

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Rebekah Wakeman Day/Date: 01/12/2023

Number of Clinical Hours Today: 9 Care Setting: Hospital Ambulatory Care Home Care Other:

Number of patients seen today: 5 Preceptor: Jessica Lawson

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.

| | |
|---|---|
| <p>Today’s WOC specific assessment</p> | <p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>65 year-old male with history of metastatic rectal cancer with diverting loop colostomy created in July of 2021, who presents with pre-existing hypergranulation tissue of peristomal ulcer and pre-existing stomal prolapse. He was originally diagnosed with rectal cancer in 2000 and underwent low anterior resection at that time. He subsequently completed adjuvant chemoradiation. He developed liver metastasis and underwent right hepatectomy in 2002. He was recurrence free until February 2020, when he had developed pelvic pain and was found to have a mass over the right pubic ramus which was found to be metastatic adenocarcinoma with intestinal type features. He received SBRT and Xeloda in April 2020. Interval imaging revealed a pelvic mass adjacent to the low colorectal anastomosis separate from the bony lesion, which was biopsied and found to also be adenocarcinoma. No tumor resection was seen to be suitable due to the location of the recurrence with invasion of multiple adjacent organs and extra pelvic disease. He developed obstructive symptoms in September 2020 and a colonic stent was placed which relieved his symptoms. With the stent, however, the patient developed more urgency and frequency of stools, and his quality of life was impaired. After developing fecal incontinence, the patient favored the creation of a diverting loop descending colostomy which was performed in July of 2021. During surgery it was also noted that the tumor felt at 5 cm from the anal verge had ingrown into the rectal stent and was obstructing the bowel lumen.</p> <p>CT of chest on 8/31/2021: Increased size of irregular nodular density in the right upper lobe. Neoplastic etiology or metastases not excluded.</p> <p>CT of abdomen/pelvis n 8/31/2021: Interval new enlarged retroperitoneal lymph node, suspicious. Increased size right medial acetabular destructive metastasis. Risk of pathologic fracture unclear, consider orthopedic evaluation. Few subcentimeter hepatic hypodensities, more conspicuous. Unchanged rectal stent with surrounding infiltrative change. Unchanged diffuse urinary bladder wall thickening. Questionable colitis of the transverse colon.</p> <p>Meds: gabapentin 300 mg PO TID, Xeloda 1650 mg PO BID, trazodone 50 mg PO Q HS, Colace 100 mg PO BID, Acetaminophen 1000 mg PO Q 6 hr, Zofran 8 mg PO Q 8 hr PRN for nausea/vomiting, and Compazine 10 mg PO Q 6 hr PRN for nausea/vomiting.</p> <p>No clinically significant abnormalities noted in lab results.</p> |
|---|---|

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

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

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.

Follow-up visit for evaluation and management of pre-existing hypergranulation tissue of peristomal ulcer and pre-existing stomal prolapse. Ulcer is still red and moist but healing. CRNP treated area with silver nitrate. Stomal prolapse easily reduces on its own with patient lying down. Patient also brought in samples of Coloplast Flip pouching system which he tried and got a 4-day wear time, which is an improvement for him. Upon removal of old pouching system, noted significant moisture under aperture, and this could be contributing to the hypergranulation tissue not healing yet. The flip pouching system seems to be an appropriate option for this patient. Modification needed to keep peristomal skin dry. Patient educated on this modification. Ordering numbers sent to Edgepark Medical. Patient will return in 2 weeks to follow up with the CRNP for another application of silver nitrate and with WOC nursing team.

Stoma type is loop descending colostomy in the LLQ with diameter of 2 ¾” x 2” (gets smaller when stomal prolapse is reduced). Prolapse measures approximately 9 cm. Mucosa is red and moist. Mucocutaneous junction is intact. Peristomal skin is erythematous and denuded with scattered fungal rash noted circumferentially and small skin tear noted at 4 o’clock. Healing ulcer with moist, red hypergranulation tissue noted at 10 o’clock, near umbilicus. Peristomal contour is rounded with slight transverse depression under stoma. Supportive tissue is semisoft. Output is pasty brown stool which patient reports emptying 3-4 times daily. Old pouch was Coloplast Sensura Mio Flex flat yellow with strip paste and Hollihesive wedge to transverse depression, drainable pouch, and elastic barrier strips XL, with wear time of 2 days and significant effluent/moisture noted under skin barrier.

Peristomal skin shaved after cleansing with Hibiclens solution, rinsed with water, and gently dried. Antifungal and stomahesive [interesting...usually only the antifungal would be used](#) powder applied with excess brushed off, followed by 3M Cavilon No Sting Barrier Film. Crescent shaped Hollihesive wedge applied to 12 and 6 o’clock and wedge applied to transverse area, and seams caulked with Stomahesive paste. Coloplast Sensura Mio Convex Flip (yellow) cut to 2 7/8” aperture. Trimmed border at umbilicus to keep dry. Click drainable pouch attached, followed by belt. Skin barrier may need more convexity if leakage/undermining results. The distal lumen is flush to skin level and has moderate amount of mucous output. More convexity may be necessary to bud distal lumen. Wear time goal is 3-4 days.

| WOC specific medical & nursing diagnosis and concerns | WOC Plan of Care (include specific products used) | Rationale (Explain why an intervention is chosen; purpose) |
|--|--|---|
| <p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p>Skin impairment to leakage of effluent/mucous underneath skin barrier flange as evidenced by irritant dermatitis and peristomal ulcer.</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <ol style="list-style-type: none"> Cleanse peristomal skin with hibiclens solution Shave peristomal skin as needed Rinse peristomal skin with water and gently dry Apply stomahesive powder to denuded/irritate peristomal skin, brush off excess. Seal powdered areas with 3M Cavilon N Sting Barrier Film Apply crescent-shaped Hollihesive wedges to 12 and 6 o’clock and extra wedge to inferior transverse area. Caulk all seams with Stomahesive paste | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Proper fit of pouching system and utilization of convexity will help to prevent leakage of effluent/mucous onto the peristomal skin and consequently preventing peristomal skin irritation. Use of Stomahesive powder, 3M Cavilon No Sting barrier film, and Hollihesive wedges protect the peristomal skin thus allowing the peristomal ulcer and irritant dermatitis to heal.</p> |

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

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

| | | |
|--|--|--|
| | <ol style="list-style-type: none"> 8. Apply Coloplast Sensura Mio Convex Flip (yellow) cut to 2 7/8" aperture with trimmed border at umbilicus. 9. Attach Coloplast Sensura Mio Click drainable pouch (attach to flange prior to application if possible). 10. Attach Coloplast belt. 11. Change flange every 3-4 days | |
|--|--|--|

| | |
|--|---|
| <p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. 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?</p> | <p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Stomahesive powder-may not be available to patient; consider using another brand such as Hollister Adapt stoma powder.</p> <p>3M Cavilon No Sting barrier film- may not be available to patient; consider using another brand of liquid skin protectant that is alcohol-free.</p> <p>Hollihhesive- expensive and possibly not available to patient; consider using Coloplast Brava Moldable Ring.</p> <p>Stomahesive paste- if unavailable, use Hollister Adapt Filler paste</p> <p>Coloplast Sensura Mio Convex Flip (yellow) cut to 2 7/8" aperture- if leakage occurs in this pouching system, consider using Coloplast SenSura Mio Click Convex barrier (cut to 2 7/8" aperture)</p> <p>Coloplast Sensura Mio Click drainable pouch (yellow)- no alternative unless switching product line or brands.</p> |
|--|---|

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

| | |
|---|--|
| <p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p> | <p>My goal for today was to be more independent with setting up supplies and assessing patients who present to outpatient ostomy clinic with pouching concerns. I was able to accomplish my goal. Jessica was very encouraging and supportive of me being independent with removal of the old pouching system, assessment of the old pouching system, assessment of the stoma, peristomal skin and contour and supportive tissue. Also, I was independent with pouching adaptations or re-fitting with a different pouching appliance.</p> |
| <p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p> | <p>My goal for tomorrow is to learn about some new wound care products.</p> |

| | |
|--|---|
| <p>Reflection: Describe other patient encounters, types of patients seen. Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p> | <p>I got to re-fit a patient who had effluent undermining the skin barrier (was wearing a Coloplast Sensura Mio Click flat barrier) and a stoma that is flush with skin but buds with convexity. I applied a Coloplast SenSura Mio Flex Convex Light (red) cut to fit, with a Coloplast Brava 4.2 mm Moldable Ring, drainable pouch and belt. I also got to measure/fit the patient for a Nu-hope hernia belt. I also got to assess and re-fit a patient who presented with peristomal pseudoverrucous lesions from 4 to 7 o'clock, treated with silver nitrate. Pt. was in a Coloplast Sensura Mio (1-piece) convex light, and I changed her to a Coloplast Sensura Mio deep Convex, with Hollihhesive wedge over pseudoverrucous lesions to protect skin (the bottom portion of her stoma became flush with skin upon sitting).</p> |
|--|---|

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.



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

Reviewed by: Patricia A. Slachta Date: 1/17/23

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.