of care. RN aware.

WOC specific medical & nursing diagnosis	WOC Directive Plan of Care (Base this on the above data. Include specific products)	Rationale (<i>Explain why an intervention was chosen; purpose</i>)
1.) New ostomy requiring pouching system changes	-Remove the existing pouching system using the push pull method. Cleanse the skin with warm water and pat dry. Use the sizing guide to measure the stoma and cut the skin barrier wafer accordingly. Apply Eakin ring to the peristoma followed by Hollister Flexend 2 ¼” Cut to fit barrier and 2 ¼” drainable pouch with lock n’ roll closure.	-Cleansing with water is an atraumatic method of cleansing the peristomal skin. Since this patient currently has no peristomal skin complications, there is no stoma powder, skin prep, or hydrocolloid dressing step in his pouch change procedure. The Eakin ring is a moldable ring used to prevent effluent leakage from going under the skin barrier wafer, thus maintaining the intact skin. Using a measuring guide to size the stoma will be important during this phase of post-op recovery, as the stoma size will likely decrease as swelling goes down, and will be a different size at each appliance change for the next several weeks. The cut to fit barrier also caters to this changing stoma, as it can be cut to fit accordingly. The Hollister Flexend barrier is an extended wear skin barrier is designed to be resistant to effluent, which is beneficial to ileostomies, as they tend to be high-output.
2.) Patient has a need for reinforcement of education	-RN to perform ostomy teaching on a daily basis, including following up on patient’s emptying of pouch and recorded outputs, and reinforce any learnings that occurred during viewing of the ostomy videos and written materials. Continue to reinforce the risks and symptoms of parastomal hernia, stomal prolapse, and dehydration. Provide medication education on the indications for prescribed meds.	-Fresh ostomy patients are often faced with a sharp learning curve. The amount of information and needed skills that come along with a new ostomy may be overwhelming if given all at once. One strategy is to focus on one or two skills during the WOC consult, such as measuring the stoma and emptying the pouch and recording outputs in this case, and have the bedside RN reinforce this as needed. It will also be helpful for the patient to feel supported as he reviews the written materials at his

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	<p>-Schedule outpatient appointment for after hospital discharge.</p>	<p>own pace. Lastly, it will also be important to reinforce the symptoms of the complications associated with ileostomy surgery in the shifts to come, so patient does not experience information overload.</p> <p>-The WOC nurse will have an opportunity to evaluate the knowledge and skills that the patient has gained since the inpatient consult, and will be able to further address any voids in the current knowledge.</p>
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<p>What are the disadvantages of using this product(s)? What alternatives could be used and why?</p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p>	<p>The disadvantage of the Eakin ring is that it is an added cost and added step. Because this patient does not have any current peristomal skin issues, an alternative could be to skip the Eakin ring altogether so long as the skin barrier wafer is cut to fit very precisely. Another alternative could be to use a skin prep wipe, which is a simpler and quicker peristomal skin protection step. The disadvantage of the pouching system used, the Hollister Flexend 2 ¼” Cut to fit barrier and 2 ¼” drainable pouch with lock n’ roll closure, is mainly the closure. This closure needs to be cleaned off prior to rolling. Ileostomy effluent is usually liquid as it is in this case, and a drainable pouch with a spout would be a cleaner and more feasible alternative. An example of that type of pouch would be Hollister’s New Image™ Two-Piece High Output Drainable Ostomy Pouch with the soft tap drain in the same 2 ¼” size for compatibility with the skin barrier wafer.</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.

<p>Were you able to meet your learning goals for today? Why or why not?</p>	<p>Yes, I was able to strategize on how to set up a new ostomy patient for ongoing education while also offering basic ostomy care.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>I chose this case study because it appeared to be a well-rounded case of an ostomy patient. I don’t have personal inpatient ostomy experience, but I imagine this type of case is seen frequently.</p>

Reviewed by: _____ Date: _____

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