Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ___Nnechi Chidueme_____ Day/Date: 9/16/2021_____

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, s***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.

Today's WOC specific assessment	**Be sure to include data that supports the identified problem and interventions. Include PMH or state no other history, pertinent labs, etc** **PMH: LK is a 29 y/o male with familial adenomatous polyposis (FAP) that presented with increasing multiple polyps during colonoscopies, Pt has family history of FAP, cousin recently died of colon cancer related to FAP. Patient is s/p subtotal colectomy ,ileal pouch anal anastomosis and diverting loop ileostomy post op day 1.Patient was complaining of localizing pain at surgical site unrelieved by various pain medications, he was also c/o right lower extremity numbness and unable to get out of bed to chair hence was put on Ketamine drip at 10 ml/hr.** Labs; WBC 5.7,Hemoglobin 39.6, Hematocrit 13.2,Platelet 177,sodium 137,potassium 3.9, phosphorus 3.4 , calcium 9.2. Vital sign: 98.6 F, HR 73, RR 14, B/P 130/75. O2 sat 97% RA Epidural catheter removed this am, Drains: Ileostomy 400, Blake drain 110, Foley 360 Medications: Ketamine drip at 10ml/hr., Acetaminophen 1000mg P.O PRN pain and fever. Cefoxin 100ml IV, Gabapentin 300 ml BID, Heparin 5000 units Sc TID, Dilaudid 2 mg q 4hrs. PRN ,Naloxone IV, Oxycodone 5mg PO PRN, Oxycodone 10 mg PO PRN, Zofran 4mg IV PRN nausea. Family HX: Colon caner (mother, sister, maternal Grandmother) Social HX: Denies ETOH, Tobacco and drugs. Works at a manufacturing plant.

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.

Consulted for a new Ostomy education.

Pt is a 29 y/o male s/p subtotal colectomy , Ileal pouch, anal anastomosis and diverting loop ileostomy
Ileostomy site: RLQ Abdomen
Stoma description: Beefy red, moist with intact mucocutaneous junction
Stoma size 1 ¾ inches

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Length : Budded
Surrounding skin : Intact
Output description: Loose dark greenish stool *remember ileostomy output is "effluent"*
Appliance: Cut to fit convex with corresponding drainable pouch two piece *what type?*
Appliance assessment : Clean, dry, intact, well fitted
Patient response: Very responsive, interested in patient education with periods of drowsiness r/t ketamine drip.
Pt education was provided with periods of feedback from patient, Pt is concerned with how he will transition to his regular work routine being a factory worker. Referral provider for online education and support groups. Will follow up with more patient education sessions before discharge. Change appliance every other day then every three days as skin heals. Pt was able to demonstrate how to change appliance on a demo stoma.

WOC specific medical & nursing diagnosis	**WOC Directive Plan of Care (Base this on the above data. Include specific products)**	**Rationale** ***(Explain why an intervention was chosen; purpose)***
NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: ***Knowledge deficit r/t to unfamiliarity of disease*** *Post Op Loop ileostomy* ***Fluid and electrolyte deficit*** *Was this noted?* ***Alteration in comfort r/t extensive surgery and surgical incision***	***Inquire Patient's knowledge on ileostomy*** ***Provide education on appliance change.*** ***Provide education on supplies needed for ostomy care*** ***Provide patient education stoma assessment, sizing and convex choices*** *-as the expert, you would be making this choice for this patient initially, what is the recommended/utilized system? How often should it be changed?* ***Provide patient education on diets, fluid intake*** ***Educate Pt on the need to increase fluid intake and to avoid caffeine and carbonated drinks.*** *Be specific – what is "increase"?* ***Monitor Patients intake and output*** ***Monitor labs for electrolyte imbalance and to replace promptly*** *Anything to do with this information we are monitoring for?* ***Administer pain medication as ordered*** ***Monitor patients signs of delayed emptying related to narcotics slowing down gastric motility*** *(what are these signs? Remember you are giving this directive to the bedside nurse presumably in this case, they might not be a WOC expert.)*	Adequate knowledge of ostomy care, access to supplies, resources and support will enhance seamless transition upon discharge Adequate fluid will prevent dehydration which is one the problems encountered by ileostomy patients. Electrolyte replacement will keep pat hemodynamically stable *Make sure these points are operationalized to the specific patient. Be specific with words such as "adequate", "enough", "plenty", etc…)* Proper and adequate r pain management will enhance patient's participation in education and care Narcotics can slow down gastric motility Adequate pain management will enhance patient's motivation to get out of bed and move to prevent pneumonia and improve gastric

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		motility.

What are the disadvantages of using this product(s)? What alternatives could be used and why? (This is your opportunity to share your product knowledge and apply critical thinking)	***It is up to the patient to decide the appliance that will be more convenience comfortable with in ostomy care. Precut appliances is more expensive than the uncut appliances' will need to worry about it in the distant feature as patient will be discharged under the care home health nursing and they will be in charge of providing him with supplies.*** ***Since patient is interested in learning as much as he can with ostomy care, it is s good indicator of smooth transition upon discharge, If patient becomes overwhelmed with stoma care especially when he is raising concern about how he is going to transition to work life.***

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

Were you able to meet your learning goals for today? Why or why not?	Yes. I was able to go to urodynamics, where video urodynamics was performed
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My next learning goal is learn how to irrigate a colostomy and lavage of an ileostomy

Number of Clinical Hours Today: **Please let me know via e360 EMAIL how many clinical hours you completed 9/16/21.**

Care Setting: __ Hospital x___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _5_ Preceptor: __Kim Mauck_____

Reviewed by: ____Mike Klements Received 9/19/21_____ Date: __9/20/21__
**References are not generally required for daily journals

For your future journals, continue to work on specific, closed ended directives – and don't forget to operationalize advice (terms such as "adequate") to the specific case study. If you tell someone to monitor or assess for something, what should they do with the results? The patient or caregiver may not understand what the general terms mean.

Additionally, as the WOC expert, you should make your initial recommendations for a specific pouching system (with rationale) for ostomy patients, and then provide that information – in the form of a specific directive- to those providing care until your next return to the bedside.

Consider my notes throughout when constructing your next submissions. -Mike

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