

Virtual Journal Entry with Plan of Care & Chart Note

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Day/Date: 11/16/24

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>: 45-year-old female</p> <p><u>PMH</u>: anemia, anxiety, fibromyalgia, hypercalcemia, major depressive disorder recurrent with severe psychotic symptoms, and tongue carcinoma. Partial mandibulectomy and chemoradiation last year</p> <p><u>CC</u>: Recurrent tongue lesion with metastasis to the lung, altered mental status.</p> <p><u>Meds</u>: Currently taking Bumex 2mg BID. Has been taking Tylenol for pain but states it is not helping.</p> <p><u>Social hx</u>: Denies recent smoking, ETOH or illicit drug use</p> <p><u>Labs</u>: Na 133, K 4.3, Cl 101, BUN 20, Glu 125, WBC 7.0, Hgb 9.7, HCT 30.2 %, PLT 245</p>
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<p>Assessment/encounter:</p> <p>Ostomy nurse consulted for painful G-tube site. Being seen with HHC nurse.</p> <p><u>LOC</u>: Patient awake and alert,</p> <p><u>Interview</u> with patient who states</p> <ul style="list-style-type: none"> • Pain is “10/10” • Redness and bleeding under her new G-tube bumper for “weeks” • No dressing placed under g-tube bumper; has a suture in place. • No tube securement device used. • Takes liquid Tylenol to manage pain. “Sometimes” uses ordered narcotics to “take the edge off”. • G-Tube replaced last month. • Tube feeding schedule of Isosource 1.5 cal; 4 cans per day • Does take some PO food and fluids. • Weight loss of 25 lbs in 2 months. Weight 148 lbs. before surgery and 123 lbs. at present • Followed by dietary and a pain management specialist. <p><u>Stoma</u>: not visible</p> <p><u>Stoma size</u>: N/A; tube bumper 2.0 x 2.0 in.</p> <p><u>Tube bumper</u>: - one suture noted, loose. No effluent drainage noted.</p> <p><u>Peri-stomal skin</u>: skin friable and macerated under bumper. Painful. Beyond bumper is dry and intact.</p> <p><u>Abdominal plane</u>: Flat</p> <p><u>Education</u></p> <ul style="list-style-type: none"> • Develop education below <p>The patient is anxious regarding her pain to the area and is worried about needing another tube replacement. She is open to trying new interventions.</p> <p><i>What <u>specific</u> interventions would you choose as the Ostomy provider? Make sure to include below, considering both short and long term plans for this patient.</i></p>

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.

As the ostomy provider I would first assess the area and find out where the drainage is coming from. I would immediately clean the area with soap and water and apply moisture wicking foam such as Hydrofera blue READY that will assist with bioburden as well. If in an assessment the tube insertion site is wider than the tube, then it's suspected that drainage is coming from there and possibly the tube may need replacement to another location. I would seek to communicate with the patient's surgeon who placed the tube and inform him/her of the issue, find out what kind of internal stabilization the tube has and why the last tube was removed, and ask if the existing suture could be removed. I would secure the tube with paper tape while healing is taking place and later provide an external stabilization device to keep from leaking or migrating.

As a short-term plan for this patient would be to keep cleaning the site with soap and water and place Hydrofera blue READY tube site dressing for 1 week and change every other day until maceration has resolved. It is important for the home health nurse to be present during the first cleansing and dressing application to ensure proper technique. A long-term plan would be to keep the site clean, dry, and intact with the use of an Allevyn non bordered foam after soap and water cleansing. The use of an external stabilization device would help keep the tube secure from constant movement of the tube and therefore causing widening and leakage. Placement of such a device must be carefully positioned as improper placement could cause other issues.

Much of the history and data available is good information but irrelevant to how the wound or site irritation occurred. The patient's orientation makes for a little hesitancy in her history and ability to perform any intervention herself. As the patient's WOC nurse I'd make sure to educate the home health nurse about the patient's condition. It may have been that the tube only became painful after telling the home health nurse she could take care of it herself and did a bad job of it. I would make sure to visit the patient in 1 week to see the progress of the site and inform the home health nurse of my availability via phone or email if he or she needs me before the week's visit. A follow up consult with the surgeon would be ideal in case he or she may remove the suture and or plan for a replacement tube at a different location. The physician who prescribed Bumex should also be consulted to evaluate and address the patients current state and weight loss that could have also been a reason why leakage occurred around the tube. A nutritional consult would be beneficial for the patient as her weight loss is significant and she may need more education on foods she can eat and or adjustment on her tube feeds. Pain management doctor has been following patient and pain continues to be uncontrolled therefore a follow up may be beneficial for plan/medication change.

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)

Assess tube site daily.

Dressing change and tube site care: Every other day and as needed. If Hydrofera dressing is saturated, may change daily.

1. Cleanse the wound with soap and water.
2. Cut slit down half way in the middle of Hydrofera blue READY if needed. (some dressing are pre-cut for tubes)
3. Apply gently under and around external bumper with cut end touching over suture site.
4. Using blue Micropore 2 inch tape secure tube to patients abdomen.

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:

Initial home visit is for a 45 y/o female who has complaints of painful gtube site. Consultation is conducted along with home health nurse. The patient has a history of anemia, anxiety, fibromyalgia, hypercalcemia, major depressive disorder recurrent with severe psychotic symptoms, and tongue carcinoma. The patient had partial mandibulectomy and chemoradiation last year and now has recurrence and altered mental status. The patient states in the interview that the gtube was placed last month and for a few weeks has had redness and bleeding under her external bumper. She states nothing has been done to help fix her problem. She also states that her pain is not resolved by taking Tylenol and uses narcotics to "take the edge off". The patient stated has lost 25 pounds and feels that the gtube is looser than before. Upon assessment there is moisture that has been trapped under the gtube bumper and created maceration all around the bumper. There is also one suture in place that is also reddened and could also have drainage contributing to the moisture under the bumper. The tube itself is loose and has a small gap all around the tube and the skin where it appears to have drainage as well. The peristomal skin is clean, dry, and intact. The home health nurse and patient stated they did not know how to care for this and therefore ostomy nurse was consulted. Ideally, the suture removal would help the chances of the site healing but communication with the surgeon who placed the gtube is important to obtain orders but to also get some history of this tube placement and to find out the type of gtube present and to inform him/her of the current complication. My recommendation at this point is to wash the tube site with soap and water and apply Hydrofera Blue READY gently under the bumper. The dressing will help absorb drainage, dry the moisture, and help decrease bioburden on the area. The dressing can be changed every other day and also as necessary depending on drainage amount. After cleansing and dressing placement, secure tube onto abdomen using blue micropore tape in order for tube not to move around so much and cause more irritation. Once healed continue to assess the site daily and clean with soap and water and apply an absorbent foam such as an Allevyn non bordered foam that can be changed every few days. If the tube does not get changed to another location but continues to be loose; I recommend a securement device to secure the tube in place.

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?

I chose this case because I wanted to explore the different options for treatment and reason why this problem occurs. I have not had the opportunity to be consulted about this complication but I am aware that bedside nurses frequently encounter this problem and I feel by learning to care for this situation I can help educate hospital staff to help our gtube patients appropriately.

Reviewed by: _____ Date: _____

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> Identifies why the patient is being seen 		
<ul style="list-style-type: none"> Describes the encounter including assessment, interactions, any actions, education provided and responses 		
<ul style="list-style-type: none"> Includes pertinent PMH, HPI, current medications and labs 		
<ul style="list-style-type: none"> Identifies specific products utilized/recommended for use 		
<ul style="list-style-type: none"> Identifies overall recommendations/plan 		
Plan of Care Development:		
<ul style="list-style-type: none"> POC is focused and holistic 		
<ul style="list-style-type: none"> WOC nursing concerns and medical conditions, co-morbidities are incorporated 		
<ul style="list-style-type: none"> Statements direct care of the patient in the absence of the WOC nurse 		
<ul style="list-style-type: none"> Directives are written as nursing orders 		
Thoughts Related to Visit:		
<ul style="list-style-type: none"> Critical thinking utilized to reflect on patient encounter 		
<ul style="list-style-type: none"> Identifies alternatives/what would have done differently 		
Learning goal identified		