

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

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

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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.

<b>Today’s WOC specific assessment</b>	<p>69-year-old male with past medical history of HTN, Malignant neoplasm of prostate, rising PSA level, OSA, CAD, Afib, Anxiety, Chemotherapy induced neuropathy and obesity. Patient underwent a pelvic exenteration with permanent end colostomy and a colonic conduit two days ago. Patient has a LLQ colon Conduit and a LUQ Colostomy. Patient is currently being managed with IV fluids and IV antibiotics. Patient is NPO and has an NG tube for Gastric decompression draining copious green effluent. Seen today by WOC for colostomy intubation and leaking urostomy.</p> <p>Current pouching system: Pouch #1: Coloplast SenSura MIO (1-piece) Deep convex, barrier Ring. Pouch #2: Hollister Adapr CeraRing Regular (#8805), 2 1/4 “Hollister New Image (HNI) CeraPlus Flat cut with paper tape collar #11203, New Image 2 1/4 “Beige Lock ‘n Roll, drainable pouch # 18113.</p> <p>Medications- Gabapentin, Wellbutrin XL, Metronidazole, Tamsulosin, Sotalol, Clopidogrel, Rosuvastatin, Lisinopril, Apixaban, Acetaminophen, Psyllium seed-Sucrose.</p> <p>Recent labs- Hgb 12.7, Hct 38.4, Leuk 3.73, K 3.9, Na 141, BUN 16, Cr. 0.80</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:** WOCN Colostomy Intubation and leaking Urostomy (Colonic Conduit).

Consulted to see for patient for colostomy intubation and leaking of urostomy (colonic conduit). Patient presented lying supine with wife at bedside. On assessment no leaking noted on urostomy however the pouch was lifting from the abdomen at the 3 o’clock area hence decided to modify pouching system by using less convexity.

The colostomy was intubated using a lubricated #18 Fr Foley Catheter. A total of 120 cc of normal saline was instilled to aid the catheter up to bifurcation. Full return of green stained stool seen. Colostomy pouch seal remains intact and patient tolerated procedure well. The patient was verbalizing to wife the steps to pouch changing, the wife got lightheaded while watching the nurses work and had to be assisted to chair. Both will benefit from a more thorough lesson once the patient is more stable.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

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**Recommendations:**

1. Modify the pouching system for the colostomy by using less convexity to prevent lifting from the abdomen.
2. Continue colostomy intubation as needed for management.
3. Provide a more thorough lesson on pouch changing to both the patient and his wife when the patient is more stable.
4. Monitor the urostomy for any signs of leakage and address if necessary.

<b>WOC specific medical &amp; nursing diagnosis and concerns</b>	<b>WOC Plan of Care (include specific products used)</b>	<b>Rationale (Explain why an intervention is chosen; purpose)</b>
<ul style="list-style-type: none"> <li>• Concerns related to colostomy leakage and pouch seal integrity.</li> <li>• Management of the colonic conduit and urostomy.</li> </ul>	<ul style="list-style-type: none"> <li>• Perform a pouching system assessment within 24 hours of patient admission to identify any areas of poor adhesion or potential leakage points.</li> <li>• Perform urostomy assessments every 4 hours during the hospital stay to identify any signs of leakage, skin irritation, or issues with the pouching system.</li> <li>• Assess for colostomy output and if no output recommends to the surgeon for Stoma intubation. Once LIP order is received initiate colostomy intubation within 48 hours post-operatively and assess the need for continued intubation daily during hospitalization.</li> <li>• Conduct a 30-minute educational session with the patient and his wife, covering proper pouch changing techniques, peristomal skin care, and signs of complications to watch for.</li> </ul>	<ul style="list-style-type: none"> <li>• Modifying the pouching system for the colostomy with less convexity can improve adhesion and prevent lifting from the abdomen, reducing the risk of leakage.</li> <li>• Colostomy intubation helps in fecal management and preventing stool from coming into contact with the skin around the stoma, reducing the risk of skin breakdown and irritation.</li> <li>• Education on pouch changing and ostomy care is essential for the patient and his wife to ensure proper management and prevent complications related to ostomy care post discharge. This also gives the “power back” to the patient as he and his wife are able to manage the stoma.</li> <li>• Monitoring the urostomy for leakage is important to address any issues promptly and prevent skin irritation and infection.</li> </ul>

**Identify each WOC**

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<p><b>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></p>	<ol style="list-style-type: none"> <li>Colostomy pouching system: Coloplast SenSura MIO (1-piece) Deep convex, barrier ring.</li> <li>Urostomy pouching system: Hollister Adapt CeraRing Regular (#8805), 2 1/4" Hollister New Image (HNI) CeraPlus flat cut with paper tape collar #11203, and New Image 2 1/4" Beige Lock 'n Roll drainable pouch #18113.</li> </ol> <p>Disadvantage of the product:</p> <ol style="list-style-type: none"> <li>Hollister Adapt CeraRing Regular (#8805): One potential disadvantage of this product is that it may not provide adequate protection against skin irritation and leakage for some patients with irregular or uneven peristomal skin. Alternative: An alternative product could be the Coloplast Brava Moldable Ring, which offers a more customizable fit and better adherence to uneven skin surfaces.</li> <li>New Image 2 1/4" Beige Lock 'n Roll drainable pouch #18113: A disadvantage of this pouch may be its size, which could be too large for patients with low stoma output, leading to unnecessary pouch changes. Alternative: An alternative could be the Hollister New Image 2 1/4" Beige Closed Pouch #18393, which is suitable for patients with low to moderate stoma output.</li> </ol>
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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 goals for choosing this mini case study were:</p> <ul style="list-style-type: none"> <li>To improve my understanding of colostomy intubation and urostomy management.</li> <li>To successfully performed colostomy intubation</li> <li>Provide recommendations for pouching system modification.</li> </ul>
<p><b>What are your learning goals for tomorrow? (Share learning goal with preceptor)</b></p>	<p>My learning goal for tomorrow is to further enhance my knowledge and skills in managing urostomy and colonic conduit, including troubleshooting and preventing leakage.</p>

<p><b>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p>I found this case scenario challenging and rewarding as it allowed me to practice my skills in colostomy intubation and pouching system modification. However, I feel the need to improve my communication skills with patients and their families, as I noticed the patient's wife became lightheaded during the procedure. In the future, I will ensure to provide more thorough education and support to both the patient and family members during ostomy care procedures.</p>
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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