

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _Stacy Mariano_ Day/Date: Mon. 1/23/23

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

Number of patients seen today: 4 Preceptor: Theresa

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.

<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>Loop ileostomy with ECFx5 Leaking pouch</p>	<p>Patient has PMH of Chron’s disease, surgical history includes multiple abdominal surgeries including hemicolectomy resulting in loop ileostomy. Patient subsequently developed 5 enterocutaneous fistulae surrounding stoma. GERD, TPN dependent, chronic abdominal pain. Patient presented to ED with abnormal labs including liver enzymes, Lactate and Creatinine. Effluent draining from ileostomy and all fistulae has remained the same in spite of reduced intake of TPN (interrupted). Admitted to hospital with initial diagnosis of septic vs hypovolemic shock.</p> <p>Patient c/o of leaking pouching system, peristomal/peri-fistulae skin denuded and weeping. Watery to semisolid effluent noted from stoma and fistulae. Patient reports current wear time of less than 24 hours. Was seen twice by WOC nurse today.</p> <p>Patient’s TPN was interrupted post discharge from SNF, reports 12 lb weight loss in last 6 months, patient does take po nutrition but has poor appetite.</p> <p>Patient has previously been independent with ostomy/fistula care and is eager to learn.</p>

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.

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Patient seen by WOC nurse for re-evaluation and management of leaking pouching system for ileostomy and multiple fistulae (second visit today). Current pouching system includes Eakins Horizontal flange and Hollihesive wedges with drainage pouch to gravity. Upon assessment it was noted that current drainage system was “twisting” at the connection to the tubing and that the opening of tubing may be too small for consistency of effluent. Pouching system was removed, Domeboro soaks applied for 20 minutes, skin gently cleansed with soap and water, pat dry. Denuded skin treated with stoma powder and skin prep. Hollihesive wedges applied in petal formation around inferior 2 fistulae, Hollihesive washer around stoma, applied Eakins Horizontal again with openings for stoma and fistulae but larger opening made for inferior fistulae as these seem to be the most problematic.

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><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Fluid imbalance/dehydration risk Nutritional deficits/TPN dependence Acute vs chronic skin alterations Risk for infection Impaired coping</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Assess patient abdomen daily for pouch leakage. Assess for worsening skin breakdown. Measure ostomy/fistulae output Instruct on pouch system application and management.</p> <ul style="list-style-type: none"> - Use adhesive remover to remove pouching system. - Use OTC domeboro solution to skin for skin irritation. - Cleanse skin with mild soap such as Dial and water, pat dry. - Apply Somahesive powder and 3M Cavilon skin prep to denuded skin. - Hollihesive wedges around fistulae and stoma caulked with stoma paste. Eakins Horizontal pouch to gravity or empty pouch when 2/3 full as needed. <p>Instruct on signs/symptoms of dehydration Encourage po fluid intake as appropriate. GOAL: 3-4 day wear time, improved skin condition, resolution of dehydration, improved nutritional status with resumption of TPN.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Pouch leakage increasing risk for skin breakdown. Assessing skin daily will identify worsening problems faster. Strict output monitoring to manage fluid status/dehydration. Patient will need to be independent with ostomy care prior to discharge. Patient will need to recognize symptoms of dehydration and appropriate steps to prevent including po fluid intake per MD orders. TPN to be resumed in hospital, patient will need to be proactive in maintaining adequate TPN supplies and independent with TPN management at home.</p>

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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>Products listed in POC are combination of Hollister and Convetec brands. Actual brands used with be dependent on patient's insurance and supplier. Multiple pouches may be used on ostomy and fistulae separately if Eakins horizontal pouch is unavailable. Urostomy pouches may be considered for the inferior fistulae as the effluent from these is mostly liquid. Domeboro soak is OTC product that may be purchased by patient and is readily available at many retailers. This product is used for skin irritations and has mild antibacterial properties.</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 the day? Were you able to meet your learning goal for today? Why or why not?	<p>Today's goal was observation and participation in complicated ostomy care. Goal met with today's journal patient due to ileostomy complicated by ECF x 5 with leaking pouch system. Additionally complicated by pronounced peristomal skin issues, fluid and nutritional status, possible sepsis.</p>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	<p>Participate in NWPT care or ileostomy care/teaching.</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>Above patient was seen twice today due to continued leakage of system. This system was draining to gravity and switched from HVOP drainage bag/tubing to blue respiratory tubing and brown collection jug. I may have reconsidered this switch because it is not likely to be able to be replicated at home.</p> <p>Additional patients seen included a patient with a matured fistula that exposed internal stomach lining (PMH of Gardner Syndrome, FAP, Desmoid tumors). This patient is being considered for a multivisceral transplant. Patient has continence issues and is at risk for pressure injuries due to bedbound status. I am considering this patient for my complex major case study.</p>
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Reviewed by: _____ Date: _____

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