

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

 Student Name: Miin Choi

 Journal Completion Date: 2/10/23

 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.

<b>Today’s WOC specific assessment</b>	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 Imodium 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. Current pouching system: Small Eakin ring, Hollister Flexend 2 ¼” Cut to fit barrier and 2 ¼” drainable pouch with lock n’ roll closure.  Medications- acetaminophen, oxycodone, immodium, Fibercon  Recent labs- Hgb 13.1, Hct 39, Albumin 3.4, BUN 9, Creatinine 0.83
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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.**

<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 1200cc 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>
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**Recommendations:**

Continue daily ostomy teaching while in hospital.  
 Patient to empty pouch routinely and record output.  
 Patient to watch uploaded ostomy videos.  
 Patient verbalized agreement with plan of care. RN aware.

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>Fluid and electrolyte imbalance related to high stoma output</p> <p>Deficient knowledge regarding prevention of ileostomy food blockage</p> <p>Pain related to surgical site</p>	<p><b>Statements should be directive and holistic relating to the problem/concern.</b></p> <p>Reinforce pt dietary education to prevent/treat dehydration:</p> <ul style="list-style-type: none"> <li>- Avoid simple sugars and sugar alcohols (e.g. erythritol, xylitol)</li> <li>- Drink 500 ml of oral rehydration solution per day such as Pedialyte or Gatorade G2 or per dietitian recommendations.</li> <li>- Increase intake of stool thickening foods like pasta, bananas, rice, applesauce, toast (BRAT diet)</li> </ul> <p>Reinforce pt education about signs and symptoms of dehydration: increased thirst, fatigue, dizziness upon standing, decreased urine output/dark urine, muscle and abdominal cramping.</p> <p>Administer Imodium and Fibercon as ordered.</p> <p>Notify surgeon if ileostomy output &gt; 1,200 ml or urine output &lt; 1,200 ml in 24 hrs</p> <p>Consult registered dietitian.</p> <p>Continue soft low fiber diet per surgeon’s orders. Educate pt to avoid high fiber foods that can predispose to food blockage such as corn, celery, nuts, popcorn, Chinese vegetables</p> <p>Educate pt regarding signs and symptoms of food blockage:</p> <ul style="list-style-type: none"> <li>- Partial blockage: Abdominal distention, nausea, cramping, pain, watery stoma output, stoma edema. Educate pt to try conservative interventions in the hospital or at home (see below).</li> </ul>	<p><b>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</b></p> <p>Simple carbohydrates and sugar alcohols pull fluid into the gut increasing fluid loss.</p> <p>Increased free water intake can lead to hyponatremia and increases the volume of ileostomy output, putting the patient at risk of dehydration since fluids are not absorbed in the small intestine. Oral rehydration solutions are preferred for hydration due to their electrolyte content.</p> <p>Complex carbohydrates and starchy foods absorb fluids and slow intestinal transit time.</p> <p>Educating the patient about signs and symptoms of dehydration can lead to prompt intervention and prevent further complications.</p> <p>Imodium is an anti-motility agent and Fibercon is a bulk forming fiber supplement. Use of these medications result in decreased transit time, increased fluid and nutrient absorption and prevention of electrolyte imbalance.</p> <p>If the high stoma output persists (along with low urine output indicating dehydration) the patient may need modifications to the treatment plan.</p>

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	<ul style="list-style-type: none"> <li>- Complete blockage: Symptoms of partial blockage along with no output for several hours. Vomiting may occur. Educate pt to go to the ER and call the surgeon's office.</li> </ul> <p>Educate pt regarding conservative interventions for a partial blockage:</p> <ul style="list-style-type: none"> <li>- Warm shower; Heating pad</li> <li>- Massage abdominal area around stoma</li> <li>- Knee chest position; Ambulation</li> <li>- If partial blockage, educate pt to avoid solid foods until blockage is resolved</li> <li>- If complete blockage, educate pt to not eat or drink until blockage is resolved</li> </ul> <p>Administer pain medications as ordered</p> <p>Instruct pt to splint abdomen when coughing and deep breathing</p>	<p>A registered dietitian can provide a comprehensive assessment and patient education that is focused on dietary needs with a high output ileostomy.</p> <p>A low fiber diet can prevent cramping and obstruction of the stoma especially in the postoperative period. High fiber foods can have difficulty going through the stoma and cause a blockage.</p> <p>Partial food blockages may be relieved with interventions that the patient can do at home. Recognizing signs and symptoms can prevent a partial blockage becoming a complete blockage with early intervention.</p> <p>A complete blockage may need to be relieved by an ileal lavage performed by a WOC nurse or physician.</p> <p>Warmth can relax the abdominal muscles while movement and massage can stimulate bowel motility, thereby allowing the food blockage to pass through the stoma.</p> <p>Managing postoperative pain effectively promotes patient comfort, allowing them to fully participate in education and self-care.</p> <p>Splinting supports the abdominal muscles during activities that increase abdominal pressure like coughing, thereby reducing pain or discomfort at the surgical site.</p>
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<p><b>Identify each WOC product in use/identified in POC. State at least one disadvantage of the</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><a href="#">Eakin ring</a></p>
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<p><b>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>	<ul style="list-style-type: none"> <li>- Disadvantage: can be costly to the patient as an “extra” accessory product</li> <li>- Alternative: eliminate</li> </ul> <p>Hollister Flextend</p> <ul style="list-style-type: none"> <li>- Disadvantage: less flexible than one-piece system; may not mold well to abdominal contours</li> <li>- Alternative: moldable skin barrier</li> </ul> <p>Drainable pouch with lock n roll closure</p> <ul style="list-style-type: none"> <li>- Disadvantage: risk of spillage; may need more frequent emptying due to high output</li> <li>- Alternative: high volume output pouch with spout closure</li> </ul>
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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 this journal was to begin my ostomy practicum journals by practicing basic ostomy assessment and teaching for an independent and highly motivated patient. I also wanted to practice thinking of alternatives for ostomy products. I met both of my learning goals as I was able to formulate a basic ostomy care plan focused on preventing ileostomy-related complications.</p>
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p>	<p>For the next journal I hope to practice a more complex case study highlighting different ostomy-related complications, or perhaps a case study focused on a patient who has several barriers to learning.</p>

<p><b>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p>I am curious about the role of the WOC nurse during the time that the patient transitions into closure of the loop ileostomy.</p> <p>For the WOC nurse recommendations in the case study, I would like to add in a recommendation to measure urine output along with ostomy output as a measure of the patient’s fluid status. Also, indicating parameters for when the pouch should be emptied (when 1/3 to 1/2 full) and when it should be changed (2x/week) may be helpful to the new ostomate as they become familiar with their stoma.</p>
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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