Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Shaelyn Aliifua Day/Date: 09/30/22

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, s***elect 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	A 45 y/o female with past medical history of anemia, anxiety, fibromyalgia, hypercalcemia, major depressive disorder recurrent with severe psychotic symptoms, and tongue carcinoma. S/P surgery and chemoradiation. Patient admitted on 05/10 and discharged 05/25 to home. Patient returned to the emergency room on 06/04 with recurrent tongue lesion with metastasis to the lung, altered mental status. Chest CT demonstrated pneumoperitoneum, pneumomediastinum, and right pneumothorax secondary to perforated sigmoid colon. Patient was taken to the operation room for exploratory laparotomy, right chest tube placement, evacuation of a large pelvic abcess, and creation of a LUQ colostomy. Being followed by HHC. Labs: Na 133mmol/L, K 4.3mmol/L, Cl 101mmol/L, BUN 20mg/dL, Glu 125mg/dL, Cr. 0.72mg/dL, Ca 8.5mg/dL, Mg 1.9mg/dL, WBC7.0 10e9/L, Hgb 9.7g/dL, HCT 30.2 %, PLT 245 10e9/L

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

WOC services consulted by plastic surgery service for ostomy evaluation and management. Patient presented to the clinic accompanied by spouse. Patient reports she changes her own ostomy appliance with wear time of 1-3 days and empties pouch 2-3 times per day. Utilizing one piece cut to fit Hollister pouching system with flat skin barrier wafer and Eakin ring. Reports pain of 5/10 with appliance in place. Using OTC acetaminophen to manage with dose of extra strength taken 1 hour before visit. Reports pain as 2/10 at present. Voices desire to learn about irrigations and if this in an option for her. Patient also reports she is on tube feeding Isosource 1.5cal 4 cans per day via G-tube. Reports weight loss of 25lbs since surgery. Weight 148lbs before surgery and 123lbs currently. Patient instructed to continue tube feedings as ordered and to call PCP. Dietician consult placed. Pt agreeable to assessment. Spouse remains at bedside. "He wants to learn too since he is my support at home." G-tube site gauze dressing removed. Site cleanse with water, pat dry.

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Periostomal skin intact and without irritation. No leakage noted. Site left open to air. Education provided regarding tube securement. Tube securement device applied. Colostomy pouch with brown pastey output. Skin barrier wafer noted to be cut larger than stoma size. States "I've been cutting it the same size since I left the hospital." Appliance removed to colostomy. Back of skin barrier wafer assessed and noted to have area of erosion at 6 o'clock. Skin barrier ring enlarged. Area cleansed with warm wash cloth. Peristomal skin red, denuded, and erythematous circumferentially to stoma. Stoma red, moist, and protrudes slightly above skin level. Abd soft to palpation. Voices increase of pain to 8/10. Encouraging deep breathing and using distraction to manage. Thin hydrocolloid dressing applied to periostomal irritation followed by firm convex one piece Hollister appliance. Demonstration and explanation of procedure along with appropriate sizing of stoma opening provided. Verbalized understanding expressing ability to perform. Written instructions provided for g-tube and ostomy care. Extra appliance provided. Information provided regarding colostomy irrigations for pt to review. Aware of need for formed stools before can consider as an option. Pt and spouse verbalize understanding of teaching and POC. Agreeable. HHC and plastic surgeon provided visit information and note. HHC to begin supplying now products. Follow-up apt made for one week.

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)***
1. Impaired skin integrity ***You should place all ostomy related procedure information together and in order to be performed. This makes it easier for others to understand what is to be done and to follow. The overall problem/concern can be the skin integrity.***	Change appliance 2x a week. Use firm convex one piece Hollister appliance. Assess barrier with each change to determine if wear time is appropriate. If barrier is not standing up to effluent change more often and follow up with CWON for assessment of appliance fit. Assess appliance daily to check for leaks, problems with seal, and change if indicated.	Patient has a soft abdomen with a stoma that only protrudes slightly above skin level. A skin barrier with firm convexity is appropriate to obtain a better seal and encourage effluent to go into pouch rather than under skin barrier. If appliance leaks peristomal skin integrity is at risk. It is important to change a pouch immediately if a leak is noted in order to keep effluent off of skin. If seal is intact and no leaks are occurring it is beneficial to leave appliance in place for at least three days in order to allow peristomal skin to heal under the hydrocolloid and avoid disrupting it more than necessary. It is important to

		change the appliance as often as needed but not more often.
	Inspect stoma and peristomal skin with every appliance change. Note color and shape of stoma, if dusky, maroon or black contact surgeon and/or present to emergency department.	It is important to monitor stoma health as decreased blood flow can lead to necrosis and infection.
	Measure stoma at least once a week for the first 6 weeks and cut skin barrier to fit with just a sliver of skin showing (about 1/8 of an inch).	Stoma is edematous immediately following surgery and this size and shape will change over the first few weeks postoperatively. Patient must know how to measure and cut the skin barrier to fit to prevent leaks.
	Use skin barrier ring and crimp edges to protect peristomal skin and prevent leaks. ***This directive is not supported by the data. Are you adding it?*** "Skin barrier ring enlarged" was part of chart note, thus I included it in POC. ***The data indicates the pt has peristomal skin irritation. What is the current treatment?*** *Addressed below*	Using a barrier ring will protect the peristomal skin in the gap that is left when cutting the skin barrier slightly larger than the stoma. It also provides a good seal and helps prolong the wear time of the skin barrier.
	Review information provided regarding colostomy irrigation.	Patient is not at a point that irrigation is appropriate, but understanding the education and procedure will help prepare patient in the event that they would like to pursue irrigation. Irrigation can be used to help patient's have more predictable bowel movements and can even allow patients to use a colostomy cap rather than a pouch.
	Inspect peristomal skin with every pouch change. Cleanse peristomal skin with warm water and pat dry. Treat any peristomal skin breakdown (bleeding, weeping, denuded skin) **by applying a thin hydrocolloid dressing**. ***As above. Data indicates in use related to noted irritation. What would the directive be? Apply… a thin hydrocolloid to***	It is important to use warm water to avoid cramping, do

	peristomal skin irritation. Once skin heals hydrocolloid should be discontinued. Follow up with CWON in one week to assess peristomal skin and to revisit irrigation education and if it is appropriate. ***Good.***	not use more than 1000 mls as this can cause electrolyte imbalances. Patient needs to allow time for irrigation to work, usually about an hour from start to finish. Maintaining peristomal skin integrity will help with the seal of the ostomy appliance and help with patient's quality of life. A hydrocolloid will treat peristomal skin breakdown. Routine follow up with CWON will help fill in any gaps in knowledge and allow the patient to ask questions and address any problems. It also allows for continuity of care and provides ongoing support.

2. New g-tube	Use tube stabilizing device to prevent g-tube from moving around and becoming loose. Cleanse peristomal skin daily with warm water and pat dry. ***How frequent should it be changed? Replace tube every 6-12 months depending on manufacturer instructions.*** 1. ***Wash hands*** 2. ***Deflate balloon and remove existing tube*** 3. ***Check balloon of replacement tube by filling with saline.*** 4. ***Deflate balloon, apply lubricant to end of g-tube*** 5. ***Slide tube into tract*** 6. ***Inflate balloon*** 7. ***Check tube position by using pH paper to check fluid type*** 8. ***Secure with stabilizing device*** Dietitian referral ***Continue feedings*** ***Any concern with wt loss, possible impact on ostomy and appliance fitting?*** *Follow up as previously directed with CWON. If frequent leaks, peristomal skin irritation or difficulty with appliance fit occur please contact*	If the tube becomes destabilized it can move around in such a way that it can actually make the opening larger than it should be. This can allow for drainage and even gastric juices and formula feeds to come up around the tube and cause damage to the skin. Patient to continue following with CWON at regular intervals to monitor for potential complications and education needs. Dietitian to provide comprehensive education and help with understanding of dietary needs and formula feedings. Adequate pain controls allows patient to retain education better and feel more confident in ability to

3. Pain related to recent surgery	*CWON for further assessment.* Administer pain meds as ordered. Utilize deep breathing exercises and distraction to manage pain.	be independent in cares.

What are the disadvantages of using this <u>product(s)</u>? What alternatives could be used and why? (This is your opportunity to share your product knowledge and apply critical thinking)	A disadvantage of a firm convex one piece ostomy appliance includes that the firm convexity can cause pressure injuries to the peristomal skin. A one piece appliance also does not allow for the skin barrier to remain in place while the pouch is changed, this can especially be a disadvantage when considering irrigation as the patient would have to change the skin barrier with every irrigation. Some alternatives to address these disadvantages include a convex barrier ring or a softer convexity if the firm convexity causes more wounds, and a 2 piece pouching system in place of the one piece. ***Good*** A disadvantage of the thin hydrocolloid is that it does not withstand a lot of drainage and it can cause bulk under the skin barrier. An alternative would be to use stoma powder and skin prep to crust the skin breakdown. ***ok***

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 develop a plan of care that addressed g-tube cares and irrigation.
What are your learning goals for tomorrow? **(Share learning goal**	Solidify understanding of autolytic debridement agents and how to utilize in plan of care.

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with preceptor)	

Number of Clinical Hours Today:

Care Setting: Hospital _X__ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __ Preceptor:

Reviewed by: _Kelly Jaszarowski___Received for Review: 10/4/2022 Reviewed Date: _10/5/2022_____
Overall, POC is directive and products addressed. Application of data to POC is inconsistent.

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