

## Discharge Planning for Ostomy Patients in Rajavithi Hospital

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**Background:** An<sup>1</sup>ostomy creation can have a detrimental effect on a patient's quality of life leading to depression, social isolation and body image issues. According to discharge planning, construction of a well-sited and well-made stoma without complications is the basis of good function. The length of stay after ostomy surgery has reduced, the time required for preparing to go home also reduced.

**Objectives :** The study's purposes were to identify the implementation of discharge planning, to develop an organized discharge planning model and to evaluate the implementation of this model such as an incidence of complications, length of hospital stay and expense.

**Methods:** Developed discharge planning model by GAP analysis under collaborative review literate and reviewing patient charts in 2008-2010. M-E-T-H-O-D Model and nursing process concept was also used by health care team. First, the patients were admitted by assessing their needs and support systems. Then short and long term objectives were set with implementation of care needs for each patient. ET Nurse and team evaluated periodically by using a checklist to assess the implementation progress, review of records and re-planning until meeting the discharging criteria. Documentation and questionnaire is also used. Finally, discharge planning model has been evaluated and recommended.

**Results :** Discharge planning model was held in three wards; Male, Female and Semi private wards in Rajavithi hospital during December 2010 - September 2012. There were 30 ostomy patients with the age range 24-78 years. 89.40 % received pre and post operative education as discharge planning checklist. The most common complication of skin irritation decreased from 44 times to 24 and 12 times, respectively. The average lengths of hospital stay and expense, readmission were decreased. These results showed that the Discharge Planning could reduce the incidence of complications, length of hospital stay, expense and readmission rate.

Key words: Discharge Planning, ostomy patients

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