Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Patrick Willis Day/Date: 6/11/25

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	*Age/sex:* 56-year-old female *PMH* Ulcerating Crohn's, constipation, C Diff, morbid obesity, depression, anxiety, poorly controlled diabetes type 2, hypertension and hyperlipidemia. Previous surgery 2 months ago for LUQ loop ileostomy. Patient has an extensive history of colonic resections and abdominal surgeries. *CC: P*resented in the ED four hours ago with weakness, fatigue, and failure to maintain her ostomy appliance *Social hx: C*hronic ETOH abuse, smokes "socially" and denies illicit drug use. The patient has no ostomy supplies with her and it is noted that she had missed her scheduled follow up appointment with an ostomy nurse. *Labs*: Pending No ostomy output is documented since her ED admission

Assessment/encounter:

Patient noted to be holding a towel in place over stoma upon encounter. Significant other at bedside.

LOC: Patient awake, alert, oriented, tearful.

Interview with patient who states

- had "really increased" output from her ileostomy this week.
- turned down ostomy education from this surgery because she "had a colostomy before"
- is using leftover "Convatec" supplies from her previous surgery. She has not filled her post-op ostomy order.
- has bouts of dizziness resulting in a fall today that prompted her partner to bring her to the ED
- reports 10/10 peristomal pain

Stoma: Moist, red and flush. High function noted with liquid yellow effluent.

Stoma size: 2.0 x 2.0 in (50.8 mm)

Shape: round, both lumens visualized

Peri-stomal skin: Red, denuded and irritated peristomally, with redness extending to abdominal folds. Painful.

Abdominal plane: highly irregular with scars and many folds when patient changes position.

Education

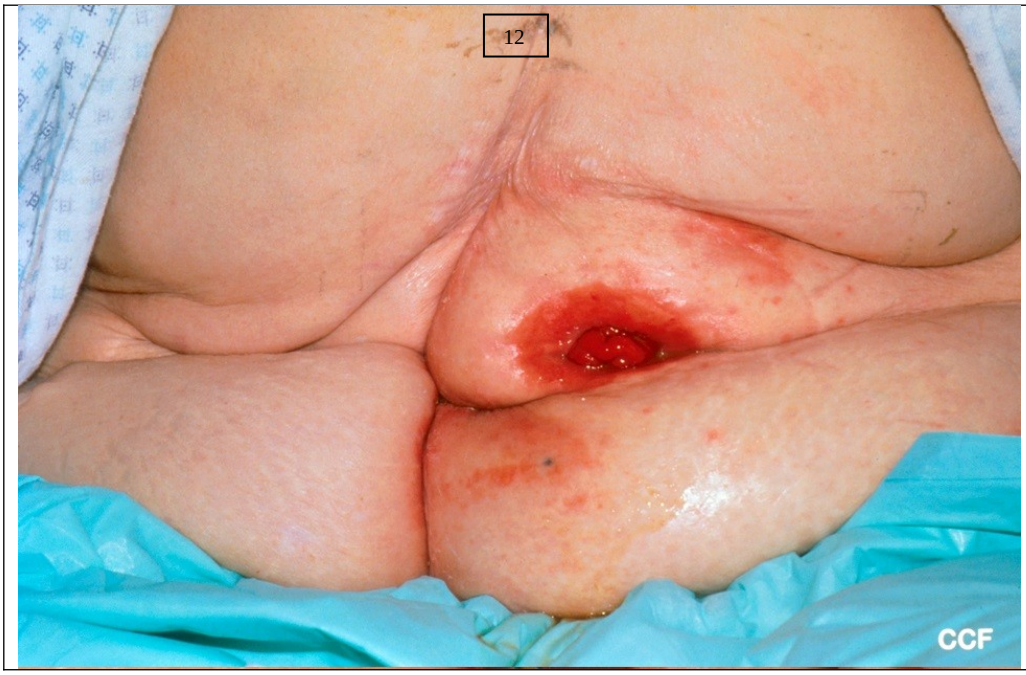
- Poor understanding of patient situation noted by the patient and significant other. Patient has a severe lack of knowledge regarding her situation.
- Patient missed previous educational appointment.
- Resistant to education until her pain and output are controlled.

Treatment

- Tolerated 15 min domeboros soak to denuded skin and fitting into a new system
- Patient is to be admitted to the medical surgical floor for observation.

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.

Given history and assessment, patient is likely dehydrated with electrolyte imbalances possible. Provider should review labs, bolus fluids and correct imbalances as indicated.
Significant education will be needed including: risk of dehydration, how to track output, dietary choices, smoking cessation
Why was no output documented since ED admission? Is this simply because the patient did not have a pouch on or sign of more concerning blockage requiring further intervention and education? The finding of liquid yellow effluent is encouraging.
The patient should be enrolled in educational resources via supply manufacturer if possible d/t history of missing appointments and failure to fill supply orders.

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)

Twice weekly or whenever leaking is observed:

1) Gently remove pouching system with adhesive releaser wipes or spray
2) Perform Domeboro solution soak of damaged peristomal skin for 10-15 minutes and pat dry
3) Apply light dusting of Hollister Adapt stoma powder to denuded skin, brushing off excess.
4) Dab 3M Cavilon no-sting liquid barrier wipe over powder application to seal in powder treatment
5) Cut to size Hollister 83055 pouching system and apply over stoma.
6) Hold heat pack or warm hand over pouching system for several minutes to aid adhesion of skin barrier.

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:

Patient seen for initial visit following admission to med-surg floor for ostomy education and fitting for new pouching system. Presented in the ED today with weakness, fatigue, dizziness resulting in a fall, and failure to maintain her ostomy appliance. PMH includes ulcerating Crohn's, constipation, C Diff, morbid obesity, depression, anxiety, poorly controlled diabetes type 2, hypertension and hyperlipidemia. Previous surgery 2 months ago for LUQ loop ileostomy. Patient has an extensive history of colonic resections and abdominal surgeries. Social history of chronic alcohol abuse and social smoking.

Patient assessed with significant other at bedside. Patient holding towel over stoma. Her loop ileostomy is red, moist, and flush with the skin, measuring 2x2 inches. The stoma is round with both lumens visible. It is highly productive of yellow liquid effluent. Peristomal skin is red and denuded, with irritation extending into abdominal folds. Patient endorses 10/10 pain to these areas of breakdown. A Domeboro's soak was initiated for 15 minutes, during which patient experienced temporary relief from severe pain and was accepting of some education.

Patient reports frustration and disappointment that this ileostomy has not been as easy and straightforward to manage as her previous colostomy. Educated patient and significant other on differences with her present ostomy and the importance of filling her DME order to obtain more suitable supplies. We discussed her high risk of dehydration and electrolyte imbalances (the likely cause of her dizziness and fatigue) and important preventive measures like separating foods and fluids by at least 30 minutes to allow for increased nutrient and fluid absorption. Though she states she is not ready to quit smoking or reduce her alcohol intake, the patient was educated that these substances can increase ostomy output and she should consider lifestyle changes. The patient agreed to allow this WOC RN to enroll her in Hollister Secure Start Services, so she will have easy access to additional educational materials and on-call ostomy nurses should problems continue after discharge.

Extensive history of abdominal surgeries combined with morbid obesity leaves many scars and folds to manage for effective pouching. A flexible pouch is necessary for the body contours and soft convexity will more effectively manage the flush stoma. Therefore the Hollister 83055 one-piece system was selected which can fit stomas up to 2 1/8". It is also high output and will be accommodate periods of increased output as well as be durable against liquid effluent. After treating the denuded areas with crusting method (stoma powder and liquid skin barrier), the new pouching system was applied and a heat pack was held over it for several minutes to aid adhesion of skin barrier. This pouching change process should be repeated twice a week or whenever a leak is noticed.

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 study to better familiarize myself with the risks and educational needs of high-output ileostomies. I was able to meet this goal and feel more comfortable providing strategies to prevent dehydration and electrolyte imbalances. Navigating an abdomen with numerous scars and folds also forced me to consider many factors in selecting the best pouching system. I believe I made a solid choice with soft convexity for flush stomas and high-output for more durability against liquid output.

Reviewed by: _____ Date: _____

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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	✓	
• Completes Braden Scale for inpatient encounter	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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	✓	