

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

America, a pamphlet was provided to this patient. I observed interest in this from the patient, however, it seems the patient remains guarded regarding this topic. Intimacy was discussed gently during this time however the patient became tearful and denied wanting to continue a conversation regarding intimacy. This patient lives an active lifestyle and shows interest in support belts. Two support belt styles were discussed: the stealth belt ostomy support belt as well as the Coloplast Brave support belt. The belts were worn by two ostomy care nurses to demonstrate their use and application in which the patient enjoyed. The patient ultimately chose the stealth belt as this supports her active lifestyle and intimacy requirements. She was educated in its use such as turning her two-piece appliance horizontally to fit in the belt and educated on proper emptying techniques while wearing the belt. Information related to purchasing this belt was provided to this patient as the belt is not covered using her insurance. Ostomy pouch covers were also discussed with the patient; however, this patient has ultimately decided on the use of an opaque ostomy pouch and the use of the stealth belt. Meanwhile, the ostomy appliance was placed during appropriate times to provide continuum of care. After cleansing using warm water and a soft towelette, a crusting technique was used to protect the skin and treat the erythema. Ostomy powder was placed and dusted, followed by skin protectant to set the powder. A moldable barrier ring was applied snugly to the stoma. A Hollister two-piece 2 ¼” flat cut-to-fit barrier was placed, and pouch attached. All concerns were discussed, and questions were answered to the best of my ability. Patient remains guarded related to intimacy and support groups.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <ol style="list-style-type: none"> Disturbed body image related to stoma creation. 	<p>Statements should be directive and holistic relating to the problem/concern.</p> <ol style="list-style-type: none"> WOC nursing to begin education with the anatomy of the stoma creation. <p>The patient may not want to look at the stoma during the first appliance change. This is okay! Be sure to provide the patient with an idea of what you are doing during the dressing change. Use step by step instruction and show the patient the products. This is usually done by WOC nursing.</p> <p>Gradually allow the patient to look at, touch, and dress the stoma. Begin showing the patient the products on the first change. Next, allow the patient to assess the stoma and touch the stoma. Allow the patient to empty the pouch on the next change. Next, have the patient participate in the appliance change.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <ol style="list-style-type: none"> Understanding anatomy is the first step in creating acceptance. <p>Although the patient did not look at the stoma, education was provided by looking at the products in use.</p> <p>Gradual steps in advancement create a sense of acceptance.</p>

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<p>2. Inadequate education related to care of the ostomy.</p>	<p>2. Continue to provide reinforcement to perform ostomy care BID. Provide emotional support to this patient during reinforcement. Document the encounter and education provided.</p> <p>Give the patient opportunities to participate in ostomy pouch changes. Provide gloves to the patient if necessary.</p> <p>Perform routine ostomy care. An Ostomy appliance change is to be performed every 3-5 days. Allow the patient to participate in appliance changes. Document the appliance change.</p> <p>Ostomy care nurses are to see this patient daily during this admission for approximately 1 week. From there, the WOC nurse will determine the need to decrease visits or maintain daily visits.</p> <p>The ostomy appliance will need to be emptied approximately 6 times daily, maybe more. Bedside nursing should take special consideration to this patient's emptying needs. Provide gloves and a mask (if needed) to this patient and allow the patient to assist with emptying. Allow the patient to independently open and close the appliance. Measure and document the amount of effluent.</p>	<p>2. Frequent reinforcement of care will promote the individual to create a sense of independence.</p> <p>Allowing opportunity for the patient to cut the barrier wafer, set up supplies, apply the barrier may promote independence in care. Providing gloves may decrease the mentality of the procedure being dirty.</p> <p>Performing routine appliance changes will alert the individual of the need to change the appliance within the appropriate time frame. The goal is for this mindset to carry into the home setting.</p> <p>Education from a WOC nurse daily will provide the individual with adequate education and comfort. The need to continue daily education or reduce the frequency is determined based off patient progression.</p> <p>Special consideration for this patient is needed as independence in draining the pouch is crucial. On time emptying may promote independence. Providing gloves and a mask may ease this patient's nerves. The goal is for this patient to carry healthy habits to the home setting. Routine emptying is considered a healthy habit.</p>
<p>3. Risk for inadequate support system related to fecal diversion.</p>	<p>3. Continue to assess patient's feelings related to comfort around spouse. WOC nursing will do the same.</p>	<p>3. Determining the patient's feelings and reasoning why she remains guarded from her spouse seeing the</p>

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	<p>When the spouse is present, allow him to be present during appliance changes. For starters, he does not have to directly watch the change, however, starting with him in the room during the change may allow the patient to open up. Gradually allow him to become more active in appliance changes. Begin to include the spouse in appliance changes within 4 days.</p> <p>Discuss support belts with the patient and the husband.</p>	<p>stoma can determine intervention to help the patient open to her spouse.</p> <p>Starting with the spouse in the room will ease the patient's nerves to show him the stoma. Gradually allowing him to become more active in education and change may create a sense of comfort. Assess the patient's response and be sure not to overwhelm the patient.</p> <p>Support belts can conceal the pouch. Including the husband in the education will provide the husband with an understanding why she is wearing a belt.</p>
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<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Ostomy support belt: Provides support for the patient and appliance, as well as conceals its contents. This is great for her active lifestyle and sexual concerns. The belt that this patient chose is expensive and is not covered by insurance. Alternative: a pouch cover. Although pouch covers do not support the ostomy itself, this can support the patient's emotional concerns. Using a pouch cover, the effluent will be concealed, and the patient can feel secure with concealed contents.</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>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal for today was to care for an incontinence patient, however, this patient's case caught my attention and I wanted to further my knowledge regarding this patients fearful concerns. Although I had a different goal set, I was able to greatly expand my knowledge regarding concerns for body image and stomas. Working in my facility, we normally have elderly patients with new ostomies. I have never been able to care for a young individual who feels these emotions related to body image and sexuality.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>My goal for next clinical date is to care for an incontinent patient!</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>As this was my first tearful patient concerned for body image and sexuality, I became fearful of my next actions. I took things slow and allowed the patient to set the pace of the encounter, however, more emotional feelings/support could have</p>
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	come from me. I was supportive to this patient but I had a sense of withdrawal as I did not know how to properly react to the patient. This is something that I have continuously worked on and learn. This was a great experience for me.
Reflection: Describe other patient encounters, types of patients seen.	I was able to follow Amparo today which was AMAZING. She is greatly talented and provided me tips and tricks in the WOC field as she has been in this field for over 20 years. We had an initial ostomy patient who was also young, and we took her time teaching him and his mother.

Reviewed by: _____ Date: _____

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