

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Jennifer C Young _____ Day/Date: _____ 1/12/22 _____

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.**

Today's WOC specific assessment	<p><i>This is a 61 year old male patient who was admitted to the ED after a wellness check by the Police Department. Noted. The patient's family had not heard from him for days and were concerned. When the police arrived at the patient's home they found him in his bed, very weak and lying in soiled linens. The ED physician admitted the patient for hyperkalemia, acute kidney injury, anemia and necrotizing fasciitis. Noted; he is lucky he did not die from sepsis with this diagnosis! He had a large oozing abscess to his scrotum. A CT scan demonstrated the abscess extending to his left gluteal crease. The patient was taken to the OR for an I &D of the abscess on 1/8/22. The surgical wound measures 15x15x7 cm. noted. The wound is packed BID with normal saline moistened gauze and covered with ABD pads. Of note: the CT scan demonstrated dense lesions on the patient's pancreas, right testicle, right kidney. A head CT demonstrated a small amount of acute sulcal/subarachnoid hemorrhage. All noted.</i></p>
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Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

I am seeing this patient for preoperative stoma site marking. His wound has been debrided and requires daily packing changes. The patient's wound is less than 2 cm away from his anus. Every time he has a bowel movement, stool contaminates his wound. The general physician will be performing a diverting ostomy tomorrow. **Noted; a very hard situation to control without a stoma.**

I found the patient lying in bed with two of his sons at bedside. With his permission, I explained to the patient and his sons that I would be marking his abdomen for a stoma site. The patient had already spoke with the surgeon and consented to surgery. **Important to know; it is not our job to tell the patient they will be getting a stoma, but help them understand what it all means!**

The patient's affect is flat. He is very thin and appears lethargic. I asked him if he understood what a stoma is, asked if he knows anyone with an ostomy. We reviewed basic concepts of an ostomy and what to expect after surgery. The patient reports he understands what an ostomy is, knows a family member that has a colostomy. One of his sons is an in home caregiver and has experience with ostomies. **That will be helpful post-op for the dad to have a knowledgeable helper.**

I gathered my supplies including a marking pen, a one piece flat appliance, tegaderm for covering the marked sites. I explained how I was going to mark the potential sites and would need to look at his abdomen. Again, I requested the patient's permission to complete this with his sons present. He agreed. **Okay.**

When I lifted the patient's gown, I observed his flat abdomen. I asked him how he typically wears his pants i.e. of they are slung low on his hips or if the waist band is higher. I asked him to point to this area. He pointed to the area approximately 4 cm below his umbilicus. He states he is ambulatory and likes to keep himself busy. I then asked him if I could look at his

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abdomen while he is sitting up. He sat up and multiple skin creases appeared on his abdomen. He is quite thin so there was not a lot of room or extra skin to mark. Yes, that often happens with the weight loss you are describing; smaller abdomens have smaller spaces—you have to work with what you have. When you sat him up, was he able to sit at the bedside or with the HOB up? It is best if people can sit normally with their feet on the floor, but as you know this is not always possible. The more you can get them into a “normal” sitting position, the better. If you cannot (i.e. they are on the OR table unconscious or unable to have their head raised secondary to bottoming out-I have encountered both in my career) then be sure to chart that and the rationale behind it! Because I don’t know if he will be getting an ileostomy or a colostomy, I used the flat pouch to assess in all four quadrants of the patient’s abdomen. I do not understand what having an ileostomy vs. colostomy has to do with a flat marking disc; I always use a flat disc irrespective of the type of stoma. Convexity use is determined after the fact based on stomal/abdominal characteristics. I asked him to cough so I could feel his rectus muscles. Okay; you can also have someone touch their chin to their chest in a modified sit-up as it will sharpen the rectus muscle edge. Starting with the LUQ I marked his abdomen with the marker. Initially my preceptor gave me feedback to mark the site with a larger circle. I was able to mark all four quadrants. The two lower quadrants were too close to the umbilicus per my preceptor’s feedback. In an actual chart note, you would simply say that you marked the lower sites away from the umbilicus, creases, scars or depressions. I understand why you wrote this here. I removed them with an alcohol pad and remarked him approximately 2 cm more lateral of the umbilicus. Okay; you need to be sure to give enough room from the umbilicus /midline. These two areas can make it difficult to pouch, so clearance of these areas is important. I have found putting the edge of the disc/flange you are using on the midline to be a helpful guide (if you go off the rectus on the lateral edge, you need to move it in toward midline, but this rarely occurs as most people have a wide enough rectus muscle. I am not sure of the sequence you used for marking. Did you mark all 4 quads while he was flat, and then have him sit? This is the normal routine for marking (makes less work for you and the patient). It is also the easiest as you can see any/all changes you need to make at one time.

After marking four sites I placed a piece of clear tegaderm over the markings, explaining to the patient that this will protect the sites until surgery. I covered his abdomen with his gown and blanket. Okay.

I gave the patient an Ostomy education booklet. I showed him a few of the beginning pages which show ostomy pictures and basic anatomy. I asked if he and his sons had any questions for me. I reassured him that I will see him after his surgery, and we will continue to review the booklet and any concerns he may have. Good.

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)
<p><u>Stoma marking prior to surgery-need to mark all 4 quads</u></p> <p>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions:</p>	<p><u>1. Assess understanding of stomas; instruct on anatomic changes, appearance of stoma, etc. Use teach back to assess understanding of information given.</u></p> <p><u>2. Stoma marking procedure:</u></p> <p><u>a. Have pt. lie flat</u></p> <p><u>b. Palpate edge of rectus muscle. ETC.</u></p>	<p><u>1. Informing people about changes is important so they are less frightened. Teach back allows one to assess the person’s understanding of information given</u></p> <p><u>2. a. Have to see person’s abdomen in the supine position to begin marking procedure. B. Placing the stoma in the rectus muscle decreases hernia risk and provides support to the bowel as it traverses the abdominal wall.</u></p>

<p>What are the disadvantages of using</p>	
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<p>this product(s)? What alternatives could be used and why?</p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</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>Were you able to meet your learning goals for today? Why or why not?</p>	<p>Yes! I was excited as I was able to perform this task/skill. It was a little challenging because he is so thin. <u>Yes, sometimes the thinner abdomens are harder than the obese ones!</u> His son told me he has lost probably 50 pounds over the last year. He is retired but he says he is still active. <u>Noted.</u> I did designate first through fourth desirable sites. <u>Good; that is important when marking multiple sites.</u> The next day I saw him after surgery and he now has a LUQ diverting transverse colostomy. <u>Noted.</u> <u>Thanks for the update.</u></p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	

Number of Clinical Hours Today: 1.5 Noted.

Care Setting: Hospital Ambulatory Care Home Care Other: _____

Number of patients seen today: ___ Preceptor: Rose Konsel

Reviewed by: Barbara J. Hocevar, MSN, RN, CWOCN; January 17, 2022

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

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