Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Jennifer C Young Day/Date: Friday, 12/10/21

Today's WOC specific assessment	This is a 74 year old male patient who is post op day #1 for a laparoscopic sigmoid loop colostomy. Noted. The patient was admitted to the hospital for a low H and H found during routine blood work. He was given two units of PRBCs. He states he has had bowel issues over the past year including blood tinged stool, diarrhea and black stool. GI was consulted and the patient underwent an EGD which showed a hiatal hernia and gastritis but no active bleeding. Noted. A colonoscopy was performed which demonstrated a 12 cm obstructing rectal mass that was concerning for malignancy. Further testing revealed invasive adenocarcinoma with metastasis to the liver. Noted. The patient is weighing his options with oncology as he may benefit from chemo/radiation prior to resection of the tumor. Yes, for these large tumors that is often what is recommended. Of note, the patient resides at a state correctional facility. Noted.

Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

I found the patient lying in bed and introduced myself again. I had seen him with my preceptor 2 days prior where she was able to complete pre-stomal markings on his abdomen. On examination of his abdomen there was a 2 piece ostomy pouch intact to his left lower quad and one lap site with glue to his right lower quad measuring 0.2x0.8cm. I emptied his pouch for 50cc liquid brown stool and demonstrated the way to open, drain and close the pouch. The effluent was flushed down the toilet and I will record the amount in his chart. The patient has not been out of bed yet and his surgery was less than 18 hours ago, and he is still lethargic from the anesthesia. Okay. I do not think you have to be so detailed about this.

I gathered supplies including a one-piece drainable ostomy pouch, a small garbage bag, scissors, cotton cloths with warm water and a dry cotton cloth. Demonstrating a push down on his skin and pull up on the appliance I removed the patient's appliance from the OR. His stoma is beefy red, measures 5x5.5x4cm and a rod is present. The peristomal skin is intact. The patient's peristomal skin and stoma were gently wiped with the warm water cotton cloth. I discussed the appearance of the patient's stoma, stating that while it may look large now, over the next few weeks it will begin to shrink. Pending the physician's orders, the rod will be removed at some point, too. Okay. Be sure to include your observation of the mucocutaneous junction. Also, it is helpful to assess the tension on the rod that is does it move at all? Is it loose. You do not state what type of rod is present; some are able to be sutured in place while others are not.

Once the stoma and peristomal skin was cleansed and dried, I measured with a stoma guide and demonstrated how to cut the pouch to fit the stoma. Because the rod is intact, I carefully pulled off the protective adhesive and applied the pouch to the inferior end of the stoma and rod and then covering the superior aspect of the stoma and rod. I held my hand on the pouch and explained how the warmth of my hand is helping the appliance to adhere to the skin. I had the patient demonstrate to me how to open the pouch and close it back up. He was able to do this with minimal assistance. Good observation. Will be interesting to see what he remembers.

We discussed when to empty the appliance, when to change the appliance. I reiterated that in the beginning we would be assisting him but eventually he will be able to complete these steps himself. The patient states he was an EMT so is familiar with ostomies. Okay.

We discussed stool consistency. At this time the effluent is liquid but will thicken up as the patient begins to eat more solid food. He was very interested in diet and asked a lot of questions about what his new diet would look like. We discussed a gradual increase in solids but start with liquids then soft foods. We also talked about food to stay away from for now as his body heals. I will bring a list of suggested food for the patient when I see him next. We will also practice more with the pouch. I asked him if he had any questions at this time. He replied no, that he was tired. I let him know I would be seeing him every day he is in the hospital and that I spoke with a nurse at the infirmary when he resides and where he will be for a few weeks post hospital care. Noted.

He had 2 guards in the room with him. I demonstrated to the guards that I have the scissors and have not left them in the room. Okay.

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WOC specific medical & nursing diagnosis	**WOC Directive Plan of Care (Base this on the above data. Include specific products)**	**Rationale *(Explain why an intervention was chosen; purpose)***
Sigmoid loop colostomy creation ***Diet /nutrition*** ***Pain control***	Apply one-piece Coloplast #15981 appliance. Empty when 1/3 to ½ full. Change appliance 1-2 times a week and when it is leaking. Be specific with your plan. Remember this is what you are telling the staff nurse to do. They need to have specific step-by-step directions e.g. 1. Remove pouch with push-pull technique. 2. Wipe stoma with dry tissue to remove any stool/mucus. 3. Cleanse skin with warm water, soap if there is stool on the skin. Dry thoroughly. 4. Measure stoma. Cut the back of the pouching system; remove backing papers, and apply pouch. 5. Be sure to use care when working when rod is present to prevent rod dislodgement. 6. Hold hand over the pouch to help mold into position. The warmth of your hand will "activate" the adhesive properties of the skin barrier. 7. Close tail of pouch. Consult a dietician to assist patient with good food choices. I will give the patient a food guide for patients with colostomies. Okay. May be a bit more specific such as need to stay away from foods that cause a lot of gas and/or odor such as asparagus, cabbage, and etcetera. The staff nurse will be using this to help guide education. Ensure the patient has appropriate pain control post op and once he is discharged. Once the patient is eating more will ensure he has PO medication. Okay. What about education? This is an important part of the plan as you prepare the patient for discharge! I did see your e-mail, and agree that stating something about emotional support would be a good idea. I would think being in a correctional	A one-piece appliance is being used at this time as the effluent is liquid and can be easily drained with the open-ended pouch. Okay. This is a cut to fit pouch (appropriate in the post-op period as swelling decreases in the stoma); it is moldable to easily fit over the rod, and is clear to make observation of the stoma easy. In the future, you may want to consider changing to a two-piece system with a closed end pouch (if his stools thicken to the point the pouch is emptied 1-2 times per day). It is easier with formed stool to remove it from a closed-end pouch rather than draining from the bottom. I am not sure in the correctional system what people are able to get; this is where communication with the nursing staff at the facility would be important. Post op a patient will gradually increase their diet. We will watch his ostomy output to monitor stoma functionality, assess for post op ileus. There are very few food restrictions for those with colostomies; the bowel is wide enough that blockage is not really an issue. Concern would be for increased gas (have to empty more even when filters are used (they are slow release and if a lot of gas comes through at once, the person needs to go in and empty it). Initially the patient may have IV pain medication but once he is able to eat, he should be switched to PO pills. Hopefully Tylenol may be

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	facility with a stoma presents its own unique challenges as well such as communal showers and the like.	used only as the patient currently reports little pain. He also lives in a correctional facility where narcotics may be used minimally. Yes.

What are the disadvantages of using this product(s)? What alternatives could be used and why? (This is your opportunity to share your product knowledge and apply critical thinking)	***The disadvantage to using this pouch is that there is a rod still in place so depending on how the patient's stoma shrinks and when the rod is removed, there may be different options available. The abdomen is currently edematous, along with the stoma. You generally need to use a soft, flexible, moldable pouching system when a rod is present. As the swelling decreases, he will need to have adjustments made. I make sure to let people know this ahead of time and to look for leakage or irritation to skin, which are indicators that an alternate system will be needed. We expect this, but cannot predict when it will occur exactly! While he is not allowed to have access to sharps independently the patient may need his pouches to be pre cut – either ordered that way or the nursing staff at the facility will need to do this for him. Yes, something that is not usually a problem.*** ***Once his stool has thickened, he may be able to use a 2 piece closed end system where he could simply remove the pouch and place a new one on one or two times a day. Yes, I find this works very well for most patients.*** ***Again, this will be dependent on the rod, size of the stoma, effluent and what his actual abilities are …in the presence of where he resides. Yes. Rods usually stay in anywhere from 3-7 days, depending on the "movablity" of the rod (a sign of tension on the rod) and surgeon preference.***

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?	Yes, I wanted to begin more of the teaching for this patient as it is new for him and new for me! (The teaching part from the beginning). Yes; practice does help to make the flow of your teaching easier.
What are your learning goals for tomorrow?	More teaching and demonstrating the pouch emptying and changing, diet. I will speak with the infirmary to better understand what his limits will be with this. Yes, that would be a good idea.

Reviewed by: Barbara J. Hocevar, MSN, RN, CWOCN; December 12, 2021

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