



<b>Today's WOC specific assessment</b>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p>Patient with no pertinent past medical history presented with acute abdominal distention, in the setting of longstanding/lifelong history of stooling and constipation. He was born a term, was large for gestacional age, and had post born hypoglycemia attribute to maternal gestacional diabetes. Parents report that patient had a bowel movement within the first 24 hours of life. This is their third child, and they reported that patient never had a regular newborn stool, that usually patient have small watery foul-smelling stools intermittently. They had discussed with pediatrician, which has treated patient with dark syrup, glycerin chips. Per mother, today the patient was in his usual state of health, and woke up with severe abdominal distention and apparent discomfort. The parents notice a change ins physical exam and brought into the ED. X-rays were obtained which were markedly abnormal, concerning obstruction. Physical exam has shown abdominal tenderness, expulsion of green-tan foul-smelling liquid stool upon rectal exam. Next day, possible diagnosis of Hirschsprung's disease and patient was taken to the OR to a leveling colostomy creation as secondary to Hirschsprung's disease.</p>
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**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.**

On 01/12/2024 a consult was placed for patient/parent teaching for a new colostomy creation. Upon arrival WOC nurse met with mother and father at bedside and were eager to learn. WOC nurse reviewed anatomy, physiology, nature of stool, nutrition, stool output from the rectum vs stool from stoma, risk for dehydration, demonstrated how to remove an appliance from its place. Demonstrated how to sizing stoma, currently colostomy LUQ stoma is sized at . Visual assessment: tiny budded stoma, moist and pink, round-shaped, with intact mucocutaneous junction. Gas and a medium amount of brown liquid stool were noted on the pouch. Peri-stomal area clear and intact skin with no discoloration or skin issues assessed. Sutures noted around the umbilicus.

Current pouch system: Hollister 1 piece pediatric pouch

Extra supplies: Eakin skin barrier ring, Adhesive remover, No Sting Barrier Film, Barrier extender strips

WOC nurse recommendation: Ostomy care every 3 or 4 days or if signs of leakage; Monitor stoma and skin, empty ostomy pouch when 1/3 full; proper use of extra supplies as Eakin skin barrier ring, adhesive remover spray; Dietary guidelines and fluid + referral for outpatient Ostomy clinic provided.

Parents were able to repeat back instructions correctly as well as perform son's ostomy care with assistance of this writer. Both, verbalized understanding of proper fluid and nutrition intake, stoma care education provided, and signs of stoma complications. All question were answered to their satisfaction.

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<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>
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<p><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></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>Hollister 1 piece pediatric: This pouch covers the umbilical area, whose surface was closed with dissolvable stitches. As everyone knows, maintaining the incision clean and dry is of utmost importance, and placing the pouch above the area increases the likelihood of unintended discharge and irritation. The Coloplast 1-piece SenSura Miodrainable Kids ostomy pouch is the ideal substitute. The wafer's curved sections were intended to fit in other curved sections, and one of these curves might be used by the WOC nurse to place the wafer far from the umbilical region.</p>
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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>GOAL: My goal was to learn about pediatric patients/stomas</p> <p>MEET GOAL: Yes, I was able to perform education for parents and perform pouch change in a baby.</p>
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p>	<p>My next journal goal is continue to learn about complicated wounds and would love learn about fistula</p>

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<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	I would suggest having the parents wear gloves and giving them small tasks to participate during pouching change.
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	<ol style="list-style-type: none"><li>1. Sacral pressure injury</li><li>2. Existing Ostomy</li></ol>

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