

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

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Elaine Darling Day/Date: 12/2/234Number of Clinical Hours Today: 8Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Megan HincapieClinical Focus: Wound  Ostomy  Continence **Reflection: Describe your patient encounters & types of patients seen.**

The first patient seen was a Kpouch patient being discharged. As they were being discharged, the reason for admission was discussed and the Kpouch was re-examined while providing irrigation. Teaching was completed with the spouse and the tubing was removed. Reinsertion was difficult despite lubricant, icing the tubing and changing positioning. The first patient required more time than expected. The second patient was an abdominal fistula that needed some supplies prior to discharge. Education regarding supplies was reviewed. The third patient was postop from debulking and HIPEC who required assistance and education regarding a jejunostomy complicated by skin folds, a new wound opening created after seroma drainage. A postoperative patient in the PACU was seen for a leaking fistula appliance after having a large abdominal wound debridement with retention sutures.

**Chart note:**

The patient is a 58 M with a history of FAP, colon cancer and complex surgical history including 2 J-pouch, has had both excised and has had 2 Koch pouches with the most recent being performed in 1989. Currently NSCLC of RLL s/p RT and currently on chemotherapy. He has not had screening surveillance for his pouch for 10 years and presented to an outside hospital for pneumonia. The pouch has been intubated for several weeks as he has recovered from pneumonia. The WOC team was called over to evaluate the patient and wife's ability to re-insert catheter if need be. As the patient was being evaluated, it came to light that the patient had not had output from the Kpouch for close to 30 days according to his wife prior to his admission and the patient had not been able to intubate his pouch during that time. The patient's medications had all been re-evaluated and altered to reduce the risk of opioid induced complications as there was previous concern for ileus vs small bowel obstruction. Before evaluating his wife's ability to re-insert the catheter, the pouch was irrigated with 400 ml of NS in 60 cc increments, with thick to liquid effluent. The tube was removed and the wife was not able to re-insert, the patient was also unable to re-insert. The WOC team attempted re-insertion with repositioning, icing the tubing, using lubrication. A smaller size catheter was used without success, 30 Fr instead of 34 Fr. The patient verbalized he has "2 valves" to his Kpouch, he is usually able to pass the 1<sup>st</sup> valve but has difficulty with the 2<sup>nd</sup> valve. The fellow was called to see the patient due to unsuccessful attempts at intubating. The patient rested and the catheter was placed on ice for 30 minutes. The fellow was able to re-intubate after several attempts, he good return using 30 Fr catheter. This was secured using a turbot belt, baby bottle nipple, belt and tape. Education provided to wife. Supplies provided. During the visit some social stressors with family dynamics was discussed. Discussed daily care and irrigation of established K-pouch.

**Assessment:**

Stoma location RLQ, 7/8" in diameter, flush to skin. Mucosa is red and moist with intact junction. Peristomal skin with pink undertone, c/o itching. Ileal reservoir catheter was used, depth and position changed as a new catheter was placed. Had brisk return of brown, thick liquid.

Concern regarding this patient include overall comorbidities: COPD, NSCLC, current chemotherapy, new RVR, tachycardia, recovering from pneumonia. Important to focus on nutrition. Will need nutrition consult, social work, case management. Will need assistance with follow up appointment with CRS.

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

Daily irrigation using up to 400 cc normal saline in 60-120 cc increments using 30 Fr catheter. At this time will keep the K-pouch intubated until follow up with colorectal surgery. Will keep turbot convert a pouch face with baby bottle nipple in place with turbot belt. Will send home with normal saline, piston syringe irrigation kit, 30 Fr catheter, turbot face plate, baby bottle nipple, adhesive tape and turbot belt with drainage bags.

**Describe your thoughts related to the care provided. What would you have done differently?**

When we had difficulty re-intubating the K-pouch, we called other WOC team members to troubleshoot. When unsuccessful with all team members, it was necessary to reach out to the team. Because it took the CRS team to arrive, other patients were seen, supplies were gathered during that time. The preceptor Megan did a very good time with communication and time management. I don't think anything could have been done differently. There is a question of possible fungal infection developing, over the next few days the parastomal skin will be evaluated again to revisit need for Nystatin powder.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

**Goals**
**What was your goal for the day?**

The goal was to see as many in-patients as possible and then to go to the outpatient setting to assist. The plans changed due to the time it took to attempt intubation and then to revisit the patient with the fellow. Not as many patients were seen, but there was intensive education with the spouse regarding trouble shooting and follow up care.

**What is/are your learning goal(s) for tomorrow?**

- Marking a patient for a new stoma
- Educate for new stoma
- Postop care
- Hope to see a complex ostomy/fistula that requires detailed plan

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:		

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• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

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