



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

**Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.**

**The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow-up visit for..., evaluation and management of..., etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care.**

WOC Nursing department consulted by medical oncology for administration of saline irrigation of descending end colostomy for treatment of constipation. Called and spoke with both the admitting medical oncology physician ordering the irrigation and the consulted GI surgical oncology PA to confirm appropriateness of order. Confirmed the saline solution order and clarified the volume to be administered as 500cc. Pt chart reviewed including CT scan to confirm there was not tumor obstruction. On arrival pt sitting in bed with Hollister 1pc flat CTF wide outlet drainable appliance intact with approx. 125cc of thick soft brown stool in pouch. Pt reports this is the first output she's had in 2 days and she feels very full with abdominal distention and nausea. Amy and I explained the irrigation procedure to the patient as a bottle of saline solution warmed in a hot water bath. Pt's 1pc Hollister pouching system removed. Stoma and peri-stoma skin cleaned with warm water. Stoma is beefy red raised, measures 30mm with centered os. Stoma protruded approx. 1.5cms, peri-stomal skin and mucus junction healthy and intact. Pt reports no leaking issues when bowel function is normal and has 1-2 bowel movements per day. She reports changes in bowel function since Steven Johnson Syndrome.

Pt re-pouched in Hollister CeraPlus™ 2pc red (2&1/4") flat CTF barrier with a slim Adapt CeraRing that is compatible with the Hollister irrigation sleeve. Hollister cone irrigation kit also obtained and hung from an IV pole at shoulder level while pt was sitting in bed. Irrigation sleeve attached to wafer and placed in basin. Pt reports not feeling well enough to tolerate sitting on toilet in bathroom for length of time for irrigation. Once saline was lukewarm, poured 500 cc into irrigation bag and primed tubing and cone was lubricated with water soluble SurgiLube<sup>c</sup>. With a gloved and lubricated pinky finger os was assessed for immediate stool blockage and bowel direction. Cone was then inserted and 500cc of saline were instilled over 20mins. During this time pt was assessed for discomfort, cramping and tolerance of installation. Pt education was also provided. We discussed both managing constipation with pharmaceuticals prescribed by physician or irrigation for control output and the importance of maintaining hydration. Colostomy assessment and radiology scans show no contraindication for routine irrigation. Demonstration and verbal education provided during the procedure and written instruction to be included with discharge instruction.

We returned 90mins later to re-assess. The patient had significant output after irrigation and her abdominal discomfort was lessening. The staff RN discarded the output and recorded I/O in the electronic chart for the provider to review. The staff RN also removed the irrigation sleeve and placed the patient in a Hollister New Image™ Two-Piece High Output Drainable Ostomy Pouch.

WOC specific medical & nursing	WOC Plan of Care (include specific products	Rationale (Explain why an
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diagnosis and concerns	used)	intervention is chosen; purpose)
<p><b>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</b></p> <p>Fluid and electrolyte balance disruption associate with episodes of diarrhea and constipation.</p> <p>Knowledge deficit of bowel management routine vs complaiance</p> <p>Patient education about routine colostomy irrigation.</p>	<p><b>Statements should be directive and holistic relating to the problem/concern.</b></p> <p>The Ostomy nurse will re-educate the patient on the importance of maintaining hydration for both fluid and electrolyte replacement when experiencing diarrhea and avoiding constipation related to dehydration.</p> <p>The patient will verbalize the understanding and importance of both maintaining hydration to avoid constipation and replacing fluid and electrolytes lost with diarrhea.</p> <p>The Ostomy nurse will provide healthcare facility approved pt education, recipes and ratios on oral fluid and electrolyte resuscitation.</p> <p>The ostomy nurse will coordinate with the staff RN or primary provider to consult registered dietician to discuss balanced diet for gut health and bowel regularity with a descending end colostomy.</p> <p>The ostomy nurse will coordinate with the prescribing provider to educate the patient on use of pharmaceutical to management bowel routine. Provide detail information on dosage for constipation, and dosage for maintenance of regular soft stool.</p> <p>The patient will verbalize understanding of bowel movement management with pharmaceuticals.</p> <p>The Ostomy nurse will provide ordered saline solution irrigation during this admission. The ostomy nurse will provide necessary equipment and education during irrigation instillation time.</p>	<p><b>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</b></p> <p>The patient is experiencing bowel irregularity in the form of both diarrhea and constipation. CT scans show no evidence of obstruction. Pt w/o symptoms of viral or bacterial GI infections.</p> <p>Fluid and electrolyte balance is important for bowel regularity</p> <p>Recommended sports and electrolyte drinks as well as recipes with electrolyte replacement to fluid ratios will give the patient a variety of methods to maintain hydration and electrolyte balance.</p> <p>A balanced diet is important aspect of bowel regularity. It will provide the patient an additional option for obtaining and maintaining bowel regularity.</p> <p>Patient discussed not following prescribed pharmaceutical bowel regiment as ordered. Over use and abrupt stops. There is a knowledge deficit that needs addressed.</p> <p>The patient has an admitted history non-compliance with healthcare plan.</p> <p>Saline irrigation pulls additional fluids in to the intestine and softens the stool to treat constipation</p>

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	<p>The ostomy nurse will demonstrate the irrigation process to the patient as an option to obtain and maintain controlled regular bowel movements.</p> <p>If appropriate the Ostomy nurse will provide the patient an opportunity to practice self-irrigation during this admission.</p> <p>The ostomy nurse will educate the patient that potable lukewarm water is appropriate for home use.</p> <p>If the patient is interested and agreeable to compliance with routine colostomy irrigation, additional resources will be provided by the Ostomy nurse. This will include procedure instructions, reliable and approved web/video resources, products information for ordering supplies, list of benefits and risks/contraindications.</p>	<p>This will give the patient an additional option to manage bowel routine and control stool elimination.</p> <p>Additional practice and support in a controlled environment.</p> <p>Saline is unnecessary for daily use</p> <p>This information can provide the patient with necessary information and supplies to successfully manage bowel movements and regularity. Goal is to avoid additional hospital admissions related to constipation, nausea and vomiting.</p> <p>Providing the patient with different options, education and resources to successfully manage colostomy output and regularity in a manner that best fits her lifestyle with medication, diet and hydration or irrigation with the goal of decreased re-admissions.</p>
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<b>Identify each WOC</b>	<b>This section helps to communicate your product knowledge and critical thinking skills.</b>
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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>	<p><b>Products should be available in the US.</b></p> <p><b>The Ostomy products used in this journal entry included</b>                  Hollister New Image™ Two-Piece Drainable Ostomy Pouching System – CeraPlus™ Skin Barrier, Lock 'n Roll™ Microseal Closure in 2&amp;1/4” size with a 2.3mm moldable Adapt™ Cera Ring                  Compatible with Irrigation Sleeve with Belt Tabs                  Cone Irrigator Kit</p> <p>Alternative options</p> <ul style="list-style-type: none"> <li>- If the patient chooses to practice routine daily colostomy irrigation she can use the Hollister                      Irrigation Sleeve with Belt Tabs                      Adapt™ Ostomy Belt                      Cone Irrigator Kit                      Protect/cover stoma between irrigations with the SoftFlex™ Stoma Cap</li> </ul> <p>Other brands are equally appropriate, however the pt is familiar with and comfortable using Hollister.</p> <ul style="list-style-type: none"> <li>- Pt can choose not to practice irrigation and continue to use current pouching system before admission Premier™ One-Piece Drainable Ostomy Pouch – Flat CeraPlus™ Barrier, Lock 'n Roll™ Microseal Closure, Tape, Filter. Pt can choose to manage bowel regiment with medication, or diet and hydration.</li> </ul>
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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 the day? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p>While I was hoping to have an opportunity to pre-op stoma mark a pt today, the need was not available. I think this opportunity to provide colostomy irrigation to treat constipation and education to this young patient on routine bowel management has been equally important for both the patient and my clinical experience. This patient had limited information on different ways to manage colostomy output and maintain regularity. She was visiting different emergency rooms and being tried in a short-term. During this admission the ostomy nurse was able to provide holistic care and education by coordinating with other providers to give the patient a full scope of information with options to provide long-term bowel management success and decrease hospital admissions.</p>
<p><b>What are your learning goals for tomorrow?</b>   <b>(Share learning goal with preceptor)</b></p>	<p>To continue my focus on providing ostomy and wound care to patients admitted to the hospital                  Continue to prepare for the opportunity to pre-op stoma mark a patient.</p>

<p><b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p>When we first reviewed the pt’s chart including the PA with GI Surgical Oncology recommendations for conservative management with Miralax and Senna and then assessing the patient current stool output in her colostomy pouch I has hesitant to administer a saline colostomy irrigation.                  However, after talking to the patient, and understanding her level of abdominal fullness and discomfort and then witnessing the amount of stool output after the irrigation was complete, it was the appropriate intervention. The time spend with the patient also provided us the opportunity to provide a full scope of education and fill in areas of knowledge deficit that have been contributing to frequent ED visits.</p>
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**Reflection: Describe other patient encounters, types of patients seen.**

Several of the patient we cared for today were PI and wound follow-up visits to re-assess progression of healing and compliance of the nursing staff to follow the recommendations and POC.

We also provided urostomy care education to a patient that has had an extended admission d/t both related and unrelated complications. His capacity vs desire to retain information and participate in care has been challenging for the ostomy nurses.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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