

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

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 Journal Completion Date: 7/25/23

 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>	<p>65-year-old male patient with history of rectal cancer diagnosed in August, 2022. Patient had laparoscopic loop colostomy in September 2022 and laparoscopic liver biopsy for nearly obstructing symptoms of rectal cancer. Pre-treatment he stage was cT4bN2M1. He had a short course of radiation therapy followed by chemo which was complicated by a reaction after the 6<sup>th</sup> round. Patient had an extensive surgical intervention on May 17<sup>th</sup> 2023 that included Laparotomy, extensive lysis of adhesions, rectal resection (proctectomy) with urology en bloc with bladder and prostate and coloanal anastomosis stapled, flexible sigmoidoscopy, loop ileostomy and omental pedicle flap in pelvis. Patient presents today for pre-op visit with Dr. Hull and WOC nursing for his stoma closure scheduled for August 18<sup>th</sup>. Patient was seen in the ER recently for a UTI. Patient has LLQ loop ileostomy and a Umbilicus Indiana Pouch. Patient reports he has been having issues obtaining catheters from his supply company and has been “cleaning them”. Patient also reports not sleeping well due to waking up every 3-4 hours to empty his stoma.</p> <p>Current pouching system: Hollister New Image 1-3/4” Convex precut but patient cuts larger with adapt ring to lock n roll opaque pouch.</p> <p>Current medications: Keflex 500mg daily; Potassium chloride 10 mEq tablet daily; Olanzapine 5mg QHS PRN.</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.**

65-year-old male patient with history of rectal cancer. Presents to clinic today for pre-op visit with Dr. Hull and WOC nursing. Patient has an Indiana pouch in umbilicus and a loop ileostomy in the LLQ. The ileostomy is working well and patient reports he is emptying 5-7 times per day. The stoma is pink, moist and well budded with a rounded peristomal contour. Assessment did show erythema circumferentially. Stoma measures 1” but patient reports he is cutting off aperture larger than 1” as “it makes me feel more secure”. Stoma cleansed with

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warm water and soap, denuded area was dusted with stomahesive powder, applied convatec Surfit Natura 1” convex it durahesive to invisiclose plus pouch.

Dr. Hull also feels patient may not be accurately performing the stoma intubation, irrigation and emptying hence requested nursing to watch a return demonstration from the patient. Patient was able to intubate the stoma using a Covidien Dover 16Fr Straight Catheter with lubricant. He was timid about putting the catheter in and allowing the pouch to empty completely. Patient reports “I only put the catheter in about 3 inches”. Patient was shown how to insert the catheter fully. He states he irrigates the catheter once daily with normal saline he makes. Supplies have been an issue. Patient reports he drinks coffee in the morning, he also reports he drinks about 1.5L of water daily. Patient is noted to have a 10lbs weight loss in the last month. WOC nurse re-educated the patient, provided supplies and set-up the patient with a new supply company. Patient states he “feels better” now that he has supplies.

**Recommendations:**

1. Intubate the stoma Indiana Pouch stoma completely and going around the pouch to ensure complete emptying and no mucus build up
2. Lifestyle modification: avoid caffeine intake which is a bladder irritant; increase daily fluid intake to 2.5-3.5 L – suggested fluids include Gatorade, pedialyte, and any drink that has electrolytes; Eat foods such as potatoes, smooth peanut butter, marshmallows, pasta, white rice to bulk the ileostomy output.
3. Use one catheter at a time. Patient was switched from current medical supply company (Doyle) to Edgepark and nurse contacted Edgepark and sent order form.
4. Wash hands with soap and water before and after emptying Indiana Pouch
5. Empty Indiana pouch every 3-4 hours while awake
6. Improve sleep hygiene by stopping fluid intake around 7-8pm and empty pouch before bed and then upon waking up – no need to wake up in the middle of the night to empty pouch. If after the first day there is excessive amount then back off fluids around 6-7pm, with a goal to cultivate a sleeping hygiene to get enough rest.
7. Patient was switched to a pre-cut pouching system and educated that “bigger is not better” and to only use appropriate pouch size. Patient verbalized understanding.
8. Call WOC nurse with any ostomy issues including lack of supplies.
9. Continue all ordered therapies by your surgeon.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Ineffective Health Self-Management r/t new skills required to care for appliance and self	Use the correct size aperture based on stoma measurement.  Intubate Indiana Pouch Completely	Ensuring a well-fitting appliance protects the peristomal skin from skin irritation.  Intubating the stoma completely and going around

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<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>	Continent Diversion – Indiana Pouch – requires individual to self-catheterize in a clean environment at least 6 times a day and have enough supplies. Alternative would have been an incontinent diversion such as an ileal conduit.
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**Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.**

<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>	I chose to develop this POC as I wanted to learn more about continent urinary diversion. Developing this POC helped me to research on the Indiana Pouch and the challenges a patient faces and how the WOC nurse can support these patient so they can be successful.
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	I would like to learn more about stoma irrigation and intubation and hopefully have a hands on experience.

<b>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	This case made me think about the challenges many new stoma patients encounter while navigating insurance huddles to obtain needed supplies while at the same dealing with a new life with a stoma. This made me think that stoma nurses as well as case managers and social workers as stretched as we are, we should make a close follow-up with our patients within the first few weeks until we ensure they have the needed supplies.
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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