

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Melva Scott, RN_____ Journal Completion Date: _1/23/2023_____

 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>Patient is a 72 year male patient that is s/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions on for bladder cancer. He had preoperative teaching via telephone and was marked the day of surgery by CWOCN. He received ostomy lesson yesterday and changed postoperative pouch with verbal cues.</p> <p>Past medical history: bladder cancer, enlarged prostate, hiatal hernia, hypertension</p> <p>Recent labs: albumin 4.3, WBC 9.2, Hematocrit 44, Hemoglobin 14.7</p> <p>Medications: oxycodone, hydroxyurea, aspirin</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.

Reason for consultation: Evaluation ileal conduit and teaching

Patient is a 72 year male patient that is s/p Davinci cystoprostatectomy, extended lymphadenectomy, urethrectomy, ileal conduit, lysis of adhesions. Lives with his wife who is willing to assist with ostomy care as needed. Has been independent in self-care prior to this admission.

Assessment notes patient is up in chair, alert, oriented and attentive. Denies pain. Wife present for teaching. Pt agreeable with plan for teaching and appliance change. Wife observed as patient removed appliance, cleansed stoma and peristomal skin with warm, tap water moistened wash cloths. Patted dry. Verbal cues provided for direction. Stoma in RLQ. Red, moist, budded, round. Measuring 1". Noted to have two stents in place; one red, one blue in color. Draining yellow, clear urine. Mucocutaneous junction and peristomal skin is intact and without irritation. Skin barrier wafer opening cut by wife at 1" mark. Discussed with pt and wife fitting of opening. Verbalized understanding. Eakin ring applied around stoma and crimped down edges. Hollister Standard wear, flat skin barrier wafer placed over stoma with stents placed through opening. Stents placed in pouch and pouch connected to wafer. Patient performed care with assistance and verbal cues. Explained frequency of appliance changes, how to look for leaks. Verbalized understanding. Discussed use of night time drainage system. Patient demonstrated connecting and disconnecting to night time drainage collector.

Hollister urostomy booklet reviewed with pt and wife. Topics of discussion included: showering, night drainage system, diet, activity, risks of parastomal hernia and or stomal prolapse with lifting more than 10 pounds and signs and symptoms of UTI/kidney infection.

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UOAA support group discussed with flyer given. Reviewed when to call CWOCN for questions or ostomy issues/concerns.

Recommendations:

Will continue ostomy teaching until discharged

Review pamphlet and video. Write down any questions.

Call to schedule follow up CWOCN appointment for additional ostomy needs after discharge.

Patient and wife verbalized agreement with plan of care and accepted ostomy resource folder with CWOCN's card.

RN made aware of plan of care.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Ineffective urinary elimination as related to bladder cancer and enlarged prostate as evidenced by Davinci cystoprostatectomy and ileal conduit.</p>	<p>Remove the appliance by peeling away one corner of the barrier at a time – pushing down on the skin with one hand and pulling away the barrier with the other. Clean the stoma and peristomal skin with warm, tap water-moistened washcloths. Pat dry. Observe the appearance of the stoma and surrounding skin. Stoma should appear beefy red and moist and the surrounding skin should be dry and intact. Contact doctor if stoma is black and use stoma powder and no sting skin prep to crust the peristomal denuded skin.</p> <p>Ensure stents are in place and draining clear yellow urine. Contact doctor immediately if urine is cloudy and has a foul odor.</p> <p>Measure stoma size and cut barrier wafer opening about 1/8 inch larger than the size of the stoma. Cutting the exact size may cause strangulation of the stoma.</p> <p>Apply Eakin ring around stoma and crimp down the edges. Apply Hollister Standard wear, flat skin barrier wafer over stoma with stents placed through opening. Connect the pouch by placing the stents in the pouch and snap on to the wafer.</p> <p>Change pouch every 3 days or when there is leakage. The pouch should be removed/changed immediately if the area around the pouch is</p>	<p>Tap water is recommended as this allows the barrier to adhere to the skin. Appearance of stoma should be noted to alert the doctor of any abnormality. Peristomal skin should be observed so treatment/crusting can be started immediately and prevent further breakdown.</p> <p>If stents are draining cloudy foul smelling urine, this may be an indication of a urinary tract infection. This needs to be treated immediately with antibiotics.</p> <p>The opening should be about 1/8 inch bigger than the measurement of the stoma because if too small, it can cause strangulation of the stoma and if too big, can cause skin breakdown.</p> <p>Eakin ring should be used because it helps to increase the seal of the skin barrier, prevent leakage, and can be shaped to fit and smooth out any contours.</p> <p>Hollister standard wear, flat skin barrier pouching system is an ideal two-piece pouch as it is easier to place the stents in the pouch after the skin barrier is in place.</p>

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	<p>wet/leaking and if itching or burning is felt under the barrier.</p> <p>Use a nighttime drainage system to limit sleep disturbance by needing to empty the urostomy pouch. To connect the bag use an adapter by snapping it to the end of the pouch. Turn the end of the pouch to the open position so the urine can drain through the tube into the drainage bag which can be placed in a basin on the floor or hung on the side of the bed.</p> <p>To disconnect, place the pouch end in the closed position, unhook the adapter and tubing from the pouch and empty the urine in the toilet. Rinse the tubing and drainage bag with water in the tub or sink. The night drainage system should be cleaned every 2-3 days with vinegar and water by pouring a 1/4 cup vinegar through the tubing into the drainage bag followed by 2 cups cool water and let sit for at least one hour. Empty the content into the toilet and rinse both the tubing and drainage bag and allow to air dry. Change the tubing and container when the color starts to change and become cloudy.</p> <p>Shower with or without the pouching system. Use non-moisturizing soaps. When finished showering, Pat dry and apply pouch as usual.</p> <p>There is no specific dietary restrictions, however, it's important to drink between 1500 – 2000 ml/day. Keep urine acidic by drinking at least a glass of unsweetened cranberry juice a week. This may help to prevent UTI.</p> <p>Limit heavy lifting to under ten pounds due to risks of parastomal hernia and or stomal prolapse. Contact your doctor immediately if either condition is noticed.</p> <p>Will continue ostomy teaching each week until discharge</p> <p>Review pamphlet and video about Ileal conduit and write down any questions until the next visit.</p> <p>Call to schedule follow-up visit with CWOCN upon discharge.</p> <p>RN is aware to submit a consult if needed before</p>	<p>Changing the pouch in 3 days helps to prevent the breakdown of the barrier which leads to leakage around the stoma.</p> <p>A nighttime drainage bag is useful in helping the patient have a restful night and not have to get up to empty the pouch.</p> <p>Patient will not learn everything in one teaching session.</p> <p>Continued learning is needed</p> <p>Support is needed after discharge so community ostomy clinics are useful.</p>
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	the next visit	
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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>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Eakin ring – helps to prevent leakage of stomal drainage but requires manual dexterity when applying the barrier. An alternative may be the stoma paste.</p> <p>Flat skin barrier – is useful for flat peristomal skin surfaces but a disadvantage is that the patient may need to add accessories like paste or ring to get a better seal. Instead of this, a shapable skin barrier may be used as it can be molded to fit around the stoma.</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 Ileal conduit. Goal was met as I was able to research product to be used for this patient.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Working with patient with diverticulitis

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Teach and allow the patient to cut his own skin barrier.
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Reviewed by: _____ Date: _____

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