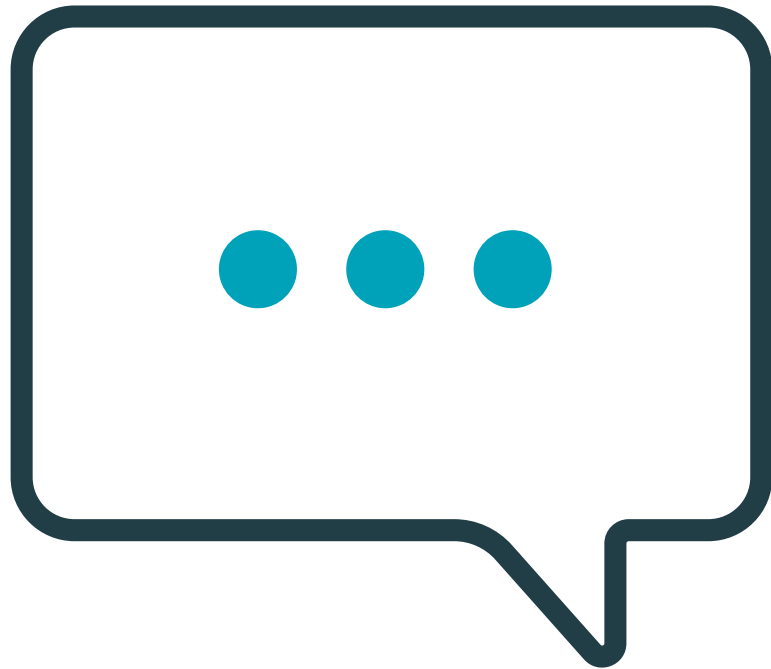


Identify barriers to effective care



Brainstorm and discuss practical solutions for:

- Educating and motivating the patient.
- Providing resources and support for the caregiver.
- Improving interdisciplinary coordination.

Managing a High Output Stoma - Brainstorm and Discuss

Educating and Motivating the Patient

- What are the most effective ways to explain high output stoma management to patients with varying levels of health literacy?
- How can we ensure patients feel confident in managing their stoma independently?
- What motivational strategies can we use to help patients adhere to their care plan?
- How do we involve patients in goal setting to increase their sense of ownership?

Providing Resources and Support for the Caregiver

- What challenges do caregivers typically face when supporting patients with a high output stoma?
- How can we better equip caregivers to assist with stoma management while maintaining their own well-being?
- What resources or support networks could we recommend to caregivers?
- How can we assess caregiver stress and ensure they are supported emotionally?

Improving Interdisciplinary Coordination

- How can we improve communication and coordination among stoma care nurses, dietitians, and other healthcare professionals?
- What tools (e.g., shared care plans, telehealth) could we implement to streamline interdisciplinary communication?
- How can we ensure patients and caregivers receive consistent advice from all team members?
- Are there any gaps in the current collaboration process that could lead to delays or confusion in care?

General Support for high output patients

- How can we support patients and caregivers psychologically as they adapt to a high output stoma?
- What practical challenges do patients face, and how can we help them overcome these?
- How can we ensure that stoma care supplies are readily accessible to patients?
- What strategies can we use to identify and address barriers to care?

Case Study: High Output Stoma – Initial Post-Operative Period

Name: John Smith

Age: 55

Surgery: Ileostomy following bowel resection due to UC.

Post-Operative Day: 3

Clinical Presentation:

- Stoma Output: 2.2 litres/day (high-output stoma).
- Symptoms: Fatigue, mild dizziness, reduced appetite, dry mucous membranes.
- Blood Results:
 - Sodium: 132 mmol/L (low).
 - Potassium: 3.4 mmol/L (low-normal).
 - Magnesium: 0.6 mmol/L (low).

Concerns: Skin irritation around the stoma, reports anxiety about managing the stoma and avoidance of visitors due to fear of leakage.

Using the provided case study:

Clinical Challenges: Identify additional risks based on the stoma output and blood results.

Psychosocial Challenges: What tailored interventions would help John manage his anxiety and social withdrawal?

Proposed Solutions: Develop specific goals for hydration, nutrition and skin integrity. How would these be achieved?

Finally: Recommend follow-up actions to ensure safety and promote recovery with rationale.

Nursing Care Plan 1: Actual Problems for a High-Output Stoma

Problem 1:

Dehydration and Electrolyte Imbalance

Nursing Diagnosis:

Fluid volume deficit related to high stoma output as evidenced by fatigue, mild dizziness and low sodium, potassium and magnesium levels.

Goal:

Patient will maintain adequate hydration and electrolyte balance within 48 hours.

Interventions:

- Monitor stoma output volume and consistency every 4 hours.
- Assess hydration status (skin turgor, mucous membranes, and urine output) every shift.
- Administer prescribed electrolyte replacement therapy (e.g., oral rehydration salts or IV fluids). Encourage the intake of fluids rich in electrolytes, such as oral rehydration solutions.
- Educate the patient on recognising signs of dehydration, such as dizziness or increased fatigue.

Evaluation:

Sodium, potassium and magnesium levels improve, and the patient reports reduced dizziness and fatigue.

Problem 2:

Skin Irritation Around the Stoma

Nursing Diagnosis:

Impaired skin integrity related to leakage from high stoma output as evidenced by reports of skin irritation.

Goal:

The patient will have intact skin around the stoma within 5 days.

Interventions:

- Assess and document the condition of the peristomal skin daily.
- Clean the peristomal area gently with pH-balanced soap and water after each appliance change.
- Apply barrier creams or sealants to protect the skin.
- Ensure a proper fitting of the stoma appliance to prevent leakage.
- Educate the patient on proper stoma care techniques to prevent further irritation.

Evaluation:

Peristomal skin shows no signs of redness, breakdown or irritation.

Nursing Care Plan 2: Potential Problems for a High-Output Stoma

Problem 1:

Malnutrition

Nursing Diagnosis:

Risk for imbalanced nutrition: less than body requirements related to increased nutrient loss from high-output stoma.

Goal:

Patient will maintain adequate nutritional status throughout recovery.

Interventions:

- Collaborate with a dietitian to develop a high-calorie, high-protein diet plan.
- Monitor the patient's weight weekly and document any changes.
- Educate the patient on consuming small, frequent meals to enhance nutrient absorption.
- Suggest nutrient-dense foods (e.g., lean proteins, fortified drinks, and supplements if prescribed).
- Observe for signs of malnutrition, such as muscle wasting or dry skin.

Evaluation:

The patient maintains stable weight and shows no signs of malnutrition.

Problem 2:

Social Withdrawal and Anxiety

Nursing Diagnosis:

Risk for social isolation related to fear of stoma leakage and associated anxiety.

Goal:

Patient will engage in social activities without fear of stoma leakage within 2 weeks.

Interventions:

- Provide reassurance and emotional support to reduce anxiety.
- Teach strategies for managing stoma leakage and maintaining discretion in social settings.
- Offer referrals to support groups or counseling for individuals with stomas.
- Role-play scenarios with the patient to build confidence in public outings.
- Reinforce proper appliance care to minimise leakage risks.

Evaluation:

The patient reports reduced anxiety and participates in at least one social activity within the planned timeframe.