Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Bessann M. Muuo-Wambua Journal Completion Date: 7/19/2023

Setting: _____ Acute Care __**X**___ 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	36-year-old female with past medical history of multiple surgeries including C-Section x2, cholecystectomy, incisional hernia s/p two IPOMs caused by recurrence s/p TAR procedure as well as well as wound exploration and subsequent wound debridement, partial MESH excision followed by exploratory laparotomy in 12/22. The last exploratory laparotomy was done in April 2023 for small bowel fistula repair and enteroenterostomy done. She had TPN and antibiotic therapy for wound infection. Patient presented to the hospital on 7/9/23 with abdominal pain, erythema, and induration around the middle aspect of her surgical wound. She had wound exploration and was treated with antibiotics and sent home only to return with worsening symptoms, including expression of intestinal contents from her surgical wound. Patient is currently being managed with IV antibiotics, TPN and pain management awaiting surgery. She is seen today by WOC for a high output ECF. Patient reports mild abdominal pain to the LLQ and nausea. Patient remains NPO. Current pouching system: Pouching Hollihesive wedges, paste to caulk, Hollister Adapt Large Oval convex ring, covered in paste, HNI flat 2 ¾ flange, HVOP and gravity drainage bag, Hy-tape to frame. Medications- Vancomycin, Meropenem, Suboxone, Narcan, Methocarbamol, Acetaminophen, Albuterol HFA, Docusate sodium, Duloxetine, Fluticasone-salmeterol, Hydroxyzine pamoate, metoclopramide HCI, Montelukast, Pantoprazole DR, Polyethylene glycol 3350, pregabalin, Senna-S, Trazodone. Recent labs- K 3.8, Na 140, Hgb 10.9, Leuk 6.25

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: ET/WOCN Fistula Assessment and Care.

Consulted to see patient a leaking pouch. On assessment the seal is completely undermined with effluent with majority of leakage noted at the 6 o'clock area. Fistula highly functioning at times. Patient is possibly going to surgery this week for fistula closure depending on OR availability or to SNF but as of this visit unsure of plan. Patient reports being "frustrated as it keeps leaking" pointing to the pouch. She reports mild nausea and abdominal pain but states that her primary nurse has already medicated her and she is comfortable and agreeable to pouch change. Patient has a mid-abdominal wound dehiscence with a small bowel fistula. There is hypergranualation tissue on the wound bed and at the 12 o'clock area. The fistula is located at the 6 o'clock area of the

(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.

wound. There is circumferential erythema and patient reports itching to the Perifisturlar skin. The perifistular contour is rounded with depression inferior to the fistula. The ET supportive tissue is semisoft. There is liquid green effluent coming out of the fistula.

Old pouching system was removed gently using adhesive remover wipes with gentle push and pull. The fistula open area and perifistular skin cleansed with soap and warm water. Perifistular skin was soaked with Domeboro soaks, then dusted with antifungal powder and stomahesive powder followed by 3M Cavilon skin Prep. The fistula was measured to ensure the correct pouch size. Due to copious amounts of output during the change, the effluent was suctioned using suctioning kit which the patient was able to assist with. Hollister Hollihesive wedges and cut out from Eakin in "petal" fashion, caulk seams with paste, Eakin Fistula wound pouch (Iron #839262) with inner /outer radial slits, paste, framed with Mefix Tape connected to a Hollister Large Bore gravity drainage bag was applied.

If being discharged to SNF will need step by step instructions and ordering numbers. Next scheduled ET visit is 7/26 for weekly pouch change.

Recommendations:
Modified pouching system was applied.
Skin Care: Domeboro soaks for 15-20 minutes; dust skin with antifungal powder followed by stomahesive powder followed by non-sting skin prep.
Continue current ordered bowel rest by your physicians.

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**
Impaired skin integrity related to failure to contain effluent	Cleanse perifistular skin with soap and warm water, soak with Domeboro solution soaked gauze pads, allow to dry then dust with antifungal powder and stomahesive powder followed by 3M Cavilon skin Prep. Apply suction catheter to manage output while changing as needed. Cut Hollister Hollihesive wedges Cut Eakin in "petal" fashion, caulk seams with paste, Modify Eakin Fistula wound pouch (Iron #839262) with inner /outer radial slits, caulk with paste, frame with Mefix Tape and connect to a Hollister Large Bore gravity drainage bag.	Domeboro soaks help relieve buring and itching and allow the skin to heal. The petal shape gives the pouch more flexibility hence enhancing the integrity of the pouch seal. It is important to ensure a flat surface hence this setup allows for all the dips, creases and body curves to be evened out to prevent moisture leak.
	Assess the pouching system and seal frequently. .	Maintaining a tight seal with no leaks is integral to patient care and comfort and perifistular skin protection.
Risk for deficient fluid and electrolyte	Monitor the volume, consistency, odor and color of output use the Hollister large bore gravity	Accurate information on the output

imbalance related to high output fistula.	drainage bag to contain.	with assist the interdisciplinary team in managing the patient to prevent complications such as AKI and hypotension related to excessive fluid loss which increases morbidity and mortality in ECF patients.
	Monitor tissue perfusion, vital signs, weight, assess mental status	A decrease in weight greater than 3lbs in 24 hours is indicative of excessive fluid loss. Also a change in mental status could be an indicator of dehydration or electrolyte imbalance needing intervention.
	Report lab values to the LIP for replacement and collaborate with the dietician to ensure appropriate ongoing nutritional support.	High output ECF predisposes the patient to hypovolemic shock related to circulatory failure hence close collaboration with the interdisciplinary team is key to patient management. This includes collaborating with the patient and the family.
Social Isolation related to patient being far from home and possibly transferring to a SNF	Assess mood Offer emotional support Consult psychologist for counselling Consult chaplain services if patient is agreeable Collaborate with case management for the patient to be transferred to a SNF close to her family.	Open communication with the patient and family and involving the patient in the decision making process will help decrease anxiety, increase trust and facilitate independence. Consultation with the psychologist and/or chaplain will help the patient have realistic goals of care.

Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product.</u> 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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** Eakin Fistula wound pouch – This pouch is excellent for protecting the skin against MASD due to its highly absorptive skin barrier and secure fit regardless of site shape. One big disadvantage is that it is not cost effective and the patient may not afford this. The SNF will likely not to be able to provide this should the patient transfer there. The patient could be switched to the NPWT in consultation with the surgeon if appropriate. This is easily manageable and accessible in most areas and it might be more cost effective in the long term. Hollister Large Bore gravity drainage bag – Although this bag can accommodate a large volume depending on the consistency of the output (as was the case in this set-up) it may need to be modified and the connector to make it larger. This could become a new source of leakage. The bag can be

	connected to a continuous suction catheter and drained into a larger container. 3M Cavilon skin Prep – This works well with low out-put fistulas and this fistula is a high out put hence may not be effective. The alternative is Safe n' Simple no sting barrier film spray.

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?	My goals for choosing this mini case study were: a. To learn the causative and factors contributing to fistula formation b. To understand how to care for and manage a patient with an ECF. c. To learn the role of the WOC in the management of a patient with a fistula and how to fit into the interdisciplinary "puzzle" to ensure successful patient outcome. d. To learn how to modify drainage system to be patient specific and centered based on the presenting problem. Yes, I met my goal mainly my preceptor was extremely knowledgeable in utilizing the resources available while listening to the patient to ensure the patient's goal was met.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Ostomy Intubation/ Irrigation.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	As we spent time coming up with an appropriate pouching system for this patient, I could not help but think how young she was and how isolated she felt once she was informed that she was possibly being transferred to a local SNF pending a surgery date. Patient has a two children under 10 and as a mother I could not help but empathize with her. Also coming from a SNF background, it is highly likely that no nurses in that setting are trained to handle a complex, high output fistula as she had and there is risk of her skin breaking down further if no easy, appropriate and replicable pouching system is achieved prior to transfer. I could have advocated for the patient through my preceptor to at least be transferred only after an appropriate pouching system had been identified and possibly provide a few days' worth of the supplies with the hope that a surgical date would open sooner than later.

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.