

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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: Christine Pennington

Day/Date: 11/3/22

**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, 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.**

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| <b>Today's WOC specific assessment</b> | <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 Flexextend 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:**

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| <p><b>Reason for consultation:</b> 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:<br/>         Continue daily ostomy teaching while in hospital.<br/>         Patient to empty pouch routinely and record output.<br/>         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<br>(Base this on the above data. Include specific products)  | Rationale ( <i>Explain why an intervention was chosen; purpose</i> )   |
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| New Loop Ileostomy                       | <p>1) Daily teaching of ostomy care with verbal and physical teach back. Encourage patient to change and empty ostomy pouch as needed.</p> <ul style="list-style-type: none"> <li>- Do not lift greater than 10 pounds for three months after surgery to prevent stomal prolapse</li> </ul> <p>2) - Alert surgeon of ostomy output of 1000 ml or greater within 24 hour period</p> <ul style="list-style-type: none"> <li>- Educate patient on the importance of monitoring intake and output of ostomy to prevent dehydration</li> <li>- Teach patient to measure output and to keep track of fluid intakes to prevent dehydration</li> </ul> <p>3) - Remove ostomy pouch using the push pull method</p> <ul style="list-style-type: none"> <li>- After removal of ostomy pouch, cleanse peristomal site and stoma with warm water. Allow to dry.</li> <li>- measure stoma with appropriate ostomy measuring paper.</li> <li>- Cut a Hollister one-piece ostomy pouching system to fit appropriately over the stoma, and place over stoma. Press wafer against stoma site for 30 seconds after application to ensure an appropriate seal.</li> <li>- Empty pouch when 1/3 full</li> <li>- Change appliance q3 days and PRN when leakage noted from site</li> </ul> <p>4) Assess the stoma for any signs of duskiness or necrosis qshift and during pouch changes.</p> <ul style="list-style-type: none"> <li>- Assess periwound skin for any signs of moisture breakdown or fungal infection during pouch changes</li> </ul> <p>Alert provider and WOC nurse if signs of duskiness or necrosis. Alert WOC nurse for any signs of fungal infection.</p> <p>5) Place in Patient discharge instructions to follow up at Ostomy Clinic Appointment 11/15/22 at 1000.</p> | <p>1) Daily teaching and encouragement of managing pouching by self will promote independence and coping with new ostomy</p> <p>2) Assessing for high outputs from ostomy will help to prevent dehydration</p> <p>3) Proper stoma care and measurement for ostomy pouch is crucial for preventing breakdown and irritation of peristomal site</p> <ul style="list-style-type: none"> <li>- moldable ostomy wafers are a good alternative to cut-to-fit wafers for patients with poor fine motor skills</li> <li>- high output pouches and emptying at 1/3<sup>rd</sup> full will help to promote pouch integrity without decreasing wear time</li> <li>- With no evidence of leaking or breakdown of the wafer, a pouch has a wear time of 3-5 days</li> </ul> <p>4) Informing the patient signs of periwound irritation and fungal involvement will help educate the patient on signs of poor peristomal health</p> <p>5) Patient should be following up with outpatient ostomy clinic to verify appropriate stoma and peristomal health postop</p> |

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|  | <p>Great plan based on what is happening...</p> <p>His output needs to be addressed though...</p> |  |
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| <p><b>What are the disadvantages of using this product(s)? What alternatives could be used and why?</b></p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p> | <p>One-piece ostomy appliances can be appropriate for many types of stomas, however they may not be the most appropriate appliance for a fresh postoperative ileo-ostomate. One piece appliances make it difficult to assess a stoma without removing the entire pouching device.</p> <p>Because the stoma needs to be visualized regularly for assessment, a two-piece ostomy appliance would be more appropriate for this patient. A New Piece Drainable Ostomy Two Piece kit would be more appropriate for this patient. That way they can assess their stoma regularly and assess for any abnormalities.</p> <p>For this patient, we could also utilize a high output pouch in order to promote the wear time of the pouch and 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.**

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| <p><b>Were you able to meet your learning goals for today? Why or why not?</b></p>                          | <p>Yes! I learned the appropriate aspects of postoperative ostomy education for ostomates and normal limits of postoperative ostomy assessments.</p> |
| <p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p> | <p>I would like to learn more about the aspects of an ostomy clinic follow up appointment for new ostomates.</p>                                     |

Reviewed by: Patricia A. Slachta Date: 11/11/22

Please develop a plan regarding the patient's output

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