

Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Amy Harlan

Day/Date: _____

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.

Chart Review/History	<p><u>Age/sex</u>: 14-year-old female</p> <p><u>PMH</u>: severe ulcerative colitis. PMH of UC, rectal bleeding, malnutrition and failure to thrive. Patient is amenorrheic. No further significant history. Patient active in sports previously and has been unable to participate this year. Reported unmanageable UC symptoms x 2 years that were beginning to affect her schooling. Reported up to 20 bowel movements per day and “unmanageable” abdominal pain. Medical management of UC has been unsuccessful. Patient and parents agreed upon surgical intervention to try to regain quality of life. Pt received pre-operative education and stoma site marking in outpatient clinic prior to surgery for IPAA. Three step surgery indicated due to present severe malnutrition. Underwent 2nd step of 3 step IPAA with loop ileostomy two days ago.</p> <p><u>CC</u>: UC, Post op IPAA step 2</p> <p><u>Medications</u>: IV morphine (PCA)</p> <p><u>Social hx</u>: Denies smoking, ETOH or illicit drug use. Patient parents are very involved in care. Patient's mother does not want the patient to see her new stoma and states she will be the primary caregiver. It is documented that she has expressed concerns regarding the availability of nursing staff at the patient's school, as the patient will be returning soon.</p> <p><u>Labs</u>: Na 135, K 4.8, Cl 100, BUN 10, Glu 79, WBC 8.0, Hgb 8.8, HCT 29.9.2 %, PLT 251</p>
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Assessment/encounter:

Ostomy nurse consulted for routine post op day 2 assessment

LOC: Patient sleeping in bed. Mother, at bedside, anxious. Patient aroused easily but sleepy, medicated.

Interview with the mother who states the patient

- Has been having “10/10” pain managed with ordered medication
- Has not ambulated since surgery
- Has had “black poop come out already”
- Had a pouch leak last night that the she (the mother) “fixed” with copious amounts of ostomy paste
- Has many concerns regarding leaking

Stoma: Budded, moist, red, edematous. Rod noted in place.

Stoma size: 2.0 x 1.5 in

Shape: oblong, edema noted, both lumens visualized

Peri-stomal skin: Intact. No erythema or denuded areas noted.

Abdominal plane: semi-soft, edematous, smooth and flat. Post op pouch appears to have creased when the patient sat up.

Pouch:

- Coloplast Sensura post operative drainable ostomy appliance
- In place to RLQ with dark green effluent in pouch and on abdomen

Education

- o Develop in plan below

Patient has no immediate discharge plans at this time.

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



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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.

Educated Mother on need to change pouch right away when it starts leaking and importance of not adding more and more stoma paste. Educated on purpose of stoma paste and the cons of its use. Educated on importance of getting up and walking to prevent post-op complications. Educated on food that can help bulk up the stool so it is not so liquidy and importance of drinking along with eating. Educated on peristomal skin care and pouching procedure. Educated on things to do to decrease stools leaks and may need to use barrier cream to protect skin from the irritating digestive enzymes in the effluent. Educate on importance of involving [patient in caring for her stoma, to have her help Mom during changes. This can make the patient feel more comfortable about the situation and be able to do care when needed during school hours. Educate on always taking extra stoma supplies along to be prepared in case a problem occurs. Educate on way to prevent pouch from creasing when patient sits up. Make referral to dietitian to help with ileostomy diet and firming up the stool.

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)

- Follow a diet to limit gassy, acidic, spicy foods. Limit fresh fruits and vegetables- Dietitian consult.
- Ambulate q4H- start PT/OT for strength and gait training, and ADLs.
- Clean peri-stomal skin with water, dry thoroughly, apply thin layer of Coloplast Brava Powder, squeeze Brava skin barrier wipe and drip liquid onto powder. Brush off excess and form a crushing around stoma to peristomal skin. Measure stoma size with stoma measuring guide and trace with marker onto stoma barrier. Cut to fit Coloplast SenSura Mio Soft Convex Maxi Drainable Pouch with Soft Outlet. Remove plastic cover and place centered around stoma. Close spout cover and place warm hand over pouch for 5 minutes to enhance seal. Lay supine to 15-20 minutes and avoid positions that increase intra-abdominal pressure (bending over, coughing, sneezing) to enhance seal. Resume normal activity after an hour, post-placement.
- IV Morphine for pain control, per Physician orders.
- Allow patient to help with ostomy appliance changes.
- Limit use of stoma paste as it can easily build-up on skin, making it difficult to remove, leading to increased skin irritation.
- Use Metamucil before meals to add more bulk to stool and decreasing number stools per day.
- Drink fluids with food and not on an empty stomach, high risk of dehydration with ileostomies.
- Keep a diet and food diary to help with learning how dietary intake influences bowel function.

- Stoma nurse will continue to follow. Plan to have Mother do stoma appliance change at next visit to offer tips and tricks for improvement.
- Attend a stoma educational session and provide list of support groups.

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:

This is a follow-up POD2 visit for a 14-year-old female who underwent 2nd step out of 3 IPAA with loop ileostomy creation. Previous medical history consists of UC, rectal bleeding, malnutrition, failure to thrive, and amenorrheic. Patient was active in sports but unable to participate this year. Patient dealing with unmanageable UC x 2 years that has recently affected her schooling. Patient having 20 BMs per day with unmanageable abdominal pain. Medical management of UC was unsuccessful. Agreed to surgical intervention to improve QOF and 3-step IPAA indicated d/t severity of malnutrition. Patient received pre-op education and stoma site marking outpatient. Patient underwent 2nd step of 3 IPAA with loop ileostomy creation 2 days ago. Patient on IV Morphine via PCA pump for pain control. Parents are very involved in patients care and Mothers is not wanting patient to see her stoma. Mother concerned about availability of nursing staff at patients' school, plans to return to school soon. Patient having severe pain 10/10, has not ambulated since surgery, had black stool come out already, and pouch leaked last night that Mother fixed with copious amounts of stoma paste. Mother has concerns regarding leaking. Stoma measures 2.0 x 1.5", budded, moist red, edematous, rod in place, oblong, both lumens visualized, peri-stomal skin intact with no erythema or denuded skin, abdomen is semi-soft, edematous, smooth and flat. Coloplast SenSura Post-op drainable ostomy appliance patient is currently wearing has a crease from sitting upright. In place to RLQ with dark green effluent in pouch. Current appliance removed. Skin cleansed with warm water and thoroughly dried. Applied small amount of Coloplast Brava Powder, with thin layer of Brava Skin Barrier over top. Brushed off excess, forming a crusting to peristomal skin. Applied a Coloplast SenSura Mio Soft Convex Maxi Drainable Pouch with Soft

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?

Reviewed by: _____ Date: _____

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen		
• Describes the encounter including assessment, interactions, any actions, education provided and responses		
• Includes pertinent PMH, HPI, current medications and labs		
• Identifies specific products utilized/recommended for use		
• Identifies overall recommendations/plan		
Plan of Care Development:		
• POC is focused and holistic		
• WOC nursing concerns and medical conditions, co-morbidities are incorporated		
• Statements direct care of the patient in the absence of the WOC nurse		

• Directives are written as nursing orders		
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter		
• Identifies alternatives/what would have done differently		
Learning goal identified		