

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: \_\_\_\_\_ Day/Date: \_\_\_\_\_

**Directions:** *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, select one patient each clinical day and complete **plan of care and chart note**.. This assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course dropbox for instructor review & feedback. **Journals should be submitted to your dropbox by no later than 48 hours following the clinical experience day.***

<b>Today's WOC specific assessment</b>	History of ovarian cancer & weight loss. Pt underwent exploratory laparotomy with jejunostomy formation to the LUQ one week ago. Readmitted for DVT. Jejunostomy measures 1 1/8 <sup>th</sup> inches, beefy red, moist, & functions 2-3 L per day of liquid effluent. Peristomal skin has denudation from 3:00 to 7:00 consistent with pouch leakage & undermining of pouch seal, causes pain particularly on pouch removal. Jejunostomy within skin fold when patient in fowler's position. Pt & home care nurse unable to maintain a proper seal with the recommended ostomy appliance. Home appliance: Marlen pre-cut 1 3/8" one piece shallow convex drainable pouch with Coloplast strip paste. Patient rates pain to peristomal skin at 8/10 and 9/10 to surgical wound area.
	<p><b>Be sure to include data that supports the identified problem and interventions. Include PMH or state no other history, pertinent labs, etc</b></p>

**Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:**

**Consider how you would document this information into the medical record. Will others be able to interpret your plan of care? 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.**

**This is the initial visit this admission for ostomy teaching. Appliance removed from loop jejunostomy: 1 ¼" stoma, LUQ, protruding with os located centrally, beefy red, no deformities with intact mucocutaneous junction. Functioning watery light green effluent with chunks of undigested food. Peristomal skin denuded and bleeding from 3-7 o'clock, extending outward for approximately 1". Remaining skin clear and intact. With sitting, creasing noted at 3 o'clock position; supportive tissue semi-firm to touch. Patient complains of pain, rating it 4/10 with pouch on and 8/10 with removal of pouch.**

**Current pouching system: 1 3/8" Marlen Ultra Lite shallow convex drainable pouch with Coloplast strip paste.**

**Recommendations: Domboro's soaks (one packet per pint of water; compress to denuded skin for 20 min.) followed by light dusting of stomahesive powder-brush off excess powder; 1 ¼" Marlen Ultra deep convex, with Eakin skin barrier ring, and belt. Change every other day initially, increasing to twice a week as skin heals. Return to clinic in 2 weeks for evaluation, sooner if leakage continues. Patient and significant other were able to repeat back instructions correctly. All questions answered.**

**Patient states he is performing self-ostomy care without difficulty. Verbalizes understanding of dietary guidelines and fluid replacement (limit water and other hypotonic fluids; use of hypertonic electrolyte fluid replacement drinks and anti-motility medications ½ hour prior to meals and at bedtime).**

**Surgical incision: wound edges approximate with staples in place. Per LIP order, staples removed and steri-strips applied; patient instructed to leave strips in place until they fall off. Okay to shower at this time. Patient states pain has diminished**

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**with staple removal. Discussed need to support abdominal area when coughing/laughing with small pillow or hands. Leave open to air-no dressing needed.**

<b>WOC specific medical &amp; nursing diagnosis</b>	<b>WOC Directive Plan of Care (Base this on the above data. Include specific products)</b>	<b>Rationale (<i>Explain why an intervention was chosen; purpose</i>)</b>
<p>1. Hypovolemia/electrolyte Imbalance and weight loss related to high output from stoma.</p> <p>2. Altered skin integrity related to skin breakdown at the jejunostomy site.</p> <p>3. Pain related to peristomal skin breakdown and surgical incision</p>	<p>Instruct/reinforce to pt education regarding appropriate diet strategies:            Electrolyte replenishing fluids.            BRAT diet foods (bananas, rice, apple sauce, toast, tapioca).            Fruits &amp; vegetables that can be smashed with a fork also ok.</p> <p>Encourage intake of pt's preferred foods.</p> <p>Administer PO Imodium (or other anti-motility agents) as ordered</p> <p>Dietician referral</p> <p>Increase convexity to Marlen Ultra Lite Deep Convex system with 1 ¼" opening; with skin barrier washer pre-made Change every other day until irritation resolved, then twice weekly. Pre-medicate for peristomal skin pain with pouch change as needed until area healed. Cleanse/soak denuded peristomal skin with DomBoro solution for 20 minutes with each appliance change followed by stomahesive powder (brush off excess) until irritation healed.</p> <p>Instruct/reinforce teaching to patient &amp; mother regarding how to change the new ostomy appliance.</p> <p>RTC in 2 wks, sooner for continued leakage</p> <p>Administer pain medication as ordered            Coordinate pain medication administration with pouch change            Encourage alternative pain relief measure:</p>	<p>1. Stool thickening foods to slow intestinal transit time, promote absorption of nutrients, &amp; electrolyte balance.</p> <p>Encouraging intake of pt preferred foods will aid in calorie intake and help prevent wt loss.</p> <p>Slow intestinal transit time, promote absorption of nutrients, &amp; electrolyte balance. Fluid replacement—all done to prevent dehydration.</p> <p>Provide a comprehensive approach to the diet &amp; supplement needs due to high output jejunostomy</p> <p>2. Improve pouch seal for stoma sited within skin folds. Heal denuded skin, which will also conserve supplies, promote independence and discharge. Use soft, flexible pouching system to "flow" with changes to body contours while filling in defect around stoma; patient has semi-firm supportive tissue, which requires a soft convex system.</p> <p>3. Adequate pain control will promote patient comfort during appliance change</p> <p>Pain control enhances healing and allows for pt participation in care</p>

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<p><b><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions:</i></b></p> <p>Hypovolemia/electrolyte Imbalance and weight loss related to high output from stoma. <b>Alternate:</b></p> <p>Fluid and electrolyte imbalance/wt loss</p> <p>Altered skin integrity related to skin breakdown at the jejunostomy site. <b>Alternate:</b> Peristomal skin breakdown or skin breakdown; Ostomy appliance leakage</p>	distraction, music, etc	
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<p><b>What are the disadvantages of using this product(s)? What alternatives could be used and why?</b></p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p>	<p>Patient &amp; mother will need to learn how to apply additional product to successfully maintain pouch seal. Marlen pouches come in a variety of pre-cut sizes; size may need to be adjusted over time. Eakin barrier ring is an added step and cost, may not obtain seal between ring and skin barrier wafer; increased convexity could be too much pressure</p> <p>Strip paste is an extra step, adds cost</p> <p>Stomahesive powder could decrease wear time if excess not brushed off, extra step and costs</p> <p>Belt may not stay in place, be pulled to tight or too loose, extra cost</p> <p>Hollister convex one piece drainable pouch with Hollihesive washers cut to fit stoma size and help with skin folds. Moldable skin barrier wafer and pouch.</p>
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**Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.**

<p><b>Were you able to meet your learning goals for today? Why or why not?</b></p>	<p>Yes, I learned how to apply a convex ostomy appliance, and Hollihesive skin barrier to fill in the skin creases and provide a flat surface for appliance application. I also saw NPWT twice today.</p>
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p>	<p>Application of various ostomy pouches depending on patient case as well as additional ostomy products.</p>

Number of Clinical Hours Today: 8

Care Setting:  Hospital     Ambulatory Care     Home Care     Other: \_\_\_\_\_

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

Number of patients seen today: 6 Preceptor: Sally Smith

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

**\*\*References are not generally required for daily journals**

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