

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

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 Day/Date: May 6, 2024

 Setting: Hospital  Ambulatory Care • Home Health Care • Other: \_\_\_\_\_

**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 chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.**

<b>Chart Review/History</b>	<p><u>Age/sex</u>: 72-year-old male</p> <p><u>PMH</u>: bladder cancer, enlarged prostate, hiatal hernia, hypertension.</p> <p><u>CC</u>: S/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, and lysis of adhesions for bladder cancer</p> <p><u>Social hx</u>: Active. Denies smoking, ETOH or illicit drug use. He had minimal teaching re: ileal conduit via phone preoperatively and was marked the day of surgery by a CWOCN. He received had an initial visit postoperatively with limited participation due to post op pain and tiredness.</p> <p><u>Labs</u>: albumin 4.3, WBC 9.2, Hematocrit 44, Hemoglobin 14.7</p> <p>Previous visit note recommended Hollister New Image Flextend flat 2 piece urostomy pouching system with gravity drainage while in bed.</p>
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**Assessment/encounter:**

Ostomy nurse consulted for discharge preparation.

LOC: Patient awake, alert, oriented, attentive. Alone in room.

Interview with patient.

- States his pouch “exploded” last night.
- Has ambulated per recommendations today with no pain
- Has had his “bowels return” after surgery
- Has home health care available when discharged
- Has a follow-up appointment scheduled with his surgeon for stent removal
- Is interested in support groups
- Has aspirations to continue his hobbies of golfing and swimming

Stoma: Budded, moist, red with mild congestion. 2 stents

Stoma size: 1.0 x 1.0 in

Shape: Round, stents in place

Drainage: Clear, yellow urine from both stents

Peri-stomal skin: Intact

Abdominal plane: Soft, smooth and slightly rounded

Pouching system: Capped one-piece drainable urostomy pouch. Gravity drainage bag noted to be unattached.

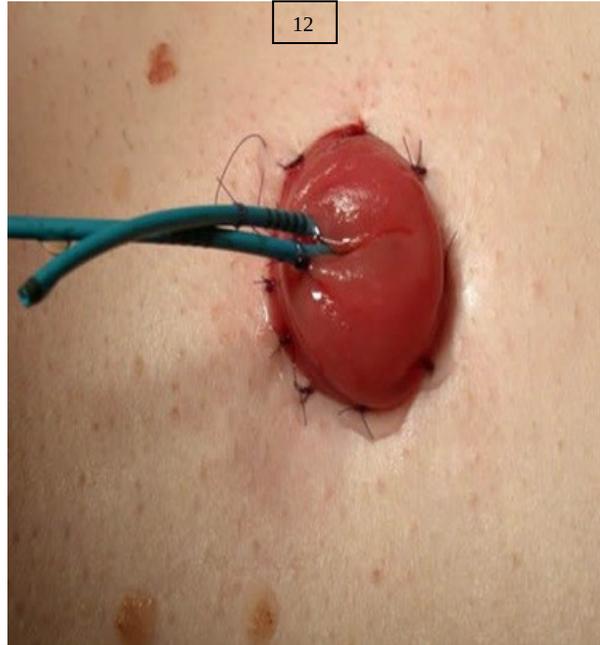
Education

- “Visual learner”
- Interested in returning to his pre-disease lifestyle asap
- Discharge education needed
- To be discharged home this evening with his significant other if all goes according to plan.

The patient states he has a supplier recommended to him from the case manager. The surgeon has deferred to the ostomy specialist to make this recommendation.

What specific system would you choose as the Ostomy provider? Make sure to include below, considering both short and long term plans for this patient.

**Photo**



Using critical evaluation of the provided encounter data, identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

**1. Identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.**

The patient is identified as a visual learner so the preoperative education via the telephone was most likely inadequate. Not only that but due to limited time spent on preop education. If possible, there should have been arrangements to have in-person education before his surgery. Also, the ostomy nurse should have followed the patient daily until discharge. This would have allowed the nurse to give education in small increments as the patient was ready to receive it, once the post-op pain subsided. The teaching could have been increased as the patient began to feel better, and then the bulk of the education would not have had to happen on the day of discharge. Continued follow-up would have allowed for the supervision and education of the staff to make sure the proper ostomy care was being done and the proper pouching system was being used.

Using the information from the encounter and your critical evaluation develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders. (For example: *What ostomy pouch change regimen would you recommend?*)

**2. WOC Plan of Care (include specific products used)**

- Change Hollister two-piece urostomy ostomy pouching system (2 1/4") every 3 days while in house and immediately, if leaking.
- Assess stoma appearance and document every shift.
- Assess output in pouch, measure, and document throughout shift. Empty pouch at least every two hours or more frequently if needed. The pouch should be emptied when it is between 1/3 to 1/2 full.
- Measure stoma with pouch change.
- Attach the pouch, using a urostomy drain tube adaptor, to drainage system QHS.

Procedure for changing pouch:

Gather all supplies:

Hollister New Image Flextend flat two-piece urostomy pouching system 2 1/4in Flange, Red

Cut-to-fit with tape border 2 1/4in, Red

Ostomy Scissors

Washcloth

Stoma measuring guide

-Empty pouch prior to change.

-Remove old appliance starting at the top and discard.

-Cleanse stoma and peristomal skin with warm water and a washcloth *ONLY*. (*Do not use soaps or creams on the skin as it will prevent pouch from adhering to skin*).

-Dry skin well.

- Measure stoma and cut flat flange to size.

-Place and snap together the pouch to flange prior to placing over ostomy to prevent pressing down on new ostomy site.

- Place the patient's hand or warm washcloth over the ostomy pouch to assist with creating a good seal.

-Document care and any output.

**Write a chart note giving careful consideration to the chart review information, how the patient was assessed, the problems, and the rationale behind the plan of care. 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. Be sure to include any physical assessment, interactions, and specific products used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.**

### 3. Chart note:

Ostomy Nurse Follow-up Note

**Reason for Wound/Ostomy/Continence Consult:** Ileal Conduit Discharge teaching

**Reason for admission/Chief Complaint (CC):** S/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, and lysis of adhesions for bladder cancer

**Past Medical History (PMH):** bladder cancer, enlarged prostate, hiatal hernia, hypertension

The reason for the follow-up visit was explained to the patient. He is alert, oriented x 4. The patient gave permission for the follow-up assessment. A focused skin assessment of the ileal conduit was performed. The stoma is round, budded, red, and moist with mild congestion. The stoma measures 1x1in. Peristomal skin is intact. 2 stents remain sutured in place with clear yellow urine noted to be draining from both stents. Abd soft, smooth, and slightly rounded.

The patient stated his pouch “exploded” last night. The pouch was not attached to a drainage bag. The patient was educated on the importance of using a drainage bag at night to prevent the pouch from becoming too full because the weight of a full pouch will cause leaking or the pouching system to come off. The patient expressed readiness for discharge. He plans on returning to his pre-operative activities, including golf and swimming, as soon as possible. He states home health has been arranged and a follow-up appointment with the surgeon to have the stents removed.

Discharge education:

Pouching options were discussed. The patient was informed the two-piece system will be necessary while the stents are in place. This will allow for ease of pouch application and assessment of the stents. Then with his goal of returning to playing golf and swimming, the one-piece system will be more ideal once the stents are removed. He was educated the one-piece pouching system is better for immersion under water making it better for water sports.

Education was provided on the following:

- Stoma: Should be red and moist. Some mucous may be present but will decrease over time.; Call surgeon or go to ED if color changes to purple or black/dark in color
- Output: Urine should be clear yellow, initially may have mucous but this will decrease over time; If urine is bloody, cloudy, or foul-smelling seek medical attention.
- Measuring the stoma: Measure with every pouch change. The stoma swelling will decrease over time so the size will also decrease. Demonstration of using a measuring guide done. Patient able to perform return demonstration.
- Demonstrated how to properly cut the flange to the proper size. Patient able to perform return demonstration.
- Proper application of the flange and pouch to the skin. Patient able to perform return demonstration.
- Demonstration on how to empty the pouch. Patient able to perform return demonstration. Also, reiterated the need to use the drain pouch at night.
- The two stents are in place to protect the anastomosis. They may fall out on their own before the surgeon removes them. The patient was instructed to notify the surgeon if this happens, but this does not require emergency attention.
- Urine acidity: Helps prevent complications like UTI and pseudoverrucous lesions. Drinking unsweetened cranberry juice can help. Orange juice and grapefruit juice should be avoided as they cause the urine to be more alkaline.
- Maintain adequate fluid intake of at least 1500mL per day.

Printed education material was also given to the patient. The patient agreed to sign up for the Hollister Secure Start program. He was assisted in signing up via Hollister website. Planned pouching systems are: Hollister New Image Flextend flat two-piece urostomy pouching system 2 1/4in Flange, Red Item #5018913, Cut-to-fit with tape border 2 1/4in, Red Item # 5014203. After stent removal – Hollister 9in Premier Urostomy Pouches with flat barriers Cut-to-fit Item # 508440. Urostomy drain tube adaptor Item # 507723

The patient verbalized understanding of educational materials and how to contact Hollister Secure Start for support and supply ordering. The patient has home health arranged for further assistance and education after discharge.

Please contact Ostomy Nurse for any questions or concerns.

Will follow-up daily and PRN until the patient is discharged.

**You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?**

**4. What was your goal for choosing this case?**

An ileal conduit is not something I will be likely to see very often. I wanted to review the entire process of the ileal conduit, starting from preop through postop recovery and teaching. I was able to think about the products and plan of care I would recommend.

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

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> <li>• Identifies why the patient is being seen</li> </ul>		
<ul style="list-style-type: none"> <li>• Describes the encounter including assessment, interactions, any actions, education provided and responses</li> </ul>		
<ul style="list-style-type: none"> <li>• Includes pertinent PMH, HPI, current medications and labs</li> </ul>		

<ul style="list-style-type: none"> <li>Identifies specific products utilized/recommended for use</li> </ul>		
<ul style="list-style-type: none"> <li>Identifies overall recommendations/plan</li> </ul>		
Plan of Care Development:		
<ul style="list-style-type: none"> <li>POC is focused and holistic</li> </ul>		
<ul style="list-style-type: none"> <li>WOC nursing concerns and medical conditions, co-morbidities are incorporated</li> </ul>		
<ul style="list-style-type: none"> <li>Statements direct care of the patient in the absence of the WOC nurse</li> </ul>		
<ul style="list-style-type: none"> <li>Directives are written as nursing orders</li> </ul>		
Thoughts Related to Visit:		
<ul style="list-style-type: none"> <li>Critical thinking utilized to reflect on patient encounter</li> </ul>		
<ul style="list-style-type: none"> <li>Identifies alternatives/what would have done differently</li> </ul>		
Learning goal identified		