

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

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

Student Name: Paula L. Vaughn Journal Completion Date: 2/5/2023  
 Setting:  Acute Care  Outpatient  HHC  Other \_\_\_\_\_

**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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

<p><b>Today’s WOC specific assessment</b></p>	<p>14 year old female patient with a history of severe ulcerative colitis. PMH of UC, rectal bleeding, malnutrition and failure to thrive. Patient is amenorrheic. No further significant history. Patient active in sports previously and has been unable to participate this year. Reported unmanageable symptoms x2 years at home that were beginning to affect her schooling as well. Reported up to 20x bm per day and “unmanageable” abdominal pain. Medical management of UC unsuccessful and patient and parents agreed upon surgical intervention to try to regain quality of life. Pt received pre-operative education and marking in outpatient clinic prior to surgery for IPAA. 3 step surgery indicated due to present severe malnutrition. Underwent laparoscopic 1<sup>st</sup> step of 3 step IPAA total colectomy with end ileostomy. Post op day 2.</p>
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**Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.**

Consulted for post-operative evaluation of ileostomy and to begin education.

Patient sleeping in bed upon with parental figure, Mother, at bedside. Agreeable to visit at this time. Patient aroused easily reporting 10/10 pain to abdomen. RN to bedside and patient medicated per PRN order. Patient laid supine and exposed abdomen. Laproscopic sites noted to be intact with surgical glue. Coloplast Sensura post operative drainable ostomy appliance in place to RLQ with dark green effluent in pouch. Pouch emptied and effluent measures 200 ml. Patient declined participation, but watched closely. Patient educated on need to monitor and empty pouch when 1/3 of the way full. Mother states ostomy appliance leaked overnight and patient has “retaped the side”. Buckling noted to flange congruent to hip, no leak noted. Pouching system removed using push pull technique and no sting adhesive remover. Peristomal skin cleansed with water and patted dry Pt tolerated with wincing. Stated she was “ok” and to proceed. Using deep breathing. Mother attentive to change, asked no questions.

Ileostomy stoma red and edematous, budded, measured 1 ¼” in right lower quadrant. Mucocutaneous junction intact. Peristomal skin smooth, even and unremarkable with diffuse tenderness. Patient moved to seated position and limited space noted between right hip and peristomal plane. Microcreases also noted to peristomal plane. Abd changes accommodated with fitting of a smaller profile system. Coloplast Sensura cut to fit one piece light convex drainable pouch with no accessory products applied. Patient instructed to gently hold hand over the pouching system for a few minutes to allow for adhesive to “melt” to contours. Patient requesting WOC nurse return at a different time for further “practice”. She states she is confident she can care for her stoma and likes her new pouching system more than “the huge one after surgery”. Encouraged patient and Mother to write down questions and actively participate in care.

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Recommendations:  
 Change pouching system q3d and PRN  
 Have patient participate in all ostomy care as tolerated  
 Continue dietary education  
 Encourage ambulation  
 Will follow to continue teaching  
 Notify WOC nurse for persistent leaks or questions

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p><b>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</b></p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Fecal incontinence related to UC now with end ileostomy in place and lack of interest in learning.</p> <p>Knowledge deficit related to ileostomy in place.</p>	<p><b>Statements should be directive and holistic relating to the problem/concern.</b></p> <p>Will continue to follow for ongoing teaching with the parents and patient. Please have the patient participate in all ostomy care as tolerated. The changes shall follow as:          Please remove the pouching system by push pull method. Cleanse skin with warm water and pat dry. Inspect skin, measure the stoma, cut the opening in the bag to 1 ¼ then apply Coloplast SenSura cut to fit one piece light convex drainable pouch with no accessory product. Please instruct the patient to gently hold hand over the pouching system for a few minutes to allow for adhesive to “melt” to contours. Please change the pouching system every 3 days and PRN. Please remind the patient to measure the stoma with each pouch change because at this time the stoma will be edematous, but the stoma edema will decrease. Please notify WOC nurse for persistent leaks or questions.</p> <p>Continue dietary education to patient and patient’s parents. Also, with dietary education it is important to please continue educating the signs and symptoms of dehydration and food blockage. A dietary consult would be helpful, reminding the patient for 4-6 weeks important to follow low fiber diet, and avoid vegetables and fruits with skins, raw fruits and vegetables; they</p>	<p><b>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</b></p> <p>To remove the pouch, the push and pull method is delicate on the skin and comfortable for the patient. Ongoing teaching will help the patient become more aware and accept her ileostomy and pouching changes. Teaching will also help her parents. Utilizing the Coloplast SenSura one piece with light convexity drainable pouch will provide flexibility and stability.</p> <p>There is no special ileostomy diet, but it is important to educate the patient on the foods that will thicken their effluent and place them at risk for food blockage and it is also important to educate them on hydration because they are higher risk for dehydration secondary to</p>

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<p>Activity intolerance related to UC, rectal bleeding, malnutrition, and failure to thrive s/p laparoscopic 1<sup>st</sup> step of 3 step IPAA total colectomy with end ileostomy. Post op day 2.</p>	<p>must be cooked or utilize canned fruits and vegetables. Please remind the patient to eat slowly and chew their food well. An ileostomy is small in caliber, and they are at a higher risk for food blockage. While providing dietary education please also educate the patient 8-10 glasses of liquids per day to prevent dehydration. Provide education about ileostomy output. If the ileostomy produces 1,500 milliliters or more of effluent in 24 hours, that is considered a high output ileostomy, a normal output is less than 1200 milliliters per 24 hours. The goal of an ileostomy is to have the patients output to be between 600-900 mls/24 hours.</p> <p>Please encourage ambulation three times a day. Ambulation with assistance by someone standing by.</p>	<p>not having the large intestines to absorb the liquids.</p> <p>Ambulation will assist with bowel function, assist with emotional wellbeing, assist with prevention of blood clotting, helps strengthen muscles, and prevent infection.</p>
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<p><b>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>SenSura cut to fit one piece: Disadvantage: must change the entire system rather than just emptying the pouch or changing the pouch. Also, may be more difficult to see to apply the appliance utilizing a one piece.</p> <p>Alternative: Coloplast SenSura mio flex two-piece convex light standard.</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.**

<p><b>What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p>My goal for choosing this mini case study was to learn more about IPPA and post op ileostomy care. Also, wanted to learn more about hydration and diet for ileostomy patients. I did meet my learning goals, because I feel I have learned more about ileostomy food blockage, dehydration, rehydration, and ways to help the patient learn their pouching</p>
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<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	To continue to learn the best way to help the ostomy patient and the best ways to assist with pouching and to improve their quality of life living with their pouch.
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<b>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	I would have the patient use a Coloplast SenSura Mio flex two-piece convex light standard pouching system. That way the patient would only have to change the pouch and leave the flange in place. It would be more gentle on the skin and easier for the patient to see. Also, offering an ostomy visitor would be helpful to the patient also. With the patient being 14, finding another teenager with an ostomy and having them visit this patient would be helpful for her.
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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