

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Meaghon Hollyfield

Journal Completion Date: 07/10/23

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.

| | |
|---|---|
| <p>Today’s WOC specific assessment</p> | <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 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.</p> <p>Current pouching system: Small Eakin ring, Hollister Flexend 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> |
|---|---|

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>Reason for consultation: 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> |
|--|

(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.

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>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</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>1. Fluid and electrolyte imbalance related to new ileostomy and output greater than 1200cc in 24 hours</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Instruct/reinforce to pt education regarding appropriate diet strategies:</p> <p>Administer antimotility medications as ordered.</p> <p>Incorporate foods known to thicken the stool (pretzels, pasta, rice, bananas, and applesauce).</p> <p>Increase sodium intake (broth, canned vegetables, and tomato juice).</p> <p>Incorporate foods containing potassium (bananas, potatoes, peppers, chicken, beef, and spinach).</p> <p>Electrolyte replenishing fluids starting at 500cc/day.</p> <p>Do not recommend increasing fluids.</p> <p>Dietician referral.</p> | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Slow intestinal transit time, promote absorption of nutrients, & electrolyte balance.</p> <p>Stool thickening foods to slow intestinal transit time, promote absorption of nutrients, & electrolyte balance.</p> <p>Dehydration can occur due to losses of sodium and potassium.</p> <p>Increasing fluids will increase the volume of ileostomy output, as they are not absorbed in the small bowel. Instead, sipping more between meals is preferred.</p> <p>Provide a comprehensive approach</p> |

(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.

| | | |
|--|--|---|
| | | to the diet & supplement needs due to high output ileostomy. Close monitoring and collaboration can prevent readmission in patients with a new ileostomy. |
|--|--|---|

| | |
|---|--|
| 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>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <ol style="list-style-type: none"> 1. Small Eakin ring, Hollister Flextend 2 ¼” Cut to fit barrier and 2 ¼” drainable pouch with lock n’ roll closure. A disadvantage of this system could be difficulty in applying the pouch securely to the barrier. An alternative, perhaps easier, option would be to utilize a one piece appliance (ensuring it is on still indicated for high output ostomies). An example: SenSura Mio Flat MAXI drainable pouch. This option offers more flexibility and is an extended wear pouch with an easiclose wide outlet. The eakin ring could still be applied to the back of the barrier. |
|---|--|

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

| | |
|--|---|
| What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not? | Feeling competent in providing dietary education to a new ileostomy patient as this population is at a higher risk for readmission for severe dehydration and renal problems. |
| What are your learning goals for tomorrow? (Share learning goal with preceptor) | Incorporating this education into my care plan for ileostomy patients will be crucial to promoting optimal patient outcomes. |

| | |
|--|--|
| Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc | This case scenario is a good example of tailoring your education and care plan to meet the patient's specific needs. This patient, while the ileostomy is new, is fairly confident and capable with appliance changes. However, due to the high volume of output - really needs education surrounding dietary modifications. |
|--|--|

Reviewed by: _____ Date: _____

(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.