Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Chase Gregory Day/Date: 1/30/23

Today's WOC specific assessment	Patient is a 60-year-old male presenting to the hospital with nausea, weakness & fatigue. He is from home alone. Patient has a PMH of ulcerative colitis, C Diff, HIV, depression, anxiety, drug & ETOH abuse, CKD, HLD, HPTN, Non-compliance and RLQ ileostomy & non-functioning LUQ mucous fistula. Pt on Octeratide 30 minutes before meals. Admitting diagnosis is dehydration & electrolyte imbalance. Lab results reveal K 2.8, Na 128, Mg 1.5. He is admitted to telemetry for fluid resuscitation & electrolyte replacement.

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

This is the initial visit this admission for this 60 y/o male pt who is very well known to service. Requested to see pt by PCP for ileostomy management. He has a high output ileostomy with a history of peristomal dermatitis and a mucus fistula to LUQ. Medical record indicates ileostomy output over the last 24 hours to be 1300 mL, brown in color and watery consistency. No output to mucus fistula. Pt is independent in care. He has a history of frequent pouch changes of multiple times per day as well as appliance leakage. Utilizing foam dressing to mucus fistula. Per nursing staff, his affect today is agitated, yelling at staff, and pacing the room. Upon entering room, pt addresses this practitioner by name and sits down in chair. Pt is agreeable to appliance change and assessment. Effluence in pouch noted to be brown in color and watery consistency. Pt emptied pouch independently. 300 cc noted. Pouch removed by pt using push pull technique. Area cleansed with warm washcloth. Stoma noted to be moist, red and protrudes above the skin approximately 2 cm. Peristomal skin is red, open and weepy from 3 to 9 0'clock. Affected area measures approximately 3 cm in length. Satelite lesions noted. Area gently patted dry. Noted to have mucocutaneous separation from 3 to 6 o'clock of 0.25 cm wide and 0.1 cm deep. Peristomal irritation and separation dusted with Miconazole 2% antifungal powder followed by skin prep wipe to create crusting effect. Site covered with thin hydrocolloid. Moldable skin barrier ring applied around stoma. SenSura® Mio 1-piece drainable pouch applied with opening cut to fit stoma. Pt holding hand over area. Instructed on use of antifungal powder, crusting and hydrocolloid application. Voices had been using crusting technique with Stomahesive powder. Pt inquired about use of a belt. Belt advantages and disadvantages explained. Voiced desire to try with Brava ostomy belt applied. Reinforced need for appliance to remain in place at least 3 days unless begins to leak. Then, change immediately using same procedure. Verbalized understanding. Foam dressing removed to mucus fistula. Scant amount mucus noted to old dressing. Cleansed with warm wash cloth. Stoma is red, moist, and a skin level. Peristomal skin intact and without irritation. Discussed dressing options including use of a large adhesive bandage, such as a Band-aid type. Verbalizes understanding. Small 2 x 2 adhesive border foam applied.

Discussed strategies for slowing down output, changing consistency to mushy or pastey. Strategies included taking medication as prescribed, drinking 30 minutes before meals with no fluids to sips during meal, foods that increase consistency (BRAT diet). Voices "I dry. I'm just not that hungry." Reinforced need for frequent, small meals. Discussed fluid and electrolyte needs with ways to manage with replacement fluids such as Gatorade or Pedialyte. Expresses lack of desire for these fluids. Emphasized need to explore various flavors related to need. Agreeable to try other flavors. Dietician consulted to assist with food and fluid choices. Plan to continue to provide education, support, and assist in management of ileostomy.

Recommend continue ostomy care and peristomal irritation management as described. Continue with education.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

Cleveland Clinic

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

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. Deficient Fluid volume r/t active fluid volume loss.	The nurse will, • Monitor Pt I/Os, daily weights at 0600 and if >1500ml/day fluid output, notify MD. • Review labs data as ordered and report to MD any abnormalities. • Teach the Pt that their high output ileostomy places them at an increased risk for severe dehydration. Reenforce diet strategies to decrease stomal output: • during meal time, take small sips • avoid drinks w/ sugar and caffeine, • avoid hypertonic drinks (Powerade Zero), • limit hypotonic drinks (Gatorade) • restrict fluid intake to 500 – 1000mL/ day • Eat small meals often • limit eating in the afternoon to decreases output at night • Eat slowly and chew your food well • BRAT diet consists of low in fiber foods. • low in fiber foods • like bananas • Rice • Applesauce • Toast • Crackers • chicken broth	The rational for monitoring Pt I/O, weight and labs will help the healthcare staff identify if Tx are working or not and if adjustments are needed. The rationale behind the BRAT diet is that these foods are easily digestible, low in fiber, and can help firm up loose stools. Caffeine will is a diuretic and cause you to lose more fluids. The rationale behind fluid restriction is that it helps slow down the rate of fluid loss through the stoma, reducing the risk of dehydration and electrolyte loss too.
2. Risk for Electrolyte imbalance r/t high volume output ileostomy.	Educate Pt of S/Sx of dehydration: • increased thirst • Lethargy • Muscle cramp • Dry mouth • abdominal cramps • dark urine • decreased urine output • And to seek medical attention. Teach Pt the S/Sx of low potassium: • Muscle weakness • nausea/vomiting • Constipation • irregular pulse and to seek medical attention. Teach the Pt the S/Sx of low sodium: • Neasua	Teaching a patient about signs and symptoms of electrolyte abnormalities is important because electrolytes play a crucial role in maintaining the body's fluid balance, nerve and muscle function, and overall health. Electrolyte imbalances can cause a range of symptoms and health problems, and it's important for individuals to be able to recognize these symptoms so they can seek prompt medical attention. All Pt should be educated on complications of their disease process stating specifically what to look for and when to seek medical

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

3. Imbalanced Nutrition r/t decreased appetite.	• muscle cramps • Disorientation Help Pt find alternative flavors for fluid replacements. Teach Pt S/Sx of a food blockage: • abdominal distension • Cramping • pain • stomal edema • watery output. If blockage occurs Pt will, • take a warm bath or shower • place heating pad on abdomen • lie on the right side and massage the peristomal area and knee to chest position • DC eating until blockage has resolved and notify MD if blockage as not passed. The nurse will • Reinforce educations on how to properly fit/cut skin barrier. • reenforce change stomal barrier every 2-3 day or when it leaks. • reinforce teach the Pt stomal assessing: beefy red • moist w/ intact peristomal skin Reinforce education on how to perform the crusting technique: • Place Adapt stomal powder by Hollister to the peristomal skin. • Dust away excess powder. • Wipe Adapt skin wipes by Hollister over powder. Skin is ready for barrier wafer. Help Pt find alternative flavors for fluid replacements. Inform Pt to order food/snacks on off hours. Administer prescribe medications as ordered for Pts w/ ileostomies. orders placed: loperamide 2mg before meals, tincture of opium per MD approval. Continue w/: • IV infusion of fluids. • consult to dietician and follow	attention. Educating Pts on how to handle ileostomy food blockages is important because it prepares the Pt for potential problems and how to overcome them before they are DC giving them the confidence to become an active member of their care. Its important that the Pt know they can have food/snacks at will. Not all medications are made to be released in the stomach. If meds need to reach a specific location for absorption, the MD should be made aware and make the appropriate changes.

4. Impaired skin integrity r/t red, open and weepy peristomal skin.	recommendations accordingly. • cover fistula w/ bordered foam dressing and change PRN or 2-3 days. Pt will, acknowledge understanding.	

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)	**The BRAT (Bananas, Rice, Applesauce, Toast) diet has several disadvantages, such as limited food choices that can lead to boredom and lack of variety in the diet. Additionally, the restricted nature of the diet can result in deficiencies in essential nutrients, which can have a negative impact on overall health. The BRAT diet does not address the root cause of digestive problems.** **I would recommend the Pt wright down food they like and are willing to try and discuss these options w/ dietician for further reconditions. They can also go online and** **The Brava ostomy belt has several disadvantages, including discomfort while wearing it, which can limit mobility and make it difficult to perform daily activities. Skin irritation or chafing can also occur, especially in hot and humid conditions. The belt may not be suitable for certain types of clothing, as it may be noticeable under tighter or lighter clothing, affecting personal style and confidence. The belt can also be difficult to adjust for a proper fit, leading to discomfort or leaking. These factors can have a significant impact on a person's quality of life and may limit their ability to lead an active and fulfilling life with an ostomy.**

(Save the document by <u>clinical date & preceptor last name</u> before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **<u>48 hours</u>** following the clinical experience day.

Cleveland Clinic

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

	I would recommend the Pt also try use: 1st Adapt calk/paste and place it around the skin surface of the barrier to decrease leakage by filling in gaps, 2nd to choose an ostomy setup by Hollister that is specifically made to be used w/ Hollisters belt as it attaches to the bag.

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?	
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	The nursing learning goals I would like to work on are for non-compliant patients. I would focus on developing effective communication skills to better understand and address the patient's needs and concerns as this is a major barrier to independence.

Number of Clinical Hours Today:
Care Setting: X Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _ Preceptor:

Reviewed by: _____ Date: _____
**References are not generally required for daily journals

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.