WOC Complex Plan of Care

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Clinical Focus: Ostomy

Number of Clinical Hours Today: 8

One complex journal is required for each specialty in which you are enrolled/registered. This assignment evaluates the transition from bedside nurse to that of a specialist/consultant. Critical thinking skills and understanding of evidence based, best practices should be evident. Rationales should be cited and referenced using current APA formatting.

Choose a patient from your clinical experience that exhibits multiple care needs allowing for development of an expanded, holistic plan of care. It is recommended this complex plan of care be your last journal for each specialty allowing for incorporation of previous instructor feedback. Reach out to your Practicum instructor for any questions.

Pertinent Medical/Nursing History	Pertinent lab/diagnostic test results
6-year-old male • History of chronic constipation, colonic dysmotility, ADHD, feeding intolerance • Born full-term via STAT cesarean section • Per mother, the patient's constipation began around 1 year of age; minimal relief with use of laxatives (MiraLAX®) • Directly admitted to the hospital from his outpatient appointment at OHAPH Pediatric Gastroenterology clinic related to abnormal examination findings for a bowel cleanout, antroduodenal (small bowel) manometry, and colonoscopy. • Colonic inertia was identified. Pediatric General Surgery team consulted for evaluation and management. o Decision was made for patient to undergo ileostomy creation CWOCN consulted for stoma site marking, ostomy teaching	**Most Recent Basic Metabolic Panel (BMP):** • Sodium: 140 mmol/L • Potassium: 4.3 mmol/L • Chloride: 109 mmol/L (↑) • CO2: 20 mmol/L • Glucose: 110 mg/dL (↑) • BUN: 9 mg/dL • Creatinine: 0.39 mg/dL • BUN/Creatinine Ratio: 23.1 (↑) • Calcium: 8.0 mg/dL • Osmolality Calc: 288 mOs/kg Anion Gap: 11 mmol/L

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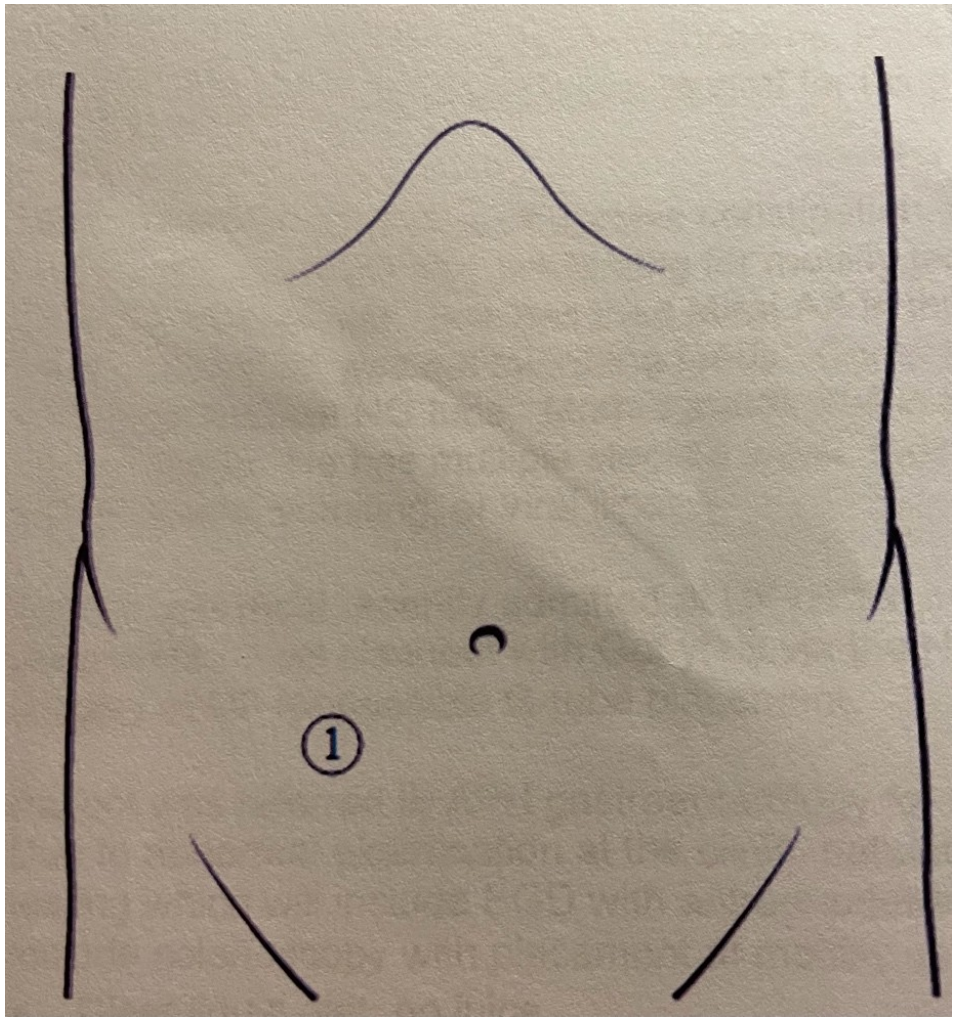
Comprehensive Assessment/Chart Narrative

- Initial visit for pre-operative stoma site marking and counseling. The patient's mother and 2-year-old sister are present at the bedside. The patient is awake, lying in bed, and happily playing with his tablet. The clinician introduced herself, her role, and her goals for the visitation. The patient's mother was agreeable and asked the patient to set his tablet down for the clinician's assessment. The patient initially ignored his mother's instructions and continued to play his game. The clinician again introduced herself to the patient and stated how the game he was playing looked exciting. The clinician noted that the patient could resume his game as soon as she finished her assessment and teaching. The patient yelled out, "Get away from me!" The mother apologized and took the tablet out of the patient's hands. The patient withdrew and hid under the blankets. In a gentle tone, the clinician recognized the patient's fear and apprehension and explained how she wants to help him feel better. The clinician again stated that she would complete her assessment as diligently as possible so that the patient could resume his activity. The patient reluctantly withdrew from underneath the blankets.
- The clinician confirmed with the patient's mother that the patient is expected to undergo a colectomy and creation of an ileostomy. Before providing pre-operative education, the clinician asked what the patient's mother already understood about the upcoming procedure. The patient's mother stated, "All I know is that he is getting a bag on his belly." The clinician explained what an ileostomy is, what would happen during surgery, and the function of the stoma. The clinician elaborated that the 'bag,' otherwise referred to as a pouch, is used for the collection of effluent (stomal output). The clinician characterized the quality of the stoma effluent as liquid to semi-liquid in consistency and highly enzymatic, emphasizing how it can cause skin damage around the stoma from prolonged contact.
- The clinician explained how the surgical team asked her to pick out a spot for the location of the stoma. The clinician explained how the site she would choose is not the guaranteed location of the stoma, as the surgeon ultimately chooses the site at the time of surgery.
- The patient's abdomen was assessed in supine, seated, and standing positions.
    - The patient's abdomen was exposed for assessment and stoma site marking. The abdomen appeared moderately distended and firm upon palpation. The patient withdrew and reported tenderness with palpation.
    - In a supine position, the patient was asked to cough. When he refused to do so, the clinician tickled the bottom of his feet. While the patient laughed, the edges of the rectus abdominis muscle were revealed and located by the clinician.
    - The location of the infraumbilical roll was determined.
    - No abdominal creases or folds were appreciated in any position that the patient assumed.
    - No scars are noted to the abdomen.
- A spot in the RLQ within the rectus abdominis muscle was selected. The spot was marked with a sticker.

- After marking the possible stoma site with a sticker, the abdomen was again assessed with the patient in supine, seated, and standing positions to verify appropriate placement. The patient stated that he can easily visualize the site. The clinician confirmed that there is adequate space both on the abdomen and between the abdomen and the groin for comfortable pouching.

- The site was cleansed with an alcohol pad and allowed time to thoroughly dry. The spot for possible stoma placement was marked with an 'X' using an indelible marker. The site was covered with a 3M Tegaderm dressing.



- The clinician identified various ostomy supplies that the patient would be using and described the process of a pouch change using a model stoma to demonstrate. The clinician encouraged the patient and his mother to inspect and feel the different ostomy supplies. The clinician explained how pouch changes are typically performed every 3 to 4 days and when the pouch is leaking to prevent peristomal skin irritation.
    - Other pre-operative educational topics that were covered include clothing considerations, dietary considerations, bathing with an ostomy, and preventing dehydration.
- After prompting the patient's mother for questions, the patient's mother stated, "I wasn't warned about any of this! I thought this was just a bag on the stomach! This is too much." The clinician acknowledged and validated the mother's feelings of fear and overwhelm. The clinician stated that she would be available post-operatively for continued education, assistance, and support. The patient's mother stated, "I don't want anything to do with this. Can't someone just come to my house to put the bag on?" The clinician recognized that the new responsibility of ostomy care can seem overwhelming at first. The clinician stated that there will be several opportunities while the patient is admitted for practice with stoma pouching and emptying. The clinician encouraged the patient's mother to use the provided model stoma for practice pre-operatively. The clinician stated, with time and practice, the care will become less daunting, and she will grow to feel more comfortable. The clinician reinforced that she will be available for support throughout the process and that the mother is not alone in this new experience.
- The clinician inquired how the patient feels about having an ostomy. The patient shrugged his shoulders, stating, "It's okay, but I'm scared." The clinician validated the patient's feelings, stating how it's normal to feel fearful about this bodily change. The clinician emphasized how his upcoming procedure is meant to help him feel better and improve his quality of life.
- The clinician attempted to provide a copy of the United Ostomy Associations of America's "Living with an Ileostomy" guide to the patient's mother. However, the patient's mother confided that she cannot read. The clinician will create a QR code of links to ostomy education videos for the patient's mother, as well as the patient, to watch. The patient's mother also revealed a lack of consistent transportation. She stated, "I feel embarrassed."
- MD notified of stoma site marking and assessment. The clinician raised concern about the mother's lack of awareness regarding the nature/extent of the procedure and her apprehension towards caring for the patient's ostomy. The clinician also inquired if the surgical team was aware of the mother's illiteracy/socioeconomic background, of which they were not. The clinician requested for the surgical team to speak with her further regarding the upcoming procedure.
- The clinician will return to the bedside pre- and post-operatively for continued education and ostomy care.

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Assessment	Plan/Interventions/ Alternatives	Evaluation	Rationale
Socioeconomic Considerations and Emotional Support • Patient's mother states that she cannot read or write. • The mother reports not having a reliable method of transportation [to and from the hospital]. • The patient's mother states feelings of overwhelm regarding caring for her son's ostomy. She states that she does not want to participate in care, as it is "too much" to handle. • The patient verbalizes fear about his upcoming procedure.	• Provide teaching materials that are video based/visual. Provide pictures of an expected, healthy stoma presentation. • Consult to the unit social worker to provide support and resources regarding transportation needs. • Consult to the unit child life specialist to help manage the patient's anxiety regarding the upcoming procedure and for assistance with delivering developmentally appropriate ileostomy education. • Collaborate with	• The patient and his mother are observed watching the provided video educational materials. They verbalize that the information is clear and understandable to them. • The social worker obtains bus passes for the patient's mother to use for transportation to-and-from the hospital. • The patient's mother verbalizes openness to learn about and partake in ostomy care. • The patient's mother performs a pouch change on the model stoma with oversight/verbal instruction from the clinician. • The clinician meets with the patient and his mother at the	• Educational resources such as pamphlets, packets, and videos are helpful in assisting with ostomy care education. In general, education should be provided in a simple, clear manner in the learner's native language. In this case, the patient and his mother should receive learning materials that are video-based and visual to accommodate their inability to read. Informational pamphlets and packets would be inappropriate materials to provide (Goldberg & Mahoney, 2022). • Encouraging the patient and his mother to participate

	interdisciplinary team to clarify the family's remaining questions and concerns regarding the upcoming procedure. ***What about emotional support? Based upon assessment, there are some coping challenges.***	bedside with the surgical team pre-operatively for additional education and support.	in ostomy care in both the pre- and post-operative periods can help eliminate fear and empower them. Performing care under the supervision of the bedside nurse or CWOCN [before discharge] allows the opportunity for questions and corrections as necessary (Colwell & Hudson, 2022; Goldberg & Mahoney, 2022). • Creation of an ostomy can elicit feelings of fear, anxiety, and insecurity within patients. Lack of familial support can further increase these feelings. Nurses and other healthcare personnel play a vital role in facilitating education and self-acceptance (Stavropoulou et al., 2021).

Stoma Site Marking • The patient's exposed abdomen was assessed for an appropriate stoma site in supine, seated, and standing positions. • The locations of the rectus abdominis muscle and infraumbilical roll were located. • No abdominal creases, folds, or scars were appreciated.	• ~~[CLINICIAN] Select a spot within the rectus abdominis muscle that is clearly visible to the patient and appropriate for the anticipated surgical procedure.~~ • ~~[CLINICIAN] Appropriately mark the site by cleansing the skin with alcohol, drawing an 'X' over the spot with an indelible marker, and covering the mark with a transparent film dressing~~. ***Above is what you did. The POC should focus on time from marking to surgery; maintenance of site, education, etc***	• The patient and his mother verbalize understanding that the spot selected by the clinician is not guaranteed and is ultimately up to the discretion of the surgeon at the time of surgery. • The patient verbalizes that the spot selected by the clinician is visible to him for self-care. • The selected-site dressing remains in place until the time of surgery.	• The standard practice for marking a stoma site is cleansing the skin with alcohol, allowing the skin to completely dry; marking the selected spot with an 'X' using a surgical pen or marker/indelible marker; and covering the site with a transparent film or hydrocolloid dressing (Goldberg & Mahoney, 2022). • When performing stoma site marking, the clinician should locate the edge of the rectus abdominis muscle. This can be achieved by asking the patient to cough or perform a sit-up. Placing a stoma within the rectus abdominis muscle can help prevent stomal prolapse or the development of a peristomal hernia. Examination of the

			patient's abdomen in various positions can reveal prominent creases or folds that would potentially impact pouch adherence. It's important that the stoma is placed in a spot that's visible to the patient for self-care (Goldberg & Mahoney, 2022).

Pre-Operative Counseling

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- *This section serves to elaborate on information that was discussed. I have modified the information per your feedback. Each section of information is cited. I wanted to keep this information included in the journal even though most of it pertains to the time following the procedure since it was brought up in the visit.**ok***

- **ASSESSMENT**: The patient's mother feels overwhelmed and stressed by the information that was provided.
- **RATIONALE:** Important aspects of pre-operative counseling include the surgical procedure, the type of fecal/urinary diversion, how to perform a pouch change, and pertinent lifestyle changes/considerations (Goldberg & Mahoney, 2022).
- **PLAN:** Continue to review the information with the patient and his family with subsequent visits for reinforcement. Provide video based, visual educational materials that discuss/reinforce these topics.

The above should be in your POC outlined above.

Ileostomy pouching, every 3-4 days and PRN with leakage:

1. Gather all necessary supplies for the pouch change.
2. Carefully remove the current pouching system using a 'push-pull' motion.
3. Cleanse the peristomal skin, stoma, and mucocutaneous junction with warm water and a paper towel. Thoroughly pat dry.
4. Cut a hole into the pouch wafer that accommodates the stoma's size. You may use a stoma measuring guide to trace the appropriate size onto the back of the wafer.
5. Apply the pouching system to the stoma.
6. Place your hand over the pouching system for at least 2 minutes to better activate the adhesive (Colwell & Hudson, 2022).

Pouch Emptying

- Empty the pouch when it is ½ to 1/3 full.
- Empty the pouch into a cannister for measurement of output for two weeks following creation of the ostomy.
- Clean the opening of the pouch with toilet paper or a paper towel after emptying to support proper closure and eliminate odor (Colwell & Hudson, 2022).

Expected Stoma Appearance *(pictures provided)*

- The stoma should appear red or dark pink. Scant bleeding from the stoma **is normal** due to its high vascularity.
- The stoma should be moist and warm.
- Swelling of the stoma within the early post-operative period is expected. The swelling will resolve over time.
- The stoma should have a budded appearance, protruding slightly above the level of the skin.

  Seek medical attention if the stoma appears:
  - **Pale/avascular**

  - **Dark red/black**
  - **Dry**
  - **Retracted (beneath the level of the skin)**
  - **Prolapsed (Significantly protruding out of the skin)**
- The peristomal skin should appear intact without erythema, breakdown, papules, lesions, or signs of infection (Colwell & Hudson, 2022; Stelton, 2019).

Dietary Considerations

- Following the creation of the ostomy, gradually introduce foods back into your diet.
- Chew your food thoroughly. This can help prevent the formation of a blockage. In addition, foods with insoluble fiber can cause stomal obstruction if eaten in excess or not completely chewed. These include popcorn, celery, corn, coleslaw, and pineapple.
  - Signs of a food blockage include:
    - Bloating/sensation of feeling full
    - Swelling of the stoma
    - Cramping
    - Nausea, vomiting
    - Constant shooting of effluent from the stoma
  - To treat food blockage:
    - Take a warm shower/bath
    - Lay down on your right side. Massage the area around the stoma.
    - Use a heating pad over your abdomen.
  - Complete blockage (no stool output is observed) requires immediate medical attention (Colwell & Hudson, 2022).

Preventing Dehydration

- Ileostomy patients are at increased risk of dehydration.
  - Within the gastrointestinal system, fluid and electrolytes are absorbed in the large intestine.
  - With this type of fecal diversion, fluid and electrolytes, especially sodium and potassium, are lost through stomal effluent.
    - Good sources of sodium are broths, canned vegetables, and tomato juice.
    - Good sources of potassium are chicken, spinach, potatoes, bananas, and peppers.

- It's recommended to consume 8 to 10, 8-oz glasses of fluids, primarily water, per day.
- Careful measurement of the amount of ostomy output is important in monitoring the risk of dehydration. Dehydration can occur when ostomy output exceeds 1200 mL within 24 hours.
    - **Promptly notify MD if the amount of output is over 1200 mL within 24 hours.**
- Monitor for and promptly report signs of dehydration. These include:
    - Weakness, fatigue, lethargy
    - Headache
    - Dry mouth, mucous membranes
    - Decreased urine output
    - Dark, concentrated urine
    - Muscle cramps

(Colwell & Hudson, 2022; Corona & Adams, 2022).

Clothing

- Following creation of the ostomy, you can continue to wear much of the same clothing.
- Pouching appliances are often unnoticeable under clothing, even with outfits that are form-fitting.
- An ostomy wrap or pouch cover can be worn to further conceal the pouch's appearance (Colwell & Hudson, 2022).

Bathing/Water-Based Activities

- It's safe to bathe/shower or participate in water-based activities with a stoma. Water cannot enter [into the bowel] through the stoma.
- You can bathe/shower either with or without your pouching system in place. Pouching systems are inherently waterproof.
    - If you choose to keep your pouch on, you can reinforce its seal with waterproof tape or barrier strips for added security.
    - After, use a hairdryer on the cool setting to dry the pouch if wet. This will help protect the peristomal skin from moisture-associated skin damage.
- Prior to participating in water-based activities, such as swimming or visiting a waterpark, empty your pouch.
- Carry additional pouching supplies with you for peace of mind and to use in the event of a leakage (Corona & Adams, 2022).

Sports

- Once you have recovered from your surgery, it's safe to resume your previous physical activities, including sports.

- It's recommended to empty your pouch prior to beginning any physical activity/exercise.
- Utilize a stoma guard if participating in contact sports (Corona & Adams, 2022).

References

Colwell, J., & Hudson, K. (2022). Postoperative nursing assessment and management. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 162-171). Wolters Kluwer.

Corona, L., & Adams, K. (2022). Living with an ileostomy. *United Ostomy Associations of America. https://www.ostomy.org/wp-content/uploads/2022/10/UOAA_Living_with_an_Ileostomy_Guide-2022-10.pdf*

Goldberg, M. T., & Mahoney, M. F. (2022). Preoperative preparation of patients undergoing a fecal or urinary diversion. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 143-161). Wolters Kluwer.

Stavropoulou, A., Vlamakis, D., Kaba, E., Kalemikerakis, I., Polikandrioti, M., Fasoi, G., Vasilopoulos, G., & Kelesi, M. (2021). "Living with a Stoma": Exploring the lived experience of patients with permanent colostomy. *International Journal of Environmental Research and Public Health*, *18*(16), 8512. https://doi.org/10.3390/ijerph18168512

Stelton, S. (2019). CE: Stoma and peristomal skin care: A clinical review. *The American Journal of Nursing, 119(6*), 38–45. https://doi.org/10.1097/01.NAJ.0000559781.86311.64

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Content		Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2	2	
Assessment	Describe assessment findings	6	6	
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6	6	
	Wound and Continence Case Study Journal: Using the Braden scale, assess for pressure injury risk. **You must submit your completed Braden risk assessment with your care plan.	5	n/a	
Planning	Formulate a comprehensive management plan based on the assessment and the specialty (wound, ostomy, or continence) needs. **Wound and Continence Case Study Journal:** Include specific Braden sub-scale scores	12	6	See comments within work
	Propose alternative products. Include generic & brand names	4	2	No alternative for stoma site marking provided
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6	6	
Rationale	Explain the rationale for identified interventions	6	6	
Scholarly work	Rationales referenced & cited according to APA formatting guidelines	1	1	
	Proper grammar & punctuation used	1	1	
	References: See the course syllabus for specific requirements on references for all assignments	1	1	
	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50		36	37-1 for resubmission

Additional comments:
Feedback from first submission incorporated in this submission. Missing POC for period of marking to surgery for site maintenance as well as alternative marking.

Reviewed by: Kelly Jaszarowski Date: 8/2/2024