

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Lisandra Santos _____ Day/Date: January 2022

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>)
Nursing diagnosis: New Ileostomy present Dehydration	<ol style="list-style-type: none"> 1. Is important to explain the patient to clean the area with warm water and skin cleansing before apply new supplies, pat dry really well the skin. 2. Before Eakin seal application is important apply skin prep to the area when the waffle is attached to the skin. 3. Apply an Ekin seal ring around the stoma and mold it around the size if needed it . 4. If stoma size measurement is 2” cut appliance at 2 “ do not cut smaller or bigger to avoid leaking or sealing issues. 5. Hollister Flextend 2 ”, the stoma size is 2” so is important that all the appliance are with that measurement. The Flextend is a skin barrier designed to be resistant to stoma discharge, also is durable and has extended wear. 6. Cut to fit barrier and 2 ” : Also important to explain that the stoma size will reduce after 6-8 post surgery, also that the output at the beginning use to be more. Also explain that because is an ileostomy the content is more liquid and soft because the foot is not absorbed. 7. Drainable pouch with lock n’ roll closure. Great pouch allows for ease in emptying, have a odor barrier film, eliminates pressure on tender in post op abdomen what will be ideal for our patient. Able to re-use it. 	<p>Skin prep: this product create a thin transparent layer that will help to prevent moisture and maceration, is good also to apply to protect the area that is not covered by eakin seal.</p> <p>Eakin ring, is a great hydrocolloid product with pectin that helps the peristomal area to not have moisture, the way it works is by swelling up around the stoma when contact with ostomy output, stopping the risk of leaking. It is moldable, easy around the stoma shape so it fits snugly, can be applied over the skin with dips, creases and folds, also neutralize enzyme. For some patients if his not available they can also use stoma paste to adhere the wafer to the skin. In this patient I will not use eakin ring if I will use the the flex tend product because if the eakin swell due to moisture it can push the wafer and detached from skin. If skin is intact continue using skin prep with the Hollister 2 pieces products.</p>

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	<ol style="list-style-type: none"> 8. Continue with education and provide number of ostomy support line for any question. 9. To removed appliance: Try to be as gentle as possible when removing the adhesive baseplate and cleaning the skin, peel the waffle off slowly, do not tearing off use one hand to hold the skin to prevent trauma. 10. Also is important the sexual education in this patient because sometimes they are having issue coping with their imaging. 11. explain the importance of keep hydration due to the amount of liquid loss in the ileostomy, Ideal drink Gatorade or pedialyte to avoid electrolyte imbalance , if drink to much water make sure to supplement with sodium intake because the sodium absorption is only in the colon and because this patient has and ileostomy will be not sodium reabsorption. 12. Make sure that patient is aware that if not output present, abdominal pain intense, stoma change color is impoirtnat contact the provider ASAP 	
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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 would be in case is the stoma is flat or retracted because there is a higher change of leaking. Cut to fit also can be challenge for the patient because sometime they are not accurate for the measurs.</p> <p>For person who does not have had dexterity the 2 pieces will be difficult to be manipulated. If the patient is Able to have a good eye-hand coordination to attach the 2 pieces this will be a problem as well.</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?	Yes I was able to meet the goals because the use of Hollister to pieces with a good seal avoid patient skin irritation and an same time if an hydrocolloid barrier is applied it is not necessary apply another type of barrier if appliance are in place and sealed.
What are your learning	My goal for tomorrow is improve my education for patient with a new ileostomy specially in young

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goals for tomorrow? (Share learning goal with preceptor)	females and males as well due to risk for depression after this type if procedures. Improve the learning in different types of pouches and wafer depending the types of ostomies.
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Reviewed by: _____ Date: _____

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