

Daily Journal Entry with Plan of Care & Chart Note

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 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.

Today's WOC specific assessment	<p>Patient is a 72 year male patient that is s/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions on for bladder cancer. He had preoperative teaching via telephone and was marked the day of surgery by CWOCN. He received ostomy lesson yesterday and changed postoperative pouch with verbal cues.</p> <p>Past medical history: bladder cancer, enlarged prostate, hiatal hernia, hypertension</p> <p>Recent labs: albumin 4.3, WBC 9.2, Hematocrit 44, Hemoglobin 14.7</p> <p>Medications: oxycodone, hydroxyurea, aspirin</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.

Reason for consultation: Evaluation ileal conduit and teaching

Patient is a 72 year male patient that is s/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions. Lives with his wife who is willing to assist with ostomy care as needed. Has been independent in self-care prior to this admission.

Assessment notes patient is up in chair, alert, oriented and attentive. Denies pain. Wife present for teaching. Pt agreeable with plan for teaching and appliance change. Wife observed as patient removed appliance, cleansed stoma and peristomal skin with warm, tap water moistened wash cloths. Patted dry. Verbal cues provided for direction. Stoma in RLQ. Red, moist, budded, round. Measuring 1". Noted to have two stents in place; one red, one blue in color. Draining yellow, clear urine. Mucocutaneous junction and peristomal skin is intact and without irritation. Skin barrier wafer opening cut by wife at 1" mark. Discussed with pt and wife fitting of opening. Verbalized understanding. Eakin ring applied around stoma and crimped down edges. Hollister Standard wear, flat skin barrier wafer placed over stoma with stents placed through opening. Stents placed in pouch and pouch connected to wafer. Patient performed care with assistance and verbal cues. Explained frequency of appliance changes, how to look for leaks. Verbalized understanding. Discussed use of night time drainage system. Patient demonstrated connecting and disconnecting to night time drainage collector.

Hollister urostomy booklet reviewed with pt and wife. Topics of discussion included: showering, night drainage system, diet, activity, risks of parastomal hernia and or stomal prolapse with lifting more than 10 pounds and signs and symptoms of UTI/kidney infection.

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UOAA support group discussed with flyer given. Reviewed when to call CWOCN for questions or ostomy issues/concerns.

Recommendations:

Will continue ostomy teaching until discharged

Review pamphlet and video. Write down any questions.

Call to schedule follow up CWOCN appointment for additional ostomy needs after discharge.

Patient and wife verbalized agreement with plan of care and accepted ostomy resource folder with CWOCN's card.

RN made aware of plan of care.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</p> <p>Need for education prior to discharge related to new ileostomy.</p> <p>Risk for vitamin b12 deficiency related to malabsorption.</p> <p>Risk for diarrhea related to decreased bile salt and fat absorption.</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>Statements should be directive and holistic relating to the problem/concern.</p> <p>Continue ostomy teaching until discharged:</p> <p>Removing and changing the appliance: -Change appliance every 3 days or if leaking/lifting -Remove appliance using push-pull technique -Clean peristomal skin with warm tap water -Gently pat dry -Measure the stoma. -Cut wafer opening 1/8" larger than stoma and apply. -Flatten and stretch a moldable skin barrier ring and apply to peristomal skin. -Apply Hollister Standard wear, flat skin barrier wafer over stoma and carefully place stents through opening. -Place stents in pouch and connect pouch to wafer.</p> <p>-Connect pouch to overnight drainage system before going to sleep. How to use: Connect the adapter from the overnight drainage system to the pouching system. Place the drainage system at the bottom of the bed to prevent kinking of the tubing. The overnight drainage system should be discarded after 15 days.</p> <p>-No bathing/showering until surgeon clears -Do not soak in bathtub with pouch on -Shower with pouch on or off. Water will not harm the stoma.</p> <p>-Diet: no specific diet but fluid intake should be 1500-2000ml/day. Recommended to drink</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>-Appliances are typically changed twice a week or more frequently if leaking or lifting (Carmel & Goldberg, 2022). If skin irritation is noted, the appliance should be changed as this may be a sign that effluent is leaking onto the peristomal skin, which can lead to peristomal irritant dermatitis. --The push pull technique can help to protect the peristomal skin from traumatic damage during pouch removal. -the peristomal skin should be cleansed with warm water prior to new pouch application to removal any oils from the effluent that remain on the skin as they can affect pouch adhesion. -When applied around the stoma, moldable skin barrier rings can help to improve the seal by helping to create a flatter surface around the stoma. -If the stoma is new, it should be measured prior to pouch changes for four to six weeks due to edema (Carmel & Goldberg, 2022). The stoma can be measured using a measuring guide. This can be provided by the WOC nurse or ostomy supply manufacturers. After</p>

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	<p>unsweetened cranberry juice in addition to water. Avoid orange juice and grapefruit juice. Fish, broccoli, asparagus, beer, and antibiotics can cause urine to have an odor.</p> <p>-Medications such as cascara, doxorubicin, metronidazole, sulfa drugs can change the color of urine. Beets can change the color of urine.</p> <p>- Do not lift more than 10 pounds until cleared by Surgeon.</p> <p>-Notify your physician if any of these signs and symptoms of UTI/kidney infection are present: fever, chills, pain in lower back or side, blood in urine, cloudy urine, foul smelling urine. Mucous in the urine or on the stoma is normal postoperatively.</p> <p>-Review pamphlet and video. Write down any questions.</p> <p>- Call to schedule follow-up CWOCN appointment for additional ostomy needs after discharge.</p>	<p>the initial six weeks, the patient may use a pre-cut template for appliance changes. This may need to be adjusted at times.</p> <p>--the skin barrier opening should be cut 1/8" larger than the stoma. The barrier should stop the effluent from coming into contact with the peristomal skin. Once the correct size is cut, the barrier should be applied followed by the pouch (if it is a 2-piece appliance).</p> <p>-Stents are present in the post operative period to facilitate healing of the ureteral/conduit anastomosis (Carmel & Scardillo, 2022). They may be in place for up to 10 days after surgery. The patient should be careful not to pull on the stents when removing the appliance and placing a new appliance. Pulling on the stents can cause them to lengthen, making it more difficult to contain them in the pouching system.</p> <p>-An overnight drainage system is recommended for the patient with an ileal conduit. Without an overnight drainage system, the patient will have to wake at regular intervals to empty the pouch, causing a disruption to sleep. The overnight drainage systems can hold up to 2000ml. Kinking of the tubing can cause an obstruction or a backflow of urine, increasing the risk of a UTI.</p> <p>-The patient with an ostomy can shower with the pouch on or off. Water is not harmful to the stoma. If taking a bath, the pouch should stay on. If showering with the pouch on, the skin around the appliance should gently be dried thoroughly.</p> <p>-Fluid intake of 1500-2000ml/day is recommended for the patient with an ileal conduit (Carmel & Scardillo, 2022). This will help the urine to stay acidic and decrease the formation of crystals forming on the stoma or on the peristomal skin, which can lead to pseudoverrucous</p>
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		<p>lesions. Urine that is alkaline can lead to a urinary tract infection and renal calculi. Unsweetened cranberry juice can also be an effective way to prevent urinary tract infections and keep the urine more acidic. Orange juice and grapefruit juice can cause the urine to be too alkaline so they should be avoided or consumed in moderation. There is no specific diet for an individual with an ileal conduit, but certain foods and medications can cause the urine to change color or have an odor.</p> <p>-Lifting more than 10 pounds can cause increased intra-abdominal pressure and may cause the abdominal muscles around the stoma to become weak, leading to a parastomal hernia or stomal prolapse.</p> <p>-Symptoms of a urinary tract infection should be reported to the doctor right away. If left untreated, a UTI can lead to a more serious kidney infection.</p>
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<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>-barrier ring: Disadvantage- may deteriorate with moisture and lose shape. Alternative: stoma paste -hollister standard wear- Disadvantage: may have shorter wear time than extended wear, unsure if this pouch was designed for urostomy output. Alternative: sensura mio click urostomy pouch -overnight drainage system- disadvantage: tubing can kink. Alternative: use leg straps to secure tubing</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>What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal was to learn more about ileal conduits. I met my goal. I learned about the fluid requirements for the patient with an ileal conduit and what foods/drinks can cause alkaline urine, odor and change the color of the urine.</p>
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What are your learning goals for tomorrow? (Share learning goal with preceptor)	My goal for tomorrow is to learn more about fistulas.
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Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	-I would recommend applying Cavilon skin barrier prior to applying the barrier ring and the pouching system to protect the peristomal skin. -I would recommend cutting the wafer at least 1/8" larger than the patient's stoma as he has stents. Cutting the wafer to the exact size of the stoma will make it difficult to safely place the stents through the wafer.
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References:

Carmel, J., & Goldberg, M. T. (2022). Postoperative education for the patient with a fecal or urinary diversion. In J. Carmel, J. Colwell, & M. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 189-200). Wolters Kluwer.

Carmel, J., & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In J. Carmel, J. Colwell, & M. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 201-222). Wolters Kluwer.

Reviewed by: _____ Date: _____

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