Cleveland Clinic

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

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. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

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. Provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor. 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. See samples in course to assist you with this assignment.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** 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 1/8th 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 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.

Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.

The WOC nurse 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. Write in a manner others will be able to understand and be able to interpret your plan of care.

This is the initial visit this admission for ostomy teaching. Appliance removed from loop jejunostomy. Stoma 1 ¼" and is in LUQ, protruding with os located centrally, beefy red, no deformities. 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. Creasing noted with sitting 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 poweder-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 2 weeks after discharge 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 of limiting 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. Verbalizes understanding. Patient states pain has diminished with staple removal. Discussed need to support abdominal area when coughing/laughing with small pillow or hands. Leave open to air-no dressing needed.

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WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc***	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**
Hypovolemia/electrolyte Imbalance and weight loss related to high output from stoma. **Alternative:** Fluid and electrolyte imbalance/wt loss	Instruct/reinforce to pt education regarding appropriate diet strategies: Electrolyte replenishing fluids. BRAT diet foods (bananas, rice, apple sauce, toast, tapioca). Fruits & vegetables that can be smashed with a fork Encourage intake of pt's preferred foods. Administer PO Imodium (or other anti-motility agents) as ordered Dietician referral	Stool thickening foods to slow intestinal transit time, promote absorption of nutrients, & electrolyte balance. Encouraging intake of pt preferred foods will aid in calorie intake and help prevent wt loss. Slow intestinal transit time, promote absorption of nutrients, & electrolyte balance. Fluid replacement—all done to prevent dehydration. Provide a comprehensive approach to the diet & supplement needs due to high output jejunostomy
Altered skin integrity related to skin breakdown at the jejunostomy site. **Alternative:** Peristomal skin breakdown or skin breakdown; Ostomy appliance leakage	Pre-medicate for peristomal skin pain with pouch change as needed until area healed Remove appliance 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 Apply Marlen Ultra Lite Deep Convex system 1 ¼" opening with Eakin skin barrier ring Wear belt	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

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	Change pouching system every other day until irritation resolved, then twice weekly. Instruct/reinforce teaching to patient & mother regarding how to change the new ostomy appliance. Follow-up in clinic 2 wks after discharge, sooner for continued leakage	soft convex system.
Pain related to peristomal skin breakdown and surgical incision **Alternative:** Pain	Administer pain medication as ordered Coordinate pain medication administration with pouch change Encourage alternative pain relief measures: distraction, music, etc	Adequate pain control will promote patient comfort during appliance change Pain control enhances healing and allows for pt participation in care

Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product.</u> Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** Marlan Deep Convexity 1 ¼": Stoma size may change requiring a different pre-cut system. This is a one piece system and may be difficult to apply correctly. Alternative: Two piece convex system with cut to fit skin barrier, such as Hollister New Image cut to fit barrier and transparent pouch. Eakin skin barrier ring: Added item to application process which could be forgotten, increases cost, could increase pressure Alternative: eliminate Stomahesive powder: If not removed appropriately could decrease skin barrier seal to skin and cause more leakage. Alternative: apply thin hydrocolloid to areas of irritation. Belt: added pressure to site, fit around body may slip and/or cause other skin breakdown. Alternative: no belt or a stealth belt

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

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	Yes, I met my goals. My goal was to learn more about jejunostomies and care considerations related to them. OR: My goal was to become familiar with the types of patients the CWOCN sees, especially the types of ostomies
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal for the next journal (or tomorrow, next clinical day) is to learn more about ileal conduits and develop a POC

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Number of Clinical Hours Today: _8___ Care Setting: _x__ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __5___ Preceptor: _Kelly Jaszarowski, RN, CWOCN_____

Clinical Reflection: Identify/describe other patient encounters, clinical experiences from today, thoughts	We saw a variety of pts today. One pt had a HAPI. My preceptor explained how she does a RCA. Another pt had a surgical dehiscence requiring a NPWT dressing change. I observed how to pouch a g-tube and teaching for a pt with a new ileal conduit. OR Being a virtual experience this mini case scenario prompted me to learn more about jejunostomies. I became more aware of the role the WOC nurse has in preventing readmissions for dehydration and fluid/electrolyte imbalance.

Reviewed by: _____ Date: _____

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