

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Melva Scott, RN _____ Journal Completion Date: ____1/20/2023____

 Setting: _____ Acute Care Outpatient _____ HHC _____ Other _____

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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

Today’s WOC specific assessment	<p>A 45 y/o female with past medical history of anemia, anxiety, fibromyalgia, hypercalcemia, major depressive disorder recurrent with severe psychotic symptoms, and tongue carcinoma. S/P surgery and chemoradiation. Most recent hospitalization for recurrent tongue lesion with metastasis to the lung, altered mental status. Admitting chest CT demonstrated pneumoperitoneum, pneumomediastinum, and right pneumothorax secondary to perforated sigmoid colon. Patient was taken to the operating room for exploratory laparotomy, right chest tube placement, evacuation of a large pelvic abscess, and creation of a LUQ colostomy. Patient has returned to home and is being followed by HHC.</p> <p>Labs: Na 133mmol/L, K 4.3mmol/L, Cl 101mmol/L, BUN 20mg/dL, Glu 125mg/dL, Cr. 0.72mg/dL, Ca 8.5mg/dL, Mg 1.9mg/dL, WBC7.0 10e9/L, Hgb 9.7g/dL, HCT 30.2 %, PLT 245 10e9/L</p>
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Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

WOC services consulted by plastic surgery service for ostomy evaluation and management. Patient presented to the clinic accompanied by spouse. Patient reports she changes her own ostomy appliance with wear time of 1-3 days and empties pouch 2-3 times per day. Utilizing one piece cut to fit Hollister pouching system with flat skin barrier wafer and Eakin ring. Reports pain of 5/10 with appliance in place. Using OTC acetaminophen to manage with dose of extra strength taken 1 hour before visit. Reports pain as 2/10 at present. Patient also reports she is on tube feeding Isosource 1.5cal 4 cans per day via G-tube. Reports weight loss of 25lbs since surgery. Weight 148lbs before surgery and 123lbs currently. Patient instructed to continue tube feedings as ordered and to call PCP. Dietician consult placed. Pt agreeable to assessment. Spouse remains at bedside. “He wants to learn too since he is my support at home.” G-tube site gauze dressing removed. Site cleanse with water, pat dry. Peristomal skin intact and without irritation. No leakage noted. Site left open to air. Education

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provided regarding tube securement. Tube securement device applied. Colostomy pouch with brown pastey output. Skin barrier wafer noted to be cut larger than stoma size. States "I've been cutting it the same size since I left the hospital." Appliance removed to colostomy. Back of skin barrier wafer assessed and noted to have area of erosion at 6 o'clock and enlarged skin barrier ring. Peristomal skin red, denuded, and erythematous circumferentially to stoma. Area cleansed with warm, tap water moistened wash cloth. Stoma red, moist, and protrudes slightly above skin level. Abd soft to palpation. Palpation resulted in an increase of pain to 8/10. Encouraging deep breathing and using distraction to manage. Thin hydrocolloid dressing applied to peristomal irritation followed by firm convex one piece Hollister appliance. Demonstration and explanation of procedure along with appropriate sizing of stoma opening provided. Verbalized understanding expressing ability to perform. Written instructions provided for g-tube and ostomy care. Extra appliance provided. Voices desire to learn about irrigations and if this in an option for her. Information provided regarding colostomy irrigations for pt to review. Aware of need for formed stools before can consider as an option. Pt and spouse verbalize understanding of teaching and POC. Agreeable. HHC and plastic surgeon provided visit information and note. HHC to begin supplying new products. Follow-up apt made for one week.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Pneumothorax as it relates to perforated sigmoid colon as evidenced by exploratory laparotomy and right chest tube placement.</p>	<p>Continue to clean area around G-tube site with water, pat dry and leave open to air. Use drain tube attachment device to keep the tube secure. If crusting is noted around the opening, use a moistened cotton-tip gauze to gently remove it.</p> <p>Change pouch every 3 days or when there is leakage. Check for erosion on the back of the skin barrier wafer and barrier ring. The affected area will appear swollen and enlarged. Affected peristomal skin may appear red, and denuded. Always clean area with warm water and a soft washcloth, pat dry and apply thin hydrocolloid dressing to peristomal irritation.</p> <p>Use stoma measuring template provided to determine stoma size, leaving about 1/8 of an inch gap around the stoma. Mark and cut opening to fit stoma.</p> <p>Change appliance to firm convex one-piece Hollister pouch because of weight loss and size of stoma protruding slightly above the skin surface.</p>	<p>This is helpful in preventing tube migration and subsequently cause enlargement of the tube tract resulting in leakage and surrounding skin damage.</p> <p>Changing the appliance and observing for any erosion will help with managing the drainage and skin protection. Water only is recommended because moisture against will prevent the barrier from adhering to the skin. Hydrocolloid is used to help with healing and allows for easy removal without pain and damage to the healing skin.</p> <p>With a changing stoma, it is necessary to measure with each change to ensure the correct size opening is being used and this helps to prevent skin breakdown.</p> <p>A firm convex is appropriate for patient with a barely protruding stoma and soft abdomen. This will allow the stoma to protrude more</p>

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	<p>Manage pain with OTC pain medicine as recommended on the packaging or use distraction or deep breathing during pouch change.</p> <p>Provide written instruction for G-tube and ostomy care.</p> <p>Provide extra appliances for change every three days until patient receives new appliances from HHC.</p> <p>Educate about irrigation and the need to be having formed stool before this would be an option.</p> <p>Patient and spouse to verbalize understanding of teaching and express willingness/ability to perform.</p> <p>Provide note to HHC and Plastic surgeon for continuance of care.</p> <p>Consult dietitian about adequate nutrition.</p>	<p>into the device thus reducing the risk of leakage.</p> <p>Pain management is needed to help with compliance</p>
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<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>A drain tube attachment device is important to keep the G-tube in place and to prevent migration but may not be used if peri skin is denuded. If the device is not available, adhesive tape can be used to keep it secure.</p> <p>Stoma measuring template can provide an accurate assessment of the size of the stoma, but is one-time use. If not available, a tape measure may be used.</p> <p>Firm convex is appropriate for some stomas but can be the source of pressure injury due to the convexity.</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.

What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?	Caring for patient with Gtube and ostomy
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Teaching patient and family how to care for stoma.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Provide visual aid for learning.
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Reviewed by: _____ Date: _____

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